BRIDGEPORT HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2011

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

purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport	(1)	(2)	(3)		
A. AFILIATE NAME BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC. BRIDGEPORT HOSPITAL IT WAS ESTABLISHED AS A NOT FOR PROFIT, NONSTOCK, CONNECTICUT CORPORATION TO PROMOTE AND CARRY OUT CHARITABLE AND EDUCATIONAL ACTIVITIES. Affiliate Description Affiliate type of service Parent Corporation TAY STALL STANDAM STORY AND STANDAM ST					
BRIDGEPORT HOSPITAL 8 HEALTHCARE SERVICES, INC. IS THE SOLE MEMBE OF BRIDGEPORT HOSPITAL IT WAS ESTABLISHED AS A NOT POP PROFIT, NONSTOCK, CONNECTICUT CORPORATION TO PROMOTE AND CARRY OUT CHARITABLE AND EDUCATIONAL ACTIVITIES. Affiliate bype of service Parent Corporation Responsible of the service Parent	LINE	DESCRIPTION	AFFILIATE INFORMATION		
BRIDGEPORT HOSPITAL 8 HEALTHCARE SERVICES, INC. IS THE SOLE MEMBE OF BRIDGEPORT HOSPITAL IT WAS ESTABLISHED AS A NOT POP PROFIT, NONSTOCK, CONNECTICUT CORPORATION TO PROMOTE AND CARRY OUT CHARITABLE AND EDUCATIONAL ACTIVITIES. Affiliate bype of service Parent Corporation Responsible of the service Parent					
BRIDGEPORT HOSPITAL 8 HEALTHCARE SERVICES. INC. IS THE SOLE MEMBE OF BRIDGEPORT HOSPITAL. IT WAS ESTABLISHED AS A NO. OF BRIDGEPORT HOSPITAL. IT WAS ESTABLISHED AS A NO. Affiliate Description CHARITABLE AND EDUCATIONAL ACTIVITIES. 2 Affiliate type of service Parent Corporation 3 Tax Status No. 17 Froit 1 Affiliate type of service Parent Corporation 2 Affiliate Description 2 Affiliate Description 2 Affiliate type of service Parent Corporation 3 Tax Status Parent Corporation 4 Street Address Parent Corporation 2 Affiliate type of service Parent Corporation 3 Tax Status Parent Corporation 4 Street Address Parent Corporation 4 Street Address Parent Corporation 2 Affiliate type of service Parent Corporation 2 Affiliate type of service Parent Corporation 3 Tax Status Parent Corporation 4 Street Address Parent Corporation 4 Street Address Parent Corporation 5 Town Parent Corporation Par	Δ	AFFILIATE NAME	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.		
OF BRIDGEPORT HOSPITAL. IT WAS ESTABLISHED AS A NOT FOR PROFIT, NONSTOCK, CONNECTICUT CORPORATION TO PROMOTE AND CARRY OUT CHARITABLE AND EDUCATIONAL ACTIVITIES. Affiliate bye of service Parent Corporation. Tax Status Not for Profit Street Address 267 Grand Street, PO.BOX 1234 Town Bridgeport Town Bridgeport Zip Code 06610 - Size Connecticut Tip Code 06610 - Code 06610	711	74 112/74 2 17 W	,		
NONSTOCK, CONNECTICUT CORPORATION TO PROMOTE AND CARRY OUT Affiliate Description CHARTABLE AND EDUCATIONAL ACTIVITIES. Parent Corporation Street Address 27 Grand Street, P.O.BOX 1234 Street Address 287 Grand Street, P.O.BOX 1234 CONNECTION CONNE					
Affiliate Description			·		
2 Affiliate type of service Parent Corporation 3 Tax Status Not for Profit 4 Street Address 267 Grand Street, P.O.BOX 1234 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name William Jennings 9 CEO Title PRESIDENT & CEO 10 CT Agent Company Street Address 267 GRANT STREET, PO BOX 5000 11 CT Agent Town Bridgeport Hospital 12 CT Agent Company Street Address 267 GRANT STREET PO BOX 5000 13 CT Agent Town Bridgeport Hospital 14 CT Agent State Connecticut 15 CT Agent Town Bridgeport Hospital For Agent Company Bridgeport B	1	Affiliate Description	·		
4 Street Address 267 Grand Street, P.O.BOX 1234 5 Town Shidgeport 6 State Connecticut 7 Zip Code 06510- 8 CEO Name William Jennings 9 CEO Title PRESIDENT & CEO 10 CTA gent Company Street Address 257 GRANT STREET, PO BOX 5000 11 CT Agent Company Street Address 257 GRANT STREET, PO BOX 5000 B. AFFILIATE NAME BRIDGEPORT HOSPITAL FOUNDATION, INC. 11 Adfiliate Description ENTITY IS A NOT FOR PROPITI, NON STOCK CONNECTICUT CORPORATION. 2 Affiliate type of service Fund Raising/Management Status Not for Profit Status Not for Profit Persident Connecticut 15 TOWN Bridgeport Status Not for Profit Persident Status Status Not for Profit Persident Status Status Status Not for Profit Persident Status Statu	2	Affiliate type of service	Parent Corporation		
Town					
6 State Connecticut 7 Zip Code 06610 - 8 CEO Name William Jennings 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Dr. Michael Ivy 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 GRANT STREET, PO BOX 5000 13 CT Agent Town Bridgeport 14 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent State Connecticut 17 CT Agent State State Connecticut 18 Affiliate Description Fundamental Foundation, Inc. 1 Affiliate Description Fundamental Foundation, Inc. 2 Affiliate Stype of service Fundamental Foundation, Inc. 2 Affiliate Stype of Service Fundamental Foundation, Inc. 3 Tax Status Not for Profit State Connecticut 4 Street Address 267 GRANT STREET PO BOX 5000 8 CEO Name Steve Jakab 9 CEO Name Steve Jakab 9 CEO Title President Connecticut Conn					
Tour Code					
B CEO Name William Jennings					
9 CEO Title PRESIDENT & CEO 10 CT Agent Name Dr. Michael luy 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 GRANT STREET, PO BOX 5000 13 CT Agent State Connecticut 14 CT Agent State Connecticut 15 CT Agent ZIP Code 06610 - 16 CT Agent ZIP Code 06610 - 17 Affiliate Description Entire the Address 267 GRANT STREET, PO BOX 5000 18 AFFILIATE NAME BRIDGEPORT HOSPITAL FOUNDATION, INC. THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION. 10 Affiliate type of service Fund Raising/Management Not for Profit State State State Connecticut Connecticut Description Bridgeport State Connecticut Description State Connecticut Description Description Description Bridgeport Hospital Description Bridgeport Hospital Description Description Bridgeport Hospital Description Description Description Bridgeport Description Bridgeport Hospital Description Descr					
Tot Agent Company Bridgeport Hospital			PRESIDENT & CEO		
T. CT Agent Company Bridgeport Hospital					
T2 CT Agent Town					
13 CT Agent Town	12				
14 CT Agent Zip Code 06610 -					
B. AFFILIATE NAME BRIDGEPORT HOSPITAL FOUNDATION, INC. THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION. Affiliate Description Affiliate type of service Fund Raising/Management Not for Profit Street Address 267 GRANT STREET PO BOX 5000 5 Town Bridgeport Steve Jakab PCEO Title President CT Agent Name Jennifer Wilcox President CT Agent Company CT Agent Company Street Address 267 Grant Street CT Agent Zip Code D6610 - BRIDGEPORT RENEWAL, LLC CT Agent Zip Code D6610 - CT Agent Zip Code D6610 - CT Agent Zip Code D6610 - D10 CT Agent Zip Code D6610 - D11 CT Agent Zip Code D6610 - D12 CT Agent Zip Code D6610 - D13 CT Agent Zip Code D6610 - D14 CT Agent Zip Code D6610 - D15 CT Agent Zip Code D6610 - D16 CT Agent Zip Code D6610 - D17 CT Agent Zip Code D6610 - D18 CT Agent Zip Code D6610 - D19 CT Agent Zip Code D6610 - D19 CT Agent Zip Code D19 CT Agent Zip Code D19 CT Agent Company D19 CEO Title D19 CT Agent Company D19	14	CT Agent State	Connecticut		
THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS Affiliate Description Z Affiliate type of service Fund Raising/Management Street Address Services Services Services Fund Raising/Management Street Address Services Services Services Services Fund Raising/Management Services Serv	15	CT Agent Zip Code	06610 -		
THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS Affiliate Description Z Affiliate type of service Fund Raising/Management Street Address Services Services Services Fund Raising/Management Street Address Services Services Services Services Fund Raising/Management Services Serv					
THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS Affiliate Description Z Affiliate type of service Fund Raising/Management Street Address Services Services Services Fund Raising/Management Street Address Services Services Services Services Fund Raising/Management Services Serv		A	PRIDEFRORT LIGERITAL FOLINDATION INC		
Affiliate Description ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION. Affiliate type of service Fund Raising/Management Tax Status Not for Profit Street Address 267 GRANT STREET PO BOX 5000 State Connecticut Zip Code 06610 - CEO Name Steve Jakab GEO Title President CT Agent Company Street Address 267 Grant Street CT Agent Company Street Address 267 Grant Street CT Agent Zip Code 06610 - CC. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate type of service Other HealthCare Svcs(Specify) Affiliate type of service Other HealthCare Svcs(Specify) Affiliate CEO Name Hope Juckel-Regan GEO Title President COnnecticut CT Agent State Connecticut CT Agent State State Connecticut Affiliate Description Street Street Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate type of service Other HealthCare Svcs(Specify) Affiliate Type of Schription Street COnnecticut Affiliate Connecticut Affil	В.	AFFILIATE NAME	,		
