BRIDGEPORT HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2012

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
Α.	AFFILIATE NAME	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.
		BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC. IS THE SOLE MEMBER
		OF BRIDGEPORT HOSPITAL. IT WAS ESTABLISHED AS A NOT FOR PROFIT,
		NONSTOCK, CONNECTICUT CORPORATION TO PROMOTE AND CARRY OUT
	Affiliate Description	CHARITABLE AND EDUCATIONAL ACTIVITIES.
	Affiliate type of service	Parent Corporation
	Tax Status Street Address	Not for Profit 267 Grand Street, P.O.BOX 1234
5	Town	Bridgeport
6	State	Connecticut
	Zip Code	06610 -
	CEO Name	William Jennings
	CEO Title CT Agent Name	PRESIDENT & CEO
	CT Agent Name CT Agent Company	Dr. Michael Ivy Bridgeport Hospital
	CT Agent Company Street Address	267 GRANT STREET , PO BOX 5000
13	CT Agent Town	Bridgeport
	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
В.	AFFILIATE NAME	BRIDGEPORT HOSPITAL FOUNDATION, INC.
<u> </u>	ALLIER E NAME	THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE
		BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS
1	Affiliate Description	ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION.
2	Affiliate type of service	Fund Raising/Management
	Tax Status	Not for Profit
	Street Address	267 GRANT STREET PO BOX 5000, PO BOX 5000
5 6	Town State	Bridgeport Connecticut
	Zip Code	06610 -
	CEO Name	Steve Jakab
	CEO Title	President
	CT Agent Name	Jennifer Wilcox
11	CT Agent Company	Bridgeport Hospital
	CT Agent Company Street Address CT Agent Town	267 Grant Street Bridgeport
	CT Agent Town CT Agent State	Connecticut
	CT Agent Zip Code	06610 -
		PRIDATE DENTINAL LLO
C.	AFFILIATE NAME	BRIDGEPORT RENEWAL, LLC
		Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its
1	Affiliate Description	purpose is holding titles to property and collecting income. It is not tax exempt and all of it's income/loss passes straight thorugh to SCHS Properties.
	Affiliate type of service	Other HealthCare Svcs(Specify)
	Tax Status	Not for Profit
4	Street Address	267 Grant Street
5	Town	Bridgeport
	State	Connecticut
	Zip Code	06610 -
	CEO Name CEO Title	Norman Roth President
	CT Agent Name	Jennifer Wilcox
	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
	CT Agent Town	Bridgeport
	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -

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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)	
		CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT	
1	Affiliate Description	RECEIVABLE COLLECTIONS IN WHICH BRIDGEPORT HOSPITAL OWN A 47.6%	
2	Affiliate type of service	Collection