Affiliate Description ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION. Affiliate type of service Fund Raising/Management Tax Status Not for Profit Street Address 267 GRANT STREET PO BOX 5000 Town Bridgeport State Connecticut Zip Code 06610 - Steve Jakab Stero Jennifer Wilcox CT Agent Rompany Street Address 267 Grant Street Tagent Company Street Address 267 Grant Street Tagent Company Street Address 267 Grant Street Bridgeport Hospital CT Agent State Connecticut CT Agent Town Bridgeport CT Agent Zip Code 06610 - Bridgeport Hospital CT Agent State Connecticut CT Agent Town Bridgeport Affiliate Description Bridgeport Affiliate Description It's income/loss passes straight thorugh to SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate type of service Other HealthCare Svcs(Specify) Tax Status Not for Profit Street Address 267 Grant Street Town Bridgeport State Connecticut CT Agent Cip Office Profit Street Address 267 Grant Street Town Bridgeport CT Agent Company Bridgeport Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Connecticut Town Bridgeport CT Agent Company Bridgeport Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties. CT Agent Company Bridgeport CT Agent Company Bridgeport Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties.					
2 Affiliate type of service Fund Raising/Management 3 Tax Status Not for Profit 4 Street Address 267 GRANT STREET PO BOX 5000 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Steve Jakab 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Town Bridgeport 13 CT Agent Town Bridgeport 14 CT Agent Zip Code 06610 - 15 CT Agent Zip Code O66610 - 16 State President Company Bridgeport Hospital 16 CT Agent Company Bridgeport Hospital 17 CT Agent Town Bridgeport 18 CT Agent Town Bridgeport 19 CT Agent Zip Code O6610 - 10 CT Agent Zip Code O6610 - 11 Affiliate Description Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all its income/loss passes straight thorugh to SCHS Properties. 10 Affiliate type of service Other HealthCare Svcs(Specify) 11 Affiliate type of service Other HealthCare Svcs(Specify) 12 CT Agent Zip Code O6610 - 13 CT Agent Zip Code O6610 - 14 Street Address 267 Grant Street 15 Town Bridgeport 16 State Connecticut 17 Zip Code O6610 - 18 CEO Name Hope Juckel-Regan 19 CEO Title President 10 CT Agent Company Bridgeport Hospital 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Bridgeport Hospital 13 CT Agent Company Bridgeport Bridgeport 14 CT Agent Company Bridgeport Bridgeport 15 CT Agent Company Street Address 267 Grant Street 15 CT Agent Company Street Address 267 Grant Street		A COLOR			
3 Tax Status			ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION.		
4 Street Address 267 GRANT STREET PO BOX 5000 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Steve Jakab 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport 14 CT Agent State Connecticut 15 CT Agent Zip Code 06610 - C. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 4 Affiliate Description it's income/loss passes straight thorugh to SCHS Properties. 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox Bridgeport Hospital 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Bridgeport Hospital 13 CT Agent Company Bridgeport Hospital 14 CT Agent Company Bridgeport Bridgeport 15 GT Agent Company Bridgeport Bridgeport 16 CT Agent Company Bridgeport Hospital 17 CT Agent Company Bridgeport Bridgeport 18 CT Agent Company Bridgeport 19 CT Agent Company Bridgeport Bridgeport					
5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Steve Jakab 9 CEO Title President 10 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport 14 CT Agent State Connecticut 15 CT Agent Zip Code 06610 - C. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut					
6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Steve Jakab 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Town Bridgeport 13 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent State State State State Street 17 Affiliate Description It's income/loss passes straight thorugh to SCHS Properties. Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 18 Street Address 267 Grant Street 26 State Connecticut 27 Zip Code 06610 - 28 CEO Name Hope Juckel-Regan Hope Juckel-Regan Hope Juckel-Regan Bridgeport Bridge					
8 CEO Name Steve Jakab 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport 14 CT Agent Zip Code O6610 - C. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Company Bridgeport 11 CT Agent Company Bridgeport 12 CT Agent Company Bridgeport 13 CT Agent Company Street Address 267 Grant Street 13 CT Agent Company Bridgeport 14 CT Agent Company Bridgeport 15 CT Agent Company Street Address 267 Grant Street 16 CT Agent Company Bridgeport 17 CT Agent Company Bridgeport Bridgeport Springer Street 18 CT Agent Company Bridgeport Bridgeport Bridgeport Springer Street 19 CT Agent Company Bridgeport Bridg					
9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport 14 CT Agent State Connecticut 15 CT Agent Zip Code O6610 - C. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Company Street Address 267 Grant Street 11 CT Agent Company Street Address 267 Grant Street 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Company Street Address 267 Grant Street 14 CT Agent Company Street Address 267 Grant Street 15 GT Agent Town Bridgeport Hospital 15 CT Agent Company Street Address 267 Grant Street 16 CT Agent Town Bridgeport Hospital 17 CT Agent Company Street Address 267 Grant Street 18 CT Agent Town Bridgeport	7	Zip Code	06610 -		
10 CT Agent Name					
11 CT Agent Company Bridgeport Hospital					
12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport 14 CT Agent State Connecticut 15 CT Agent Zip Code O6610 -					
CT Agent Town					
14 CT Agent State Connecticut 15 CT Agent Zip Code C. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC					
C. AFFILIATE NAME BRIDGEPORT RENEWAL, LLC Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate Description Tax Status Other HealthCare Svcs(Specify) Tax Status Not for Profit Street Address 267 Grant Street Town Bridgeport Connecticut Zip Code O6610 - B CEO Name Hope Juckel-Regan CEO Title President CT Agent Company Bridgeport Hospital CT Agent Company Street Address Town Bridgeport Bridgeport Bridgeport Street BRIDGEPORT RENEWAL, LLC BridgePORT SCH SUM BRIDGEPORT SCH					
C. AFFILIATE NAME Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Affiliate Description it's income/loss passes straight thorugh to SCHS Properties. Other HealthCare Svcs(Specify) Tax Status Not for Profit Street Address 267 Grant Street Town Bridgeport State Connecticut Connecticut Electric President Description it's income/loss passes straight thorugh to SCHS Properties. Other HealthCare Svcs(Specify) Tax Status Not for Profit Street Address 267 Grant Street Town Bridgeport Electric President Description it's income/loss passes straight thorugh to SCHS Properties, Inc. Its purpose is holding income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties, Inc. Its purpose is holding income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties, Inc. Its purpose is holding income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Chapter Schemberger SCHS Properties. Town Bridgeport Hospital CT Agent Company Street Address 267 Grant Street Tax Status Affiliate Description income. It is not tax exempt and all it's income/loss passes straight thorugh collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Tax Status Affiliate Description income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Bridgeport Renewal, LLC is a 100% controlled overlines in the purpose is holding income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. Tax Status Affiliate Description in the purpose is holding income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS properties. Tax Status Affiliate Description in the purpose is holding in the purpose is holding i	15	CT Agent Zin Code			
Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport	10	o i rigeni zip eede			
Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
purpose is holding titles to property and collecting income. It is not tax exempt and all it's income/loss passes straight thorugh to SCHS Properties. 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport	C.	AFFILIATE NAME	BRIDGEPORT RENEWAL, LLC		
1 Affiliate Description it's income/loss passes straight thorugh to SCHS Properties. 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport			Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its		
2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport			purpose is holding titles to property and collecting income. It is not tax exempt and all of		
3 Tax Status Not for Profit 4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
4 Street Address 267 Grant Street 5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
5 Town Bridgeport 6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
6 State Connecticut 7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
7 Zip Code 06610 - 8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
8 CEO Name Hope Juckel-Regan 9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
9 CEO Title President 10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
10 CT Agent Name Jennifer Wilcox 11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
11 CT Agent Company Bridgeport Hospital 12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
12 CT Agent Company Street Address 267 Grant Street 13 CT Agent Town Bridgeport					
13 CT Agent Town Bridgeport					
		CT Agent Town			
14 CT Agent State Connecticut			Connecticut		
15 CT Agent Zip Code 06610 -	15	CT Agent Zip Code	06610 -		

BRIDGEPORT HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2011

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
D.	AFFILIATE NAME	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)	
<u> </u>	ALLEIATE NAME	CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT	
	Affiliate Description	RECEIVABLE COLLECTIONS IN WHICH BRIDGEPORT HOSPITAL OWN A 47.6%	
	Affiliate type of service	Collection Agency	
	Tax Status Street Address	For Profit 23 Maiden Lane	
5	Town	North Haven	
	State	Connecticut	
	Zip Code	06473 -	
	CEO Name	John Skelly	
	CEO Title	Chairman of the Board Steve Markesich	
	CT Agent Name CT Agent Company	Century Financial Serivces, Inc.	
12	CT Agent Company Street Address	23 Miaden Lane	
13	CT Agent Town	North Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06473 -	
E.	AFFILIATE NAME	SCHS PROPERTIES, INC.	
	ALL ITEME	THIS ENTITY IS A NOT FOR PROFIT, NON STOCK, CONNECTICUT	
		CORPORATION CREATED FOR THE PURPOSE OF HOLDING TITLE `TO	
		PROPERTY, COLLECTING INCOME THEREFROM AND TURNING OVER THE	
	Affiliate Description	ENTIRE AMOUNT THEREOF, LESS EXPENSES TO BHHS, INC.	
	Affiliate type of service	Other HealthCare Svcs(Specify)	
3	Tax Status	Not for Profit	
4 5	Street Address Town	267 GRANT STREET PO BOX 5000 Bridgeport	
	State	Connecticut	
	Zip Code	06610 -	
8	CEO Name	William Jennings	
	CEO Title	CEO	
	CT Agent Name	Jennifer Wilcox Bridgeport Hospital	
11 12	CT Agent Company CT Agent Company Street Address	267 Grant Street	
	CT Agent Company Street Address CT Agent Town	Bridgeport	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06610 -	
F.	AFFILIATE NAME	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	
··-	ALLIER E NAME	FOR FULL DISCLOSURE PURPOSES, NOT AN AFILIATE. SCHN IS A PHYSICIAN	
		HOSPITAL ORGANIZATION (PHO), DESIGNED TO COORDINATE MANAGED CARE	
1	Affiliate Description	CONTRACTS FOR BRIDGEPORT HOSPITAL AND ITS PHYSICIANS.	
	Affiliate type of service	Physicians Hospital Org. (PHO)	
3	Tax Status	For Profit	
	Street Address	267 Grant Street Bridgeport	
	Town State	Connecticut	
	Zip Code	06610 -	
	CEO Name	BRUCE WAINER, M.D.	
	CEO Title	PRESIDENT & CHAIRMAN	
	CT Agent Name	Dr. Michael Ivy	
	CT Agent Company Street Address	Bridgeport Hospital 267 Grant Street, Floor 11	
	CT Agent Company Street Address CT Agent Town	Bridgeport	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06610 -	

BRIDGEPORT HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2011

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.	AFFILIATE NAME	SOUTHERN CONNECTICUT PHYSICIANS, P.C.
		FOR FULL DISCLOSURE PURPOSES ONLY. NOT AN AFFILIATE. THIS ENTITY IS
		A PHYSICIAN ORGANIZATION ESTABLISHED TO COORDIANTE THE MANAGED
1	Affiliate Description	CARE CONTRACTING ACTIVITIES OF BRIDGEPORT HOSPITALS PHYSICIANS.
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	For Profit
4	Street Address	226 MILL HILL AVENUE
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
	CEO Name	BRUCE WAINER, M.D.
9	CEO Title	PRESIDENT
	CT Agent Name	Dr. Michael Ivy
	CT Agent Company	Bridgeport Hospital
		300 Mill Hill Avenue
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
н.	AFFILIATE NAME	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)
		YALE NEW HAVEN HEALTH SERVICES CORPORATION IS THE SOLE MEMBER OF
		BHHS, GHCS AND YALE NEW HAVEN HOSPITAL. IT PROVIDES MANAGEMENT
1	Affiliate Description	SERVICES TO ITS SUBSIDIARIES.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	MARNA BORGSTROM
9	CEO Title	PRESIDENT & CEO
	CT Agent Name	Rebecca A. Matthews Atty. Dir.
	CT Agent Company	YNHHSC
12		60 Temple Street, 5th Floor, Suite 5B
	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -

^{*} 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	9/30/2011
A.	BRIDGEPORT HOSPITAL		
1		Unrestricted	\$74,736,000
2		Temporarily Restricted by Donor	\$24,997,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$19,081,000
5		Intercompany Eliminations	\$0
		Total:	\$118,814,000
В.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.		
1	BRIDGE GRI HOOF HAE WHEAE HOARE GERVICES, INC.	Unrestricted	(\$3,722,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
-		Total:	(\$3,722,000)
			(42)
C.	BRIDGEPORT HOSPITAL FOUNDATION, INC.		
1		Unrestricted	\$25,194,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$9,711,000
4		Permanently Restricted by Donor	\$13,683,000
5		Intercompany Eliminations	(\$48,588,000)
		Total:	\$0
	DDIDGEDORT DENEWAL LLO		
D.	BRIDGEPORT RENEWAL, LLC	Unrestricted	0.0
2		L	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
<u> </u>		Total:	\$0
E.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
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
F.	COLIC PROPERTIES INC		
<u>г.</u> 1	SCHS PROPERTIES, INC.	Unrestricted	\$1.050.000
		L	\$1,050,000
3		Temporarily Restricted by Donor	\$0 \$0
<u> </u>		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
3		Total:	\$1,050,000
			, 1,111,100
G.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.		
G .	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	Unrestricted	\$0
1	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	Temporarily Restricted by Donor	\$0
1	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.		\$0 \$0
1 2 3 4	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0

REPORT 5 4 OF 25 6/27/2012, 3:36 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
Н.	SOUTHERN CONNECTICUT PHYSICIANS, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
1.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)		
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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$164,730,000
	Intercompany Eliminations		(\$48,588,000)
	Total of all Affiliates	Fund Balance:	\$116,142,000

REPORT 5 5 OF 25 6/27/2012, 3:36 PM

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.	PRIDGEPORT HOSPITAL & HEALTHCARE SERVICES INC			
Α.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.	Paginning Uncapalidated Intercompany Palance	9/30/2010	\$0
4		Beginning Unconsolidated Intercompany Balance:	09/30/2011	
2		Equity transfar to Parent	09/30/2011	(\$7,861,140)
3		Management Fees from Parents Payments	09/30/2011	(\$304,022) \$1,997,580
3		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$6,167,582)
B.	BRIDGEPORT HOSPITAL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$325,289
1		Rental Reimb to Bridgeport Hospital	09/30/2011	\$4,200
2		Audit Fees Reimb to Bridgeport Hospital	09/30/2011	\$37,340
3		Management Fees to Bridgeport Hospital	09/30/2011	\$274,332
4		Insurance expense reimbursed to Bridgeport Hospital	09/30/2011	\$15,420
5		Salary and Benefits reimb to Bridgeport Hospital	09/30/2011	\$1,027,932
6		Services provided by hospital	09/30/2011	\$74,836
7		cash	09/30/2011	(\$1,406,278)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$353,071
C.	BRIDGEPORT RENEWAL, LLC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CEN	TUPY		
F	CENTORT THANGIAE CERTICES, INC. AND CODOIDIART (CERT	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	3/30/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$ 0
E.	SCHS PROPERTIES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$98,745
1		Rent	09/30/2011	(\$206,264)
2		Reimbursements/Fund Transfers	09/30/2011	\$115,703
3		Management Fees	09/30/2011	\$15,024
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$23,208
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$8,187

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Salary & Benefits	09/30/2011	\$14,761
2		Audit fees	09/30/2011	\$733
3		Rental reimbursed to Bridgeport Hospital	09/30/2011	\$6,501
4		Insurance expense reimbursed to Bridgeport Hospital	09/30/2011	\$4,296
5		cash	09/30/2011	(\$31,291)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$3,187
G.	SOUTHERN CONNECTICUT PHYSICIANS, P.C.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$6,273
1		Non Salary Expense	09/30/2011	\$4,296
2		Accounting Fees	09/30/2011	\$662
3		cash	09/30/2011	(\$9,987)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$1,244
H.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$5,525,372)
1		Management and Business support	09/30/2011	(\$22,627,602)
2		MIS and Software	09/30/2011	(\$3,465,791)
3		Malpractice and Insurance	09/30/2011	(\$5,830,000)
4		Material Management	09/30/2011	(\$848,531)
5		Financial Planning, Budget	09/30/2011	(\$691,477)
6		Internal Audit and Compliance	09/30/2011	(\$2,459,552)
7		Call Center	09/30/2011	(\$257,089)
8		Cash Payments	09/30/2011	\$34,558,595
9		Clinical Information Services (EPIC)	09/30/2011	(\$9,771,591)
10		PAYMENTS/TRANSFERS (EPIC)	09/30/2011	\$6,914,760
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$10,003,650)
				/A.T. =0.0 =0.0
			Grand Total:	(\$15,790,522)

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	10/01/2010	\$2,145,871
Α.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
B.	BRIDGEPORT HOSPITAL FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
C.	BRIDGEPORT RENEWAL, LLC		N. II B		
			Nothing to Report	0/00/00/4	\$0
			Total:	9/30/2011	\$0
	OFNITURY FINANCIAL OFRIGOROUNG AND OUROBIARY (OFNITURY)				
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		Nothing to Report		C O
			Total:	0/20/2044	\$0 \$0
			Total:	9/30/2011	\$0
E.	SCHS PROPERTIES, INC.				
<u> </u>	SCHS FROFERTIES, INC.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Total.	3/03/2011	Ψ
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
					, .
G.	SOUTHERN CONNECTICUT PHYSICIANS, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
H.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2011	\$2,145,871

BRIDGEPORT HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	lotal:	\$0	9/30/2011
	BRIDGEPORT HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
C .	BRIDGEPORT RENEWAL, LLC		
U	Nothing to Report	\$0	0/00/0044
	Total.	\$0	9/30/2011
	OFNITURY FINANCIAL OFRIVIOTO INC. AND OUROBLARY (OFNITURY)		
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY) Nothing to Report	\$0	
Ľ	Total:	\$0	9/30/2011
		40	3/30/2011
E.	SCHS PROPERTIES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
G.	SOUTHERN CONNECTICUT PHYSICIANS, P.C.		
0	Nothing to Report Total:	\$0	0/05/22/
_	i otal:	\$0	9/30/2011
	VALE NEW HAVEN HEALTH CERVICES CORRORATION, INC. (WHILES)		
H.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) Nothing to Report	\$0	
Ĕ	Total:	\$0 \$0	9/30/2011
\vdash	101411	40	3/33/2011
	Grand Total:	\$0	9/30/2011
	Grand rotal:	ΨΟ	3/30/2011

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.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC. Nothing to Report	\$0	0
U	Nothing to Report Total:	\$0 \$0	0
	i otal.	40	
В.	BRIDGEPORT HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	BRIDGEPORT RENEWAL, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY) Nothing to Report	\$0	0
	Total:	\$0	Ü
E.	SCHS PROPERTIES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	COLUMN COMMISSION PUNCHANO DO		
G .	SOUTHERN CONNECTICUT PHYSICIANS, P.C. Nothing to Report	\$0	0
	Total:	\$0	Ü
Н.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

REPORT 8 10 OF 25 6/27/2012,3:36 PM

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 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	\$11,405,895.00	\$11,996,943.00	\$591,048.00	5%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$284,229.00	\$579,911.00	\$295,682.00	104%
3	Expenditures	\$162,485.00	\$557,685.00	\$395,200.00	243%
4	Unrealized Gains and Losses	\$469,304.00	\$144,148.00	(\$325,156.00)	-69%
	Ending Balance	\$11,996,943.00	\$12,163,317.00	\$166,374.00	1%
5	Projected Interest Income	\$600,000.00	\$600,000.00	\$0.00	0%
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%

REPORT 16 11 OF 25 6/27/2012, 3:36 PM

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

	BRIDGEPORT HOSPITAL				
ANNUAL REPORTING					
	FISCAL YEAR 2011				
REPORT 1	REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL				
A. Patient Activity					
(1)	(2)	(3)			
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount			
1.Number of Applications for I		185			
	iving Hospital Bed Fund Grants Amount provided to all patients from Hospital Bec	185 1F \$557,685.36			
2. B. The Actual Total Bollar A	amount provided to an patients from mospital Bee	Ψοστ,οσσ.σσ			
1	Charles Ferry Fund	\$8,450.00			
2	Charles Ferry Fund	\$7,806.71			
3	Charles Ferry Fund	\$46,388.23			
4	Charles Ferry Fund	\$5,927.42			
5	Charles Ferry Fund	\$4,523.00			
6 7	Charles Ferry Fund Charles Ferry Fund	\$11,600.00			
8	Charles Ferry Fund	\$15,500.88 \$1,104.00			
9	Charles Ferry Fund	\$29,066.00			
10	Charles Ferry Fund	\$114.00			
11	Charles Ferry Fund	\$241.00			
12	Charles Ferry Fund	\$1,492.00			
13	Charles Ferry Fund	\$1,068.00			
14	Charles Ferry Fund	\$304.00			
15 16	Mary Nichols Ferry Mary Nichols Ferry	\$5,788.01			
17	Mary Nichols Ferry	\$1,293.28 \$287.28			
18	Mary Nichols Ferry	\$9,261.45			
19	Mary Nichols Ferry	\$30,619.14			
20	Mary Nichols Ferry	\$4,550.00			
21	Mary Nichols Ferry	\$241.00			
22	Mary Nichols Ferry	\$1,848.00			
23	Mary Nichols Ferry	\$914.00			
24 25	Mary Nichols Ferry Mary Nichols Ferry	\$241.00			
26	Mary Nichols Ferry Mary Nichols Ferry	\$1,357.00 \$235.00			
27	Mary Nichols Ferry	\$233.00			
28	Mary Nichols Ferry	\$706.00			
29	Mary Nichols Ferry	\$41,107.06			
30	Mary Nichols Ferry	\$34,762.54			
31	Mary Nichols Ferry	\$21,032.70			
32	Mary Nichols Ferry	\$11,992.00			
33 34	Mary Nichols Ferry Mary Nichols Ferry	\$3,527.00			
35	Mary Nichols Ferry	\$1,256.01 \$2,363.44			
36	Mary Nichols Ferry	\$3,199.00			
37	Mary Nichols Ferry	\$3,111.00			
38	Mary Nichols Ferry	\$2,517.00			
39	Mary Nichols Ferry	\$9,622.48			
40	Mary Nichols Ferry	\$5,150.52			
41	Mary Nichols Ferry	\$4,208.00			
42 43	Mary Nichols Ferry Mary Nichols Ferry	\$2,098.68			
44	Mary Nichols Ferry Mary Nichols Ferry	\$15,414.58 \$19,491.66			
45	Mary Nichols Ferry	\$19,491.00			
46	Mary Nichols Ferry	\$12,769.65			
47	Mary Nichols Ferry	\$4,201.72			
48	Mary Nichols Ferry	\$2,452.70			
49	Mary Nichols Ferry	\$3,133.00			
50	Mary Nichols Ferry	\$3,088.00			
51 52	Mary Nichols Ferry	\$2,701.60 \$1,953.00			
53	Mary Nichols Ferry Mary Nichols Ferry	\$1,853.00 \$1,018.32			
54	Mary Nichols Ferry	\$1,861.35			
	- · · · · · · · · · · · · · · · · · · ·	ψ1,001.00			

	BRIDGEPORT HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2011	
RI	EPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERI	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
	ions for Hospital Bed Funds	185
	ents receiving Hospital Bed Fund Grants I Dollar Amount provided to all patients from Hospital Bed F	185
Z. B. The Actual Total	Dollar Amount provided to all patients from Hospital Bed F	\$557,685.36
55	Mary Nichols Ferry	¢1 602 00
56	Mary Nichols Ferry	\$1,603.00 \$2,024.00
57	Mary Nichols Ferry	\$1,096.51
58	Mary Nichols Ferry	\$667.00
59	Mary Nichols Ferry	\$652.00
60	Mary Nichols Ferry	\$758.25
61	Mary Nichols Ferry	\$1,061.60
62	Mary Nichols Ferry	\$1,015.00
63	Mary Nichols Ferry	\$1,005.00
64	Mary Nichols Ferry	\$1,002.00
65	Mary Nichols Ferry	\$2,562.00
66	Mary Nichols Ferry	\$2,542.00
67	Mary Nichols Ferry	\$2,537.24
68	Mary Nichola Ferry	\$2,531.43
69 70	Mary Nichols Ferry Mary Nichols Ferry	\$3,030.98 \$2,529.00
71	Mary Nichols Ferry	\$2,529.00 \$2,466.00
72	Mary Nichols Ferry	\$2,277.12
79	Oliver Jennings	\$2,458.30
80	Oliver Jennings	\$2,216.00
81	Oliver Jennings	\$1,547.50
82	Oliver Jennings	\$1,584.14
84	Frederick A. Strong	\$165.18
85	Frederick A. Strong	\$1,138.57
86	Frederick A. Strong	\$60.67
87	Frederick A. Strong	\$1,087.00
88	Frederick A. Strong	\$1,169.30
89	Frederick A. Strong	\$1,138.82
90	Henry Covid	\$2,624.00
91 92	Henry Cowd Henry Cowd	\$2,875.10
93	Henry Cowd	\$195.00 \$800.00
94	William H. Brothwell	\$2,517.22
95	Edward W. and Ellen B. Harral	\$887.35
96	Edward W. and Ellen B. Harral	\$887.00
97	Edward W. and Ellen B. Harral	\$717.00
98	Edward W. and Ellen B. Harral	\$2,616.08
99	Edward W. and Ellen B. Harral	\$1,859.15
100	Edward W. and Ellen B. Harral	\$1,686.00
101	Catherine A. Pettingill	\$150.00
102	Archer Wheeler	\$2,202.00
103	Archer Wheeler	\$1,803.62
104	Archer Wheeler	\$2,795.14
105	Archer Wheeler	\$1,370.79
135 136	Archer Wheeler Archer Wheeler	\$1,491.00
136	Archer Wheeler Archer Wheeler	\$1,682.00
138	Archer Wheeler	\$832.45 \$1,651.00
139	Archer Wheeler	\$1,051.00
140	Archer Wheeler	\$2,176.07
141	Archer Wheeler	\$2,111.02
142	Archer Wheeler	\$209.00
143	Archer Wheeler	\$1,161.00
144	Archer Wheeler	\$12,691.00

	BRIDGEPORT HOSPITAL					
ANNUAL REPORTING						
	FISCAL YEAR 2011					
REPORT 17	REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
A. Patient Activity						
(1)	(2)	(3)				
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount				
1.Number of Applications for H		185				
2. A. Number of Patients recei		185				
2. B. The Actual Total Dollar A	mount provided to all patients from Hospital Bed	F \$557,685.36				
145	Charles Ferry Fund	\$50.00				
146 147	Charles Ferry Fund Charles Ferry Fund	\$1,944.08				
148	Charles Ferry Fund Charles Ferry Fund	\$1,261.06 \$200.00				
149	Charles Ferry Fund	\$200.00				
150	Frederick Marquand	\$138.60				
151	Frederick Marquand	\$232.99				
152	Frederick Marquand	\$150.00				
153	Frederick Marquand	\$2,100.00				
154	Francis Wakemen	\$150.00				
155	Francis Wakemen	\$125.00				
156	Francis Wakemen	\$175.00				
157	Francis Wakemen	\$275.00				
158	Francis Wakemen	\$75.00				
159	Francis Wakemen	\$1,466.05				
160	Francis Wakemen	\$1,268.42				
161 162	Francis Wakemen Francis Wakemen	\$919.20				
163	Francis Wakemen	\$1,416.32 \$435.38				
164	Francis Wakemen	\$435.38 \$75.00				
165	Alice Seltzer	\$491.34				
166	Alice Seltzer	\$600.00				
167	Alice Seltzer	\$100.00				
168	Alice Seltzer	\$100.00				
169	Alice Seltzer	\$168.04				
170	Alice Seltzer	\$328.25				
171	Anne Drew Miller	\$200.00				
172	Anne Drew Miller	\$90.00				
173	Anne Drew Miller	\$465.00				
174	Anne Drew Miller	\$374.84				
175 176	Anne Drew Miller Anne Drew Miller	\$1,311.00				
177	Anne Drew Miller	\$1,082.00 \$439.00				
178	Anne Drew Miller	\$463.00				
179	Anne Drew Miller	\$1,500.00				
180	Anne Drew Miller	\$1,572.00				
181	Anne Drew Miller	\$1,364.00				
182	Anne Drew Miller	\$618.00				
183	Anne Drew Miller	\$2,208.00				
184	Anne Drew Miller	\$1,000.00				
185	Anne Drew Miller	\$506.00				
186	Anne Drew Miller	\$241.00				
187	Anne Drew Miller	\$258.00				
188	Anne Drew Miller	\$75.00				
189 190	Anne Drew Miller Anne Drew Miller	\$90.00				
190	Anne Drew Miller Anne Drew Miller	\$60.00				
192	Anne Drew Miller Anne Drew Miller	\$50.00 \$1,061.00				
193	Anne Drew Miller	\$1,061.00				
194	Anne Drew Miller	\$1,832.00				
195	Anne Drew Miller	\$274.00				
196	Anne Drew Miller	\$178.53				
197	Anne Drew Miller	\$100.00				
198	Anne Drew Miller	\$75.00				

	BRIDGEPORT HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2011	
REP	ORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY	THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
	ns for Hospital Bed Funds	185
	s receiving Hospital Bed Fund Grants	185
2. B. The Actual Total D	Pollar Amount provided to all patients from Hospital Bed F	\$557,685.36
199	Anne Drew Miller	\$100.00
200	Anne Drew Miller	\$224.00
201	Anne Drew Miller	\$258.00
202	Anne Drew Miller	\$258.00
203	Anne Drew Miller	\$258.00
204	Anne Drew Miller	\$1,240.00
205	Anne Drew Miller	\$500.00
206	Anne Drew Miller	\$910.00
207	Anne Drew Miller	\$385.37
208	Anne Drew Miller	\$500.00
209	Anne Drew Miller	\$190.00
210	Anne Drew Miller	\$209.00
211	Anne Drew Miller	\$96.00
212	Anne Drew Miller	\$58.00
213	Anne Drew Miller	\$325.00
214	Anne Drew Miller	\$1,871.00
215	Anne Drew Miller	\$424.00
216	Anne Drew Miller	\$276.00
217	Anne Drew Miller	\$458.00
218	Anne Drew Miller	\$258.00
219	Anne Drew Miller	\$258.00
220	Anne Drew Miller	\$429.00
221	Anne Drew Miller	\$1,188.00
	Grand Total	\$557,685.36

-	BRIDGEPORT HOSPITAL ANNUAL REPORTING						
	FISCAL YEAR 2011						
	REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL						
	B. BED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available		
LIIIE	Hamo of Freephar Boa I and			Kenivesteu	Available		
(3)	Fair Market Value of the Principal of ea	⊥ ach individual Hospit	tal Bed Fund. or the	Principal attributabl	e to each		
	·	·	•	•			
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the Ea	arnings attributable t	o each Hospital Bed	d Fund.		
(E)	Actual Dollar Amount of Earnings rein	vected as Brinsinal	if any				
(5)	Actual Dollar Amount of Earnings rein	vesteu as Fillicipai,	ii aiiy.				
(6)	Actual Dollar Amount of Earnings avail	ilable for Patient Car	e.				
	McCord Fund	\$33,308.88	\$1,331.87	\$0.00	\$1,331.87		
	Archer Wheeler Fund	\$1,068,855.41	\$77,698.97	\$0.00	\$77,698.97		
<u> </u>	Florence Seeley Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
	Ruth Gilbert Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
<u> </u>	Lounsbury Fund Helen Wordin Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
-	Hobart Wheeler Fund	\$399,357.83	\$15,968.53	\$0.00	\$15,968.53		
-	Mallett Fund	\$183,372.76 \$16,855.06	\$8,773.21 \$673.96	\$0.00 \$0.00	\$8,773.21 \$673.96		
-	Mrs. C.B.Seeley Fund	\$17,534.98	\$701.15	\$0.00	\$701.15		
	Alice Setzer Fund	\$219,766.33	\$8,787.47	\$0.00	\$8,787.47		
	Terry Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
	E. Harral Fund	\$237,011.79	\$18,169.02	\$0.00	\$18,169.02		
	Fannie Wording Fund	\$452,488.29	\$18,086.58	\$0.00	\$18,086.58		
	F. Weather Beardsley Fund	\$499,176.04	\$19,959.81	\$0.00	\$19,959.81		
	Mary Hawley Fund	\$79,251.92	\$3,168.93	\$0.00	\$3,168.93		
	Mary Trubee Fund	\$1,316.86	\$52.66	\$0.00	\$52.66		
	Jacob Klein Fund	\$20,087.19	\$803.20	\$0.00	\$803.20		
	Warner Fund Woodruff Fund	\$6,610.65	\$264.33	\$0.00	\$264.33		
-	Crosby Fund	\$13,323.43	\$532.74 \$1,005.63	\$0.00 \$0.00	\$532.74		
	Lacy Fund	\$49,908.62 \$7,993.23	\$1,995.62 \$319.61	\$0.00	\$1,995.62 \$319.61		
	Oliver Jennings Fund	\$56,502.33	\$4,890.48	\$0.00	\$4,890.48		
	Soules Fund	\$56,965.71	\$2,277.80	\$0.00	\$2,277.80		
	Carol Godfrey Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
	Marsh fund	\$28,272.42	\$1,130.49	\$0.00	\$1,130.49		
	Edward Godfrey Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
	Sterling Free Bed Fund	\$421,022.84	\$16,834.81	\$0.00	\$16,834.81		
	Blind Fund	\$49,946.72	\$1,997.14	\$0.00	\$1,997.14		
	Anne Drew Miller Fund	\$813,491.53	\$62,134.55	\$0.00	\$62,134.55		
-	Loomis Fund	\$43,961.26	(\$195.40)	\$0.00	(\$195.40)		
-	Stiles Hall Fund Marietta Crowley Fund	\$7,377.29 \$133.794.72	(\$13.04) \$5.349.85	\$0.00 \$0.00	(\$13.04) \$5.349.85		
—	Caroline Betts Fund	\$133,794.72 \$11,822.25	\$5,349.85 \$472.72	\$0.00	\$5,349.85 \$472.72		
	Alice Godfrey Fund	\$992.53	\$39.69	\$0.00	\$39.69		
	Fable Fund	\$10,303.82	\$412.00	\$0.00	\$412.00		
	Annie Jennings Fund	\$31,885.87	\$1,274.97	\$0.00	\$1,274.97		
	Francis Leigh Fund	\$423.90	\$16.95	\$0.00	\$16.95		
	Eliz. Lockwood Fund	\$13,323.43	\$532.74	\$0.00	\$532.74		
	Francis Leigh Fund	\$36,840.69	\$1,473.09	\$0.00	\$1,473.09		
<u> </u>	Susan Betts Fund	\$16,286.11	\$651.21	\$0.00	\$651.21		
<u> </u>	Cole Fund	\$499,176.04	\$19,959.81	\$0.00	\$19,959.81		
<u> </u>	Maria Lockwood Fund	\$6,661.16 \$6,610.65	\$266.35	\$0.00	\$266.35		
-	Wood Fund Lane Fund	\$6,610.65 \$35,880,18	\$264.33 \$1,434.69	\$0.00 \$0.00	\$264.33 \$1.434.60		
—	Hunt Fund	\$35,880.18 \$6,661.16	\$1,434.69 \$266.35	\$0.00	\$1,434.69 \$266.35		
	Marquand Fund	\$325,136.70	\$16,363.73	\$0.00	\$16,363.73		
	Pettingill Fund	\$34,586.99	\$1,532.98	\$0.00	\$1,532.98		
	Pomeroy Fund	\$12,228.78	\$488.97	\$0.00	\$488.97		
-		•					

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

B.	DED	FUND	VCTI/	/ITV
о.	DED	FUND	ACIIV	/

(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund			Reinvested	Available
	Frances Perry Fund	\$1,338.35	\$53.51	\$0.00	\$53.51
	Barnum Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Lewis Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Armstrong Fund	\$22,830.05	\$912.87	\$0.00	\$912.87
	Beach Fund	\$249,581.18	\$9,979.63	\$0.00	\$9,979.63
	Ives Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	DW Plumb Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	William Perry Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Mary Beardsley Fund	\$36,224.26	\$1,448.45	\$0.00	\$1,448.45
	Fray Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Gould Fund	\$27,696.94	\$1,107.48	\$0.00	\$1,107.48
	Couch Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Burnham Fund	\$341,200.31	\$13,643.07	\$0.00	\$13,643.07
	David Trubee Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Stephens Fund	\$9,627.31	\$384.95	\$0.00	\$384.95
	Stoddard Fund	\$7,993.23	\$319.61	\$0.00	\$319.61
	Bartram Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Thompson Fund	\$13,413.13	\$536.33	\$0.00	\$536.33
	Anna Jennings Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	O. G. Jennings Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Brothwell Fund	\$229,020.52	\$11,674.50	\$0.00	\$11,674.50
	Leavenworth/Sherman Fund	\$340,418.91	\$13,966.66	\$0.00	\$13,966.66
	Crane Value Fund	\$6,223.97	\$248.87	\$0.00	\$248.87
	Cowd Fund	\$220,284.89	\$15,413.60	\$0.00	\$15,413.60
	Wakeman Fund	\$237,756.22	\$16,186.30	\$0.00	\$16,186.30
	Rowland Fund	\$16,059.31	\$642.14	\$0.00	\$642.14
	Sarah Beardsley Fund	\$6,610.65	\$264.33	\$0.00	\$264.33
	Henry C. Knight Fund	\$6,610.65	\$264.33	\$0.00	\$264.33
	Margaret Mallet Fund	\$14,009.66	\$560.18	\$0.00	\$560.18
	Leavenworth Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Alice Setzer Fund	\$332,721.23	\$15,221.30	\$0.00	\$15,221.30
	Cook Fund	\$13,333.53	\$533.15	\$0.00	\$533.15
	Williams Fund	\$7,405.96	\$296.13	\$0.00	\$296.13
	Strong Fund	\$39,448.70	\$6,518.79	\$0.00	\$6,518.79
	Lyon Fund	\$6,661.16	\$266.35	\$0.00	\$266.35
	Abraham Klein Fund	\$7,699.09	\$307.85	\$0.00	\$307.85
	Richardson Fund	\$12,682.02	\$507.10	\$0.00	\$507.10
	Mary Godfrey Fund	\$15,848.06	\$633.69	\$0.00	\$633.69
	Charles Ferry Fund	\$1,033,879.45	\$85,252.42	\$0.00	\$85,252.42
	Mary Ferry Fund	\$2,448,560.33	\$190,104.56	\$0.00	\$190,104.56
	Nettleton Fund	\$16,307.85	\$652.08	\$0.00	\$652.08
	Rogers Fund	\$13,031.79	\$521.08	\$0.00	\$521.08
	Pflomm Fund	\$15,423.23	\$616.71	\$0.00	\$616.71
	Clarence Miller Fund	\$148,847.66	\$5,951.75	\$0.00	\$5,951.75
	Conlin Fund	\$9,105.64	\$364.09	\$0.00	\$364.09
	Atwater Fund	\$113,769.26	\$4,549.12	\$0.00	\$4,549.12
	Crissy Harral Fund	\$13,220.33	\$528.62	\$0.00	\$528.62
	Jacoby Fund	\$2,223.57	\$88.91	\$0.00	\$88.91
	Total Bed Funds :	\$12,163,317.25	\$724,058.07	\$0.00	\$724,058.07

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	
		See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22).
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	8.20%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	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.	
		See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22).
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.	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.

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.	6.90%
	Collection Agent	
1	Collection Agent Name	Nair & Levin
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.	
		See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22).
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.	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.60%
	Collection Agent	
1	Collection Agent Name	Tobin, Carberry, OMallery, Riley, Selinger, PC
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.	
		See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22).

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$522,698	\$242,081	\$764,779
2.	Senior VP of Finance & CFO	\$489,002	\$179,997	\$668,999
3.	Medical Director	\$517,195	\$53,109	\$570,304
4.	Senior VP of Human Resources	\$361,186	\$107,055	\$468,241
5.	Senior VP & COO	\$382,574	\$75,427	\$458,001
6.	VP	\$317,717	\$134,894	\$452,611
7.	ER Physician	\$340,713	\$62,271	\$402,984
8.	Sr. VP of Quality Control & Risk Management	\$351,145	\$46,074	\$397,219
9.	ER Physician	\$331,534	\$60,218	\$391,752
10.	ER Physician	\$311,566	\$54,055	\$365,621
	Grand Total:	\$3,925,330	\$1,015,181	\$4,940,511

REPORT 19 22 OF 25 6/27/2012, 3:36 PM

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.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
В.	BRIDGEPORT HOSPITAL FOUNDATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C.	BRIDGEPORT RENEWAL, LLC	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0 \$0	\$0 \$0
	Faid by the Hospital to Employees of the Entity Listed Above	ΨΟ	φυ	φυ
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)	7		
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
Ε.	SCHS PROPERTIES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	40	1 00	Φ0
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.	SOUTHERN CONNECTICUT PHYSICIANS, P.C.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	and any and the Employees of the Emily Elected 18510	*	Ψ	~~
Н.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)			
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.

 $[\]ensuremath{\text{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 2011	
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	
	Description of each Transfer of Assets or Operations or Change of Control involving		
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A	
_	Description of each Hospital Clinical or Nonclinical Service or Function transferred or		
3.	involved in a change of control.	N/A	
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	N/A	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A	
	Amount of each Transfer of Assets or Operations or Change of Control involving	•	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0	

REPORT 22 24 OF 25 6/27/2012,3:36 PM

					-
		RT HOSPITAL REPORTING			
		EAR 2011			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	1,806	1,817	11	1%
2.	Number of Approved Applicants	1,147	1,127	(20)	-2%
	тингот от тирготом тиргом.	.,	.,	(=3)	
3.	Total Charges (A)	\$23,939,515	\$29,020,315	\$5,080,800	21%
	Average Charges	\$20,871	\$25,750	\$4,879	23%
4.	Ratio of Cost to Charges (RCC)	0.31569	0.293948	(0.021742)	-7%
	Total Cost	\$7,557,465	\$8,530,464	\$972,998	13%
	Average Cost	\$6,589	\$7,569	\$980	15%
-	Oharita Oara Ingationt Oharra	£4.400.477	£4 400 00 4	\$000.507	000/
5. 6.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department Charges	\$1,169,477 8,325,414	\$1,402,004 7,509,900	\$232,527 (815,514)	20% -10%
7.	Charity Care - Outpatient Emergency Department Charges Charity Care - Outpatient Charges (Excludes ED Charges)	14,444,624	20,108,411	5,663,787	39%
,.	Total Charges (A)	\$23,939,515	\$29,020,315	\$5,080,800	21%
	i otali onaligoo (i i)	4_0,000,010	+ 20,020,010	+ 0,000,000	
8.	Charity Care - Number of Patient Days	2,532	2,064	(468)	-18%
9.	Charity Care - Number of Discharges	379	359	(20)	-5%
10.	Charity Care - Number of Outpatient ED Visits	1,413	1,748	335	24%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	4,732	5,324	592	13%
(A) The	total amount much amount that the total amount listed in	the Heerital Acre	itaal Financial Ot	atamant Nata	
(A) The	total amount must agree with the total amount listed in	tne Hospitai Aud	ited Financiai St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Report 17)				
	- Copius 200 - United (Coo Free Print) - Copius Special Specia	<u> </u>			
1.	Number of Applicants	155	185	30	19%
2.	Number of Approved Applicants	155	185	30	19%
3.	Total Charges (B)	\$162,485	\$557,685	\$395,200	243%
	Average Charges	\$1,048	\$3,015	\$1,966	188%
4.	Ratio of Cost to Charges (RCC)	0.31569	0.293948	(0.021742)	-7%
	Total Cost	\$51,295	\$163,930	\$112,636	220%
	Average Cost	\$331	\$886	\$555	168%
5.	Bed Funds - Inpatient Charges	\$9,440	\$114,862	\$105,422	1117%
6.	Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	39,549	142,367	102,818	260%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	113,496	300,456	186,960	165%
	Total Charges (B)	\$162,485	\$557,685	\$395,200	243%
		-	·	·	
8.	Bed Funds - Number of Patient Days	340	339	(1)	0%
9.	Bed Funds - Number of Discharges	43	59	16	37%
10.	Bed Funds - Number of Outpatient ED Visits	123	287	164	133%
	Bed Funds - Number of Outpatient Visits (Excludes ED				
11.	Visits)	545	874	329	60%
(D) The	total amount must agree with the total amount listed on	Hospital Banari	ing System Dan	ort 17	
(D) INE	: total amount must agree with the total amount listed on	nospital Report	nig əystem - Kep	OIL I7.	

REPORT 23 25 of 25 6/27/2012, 3:36 PM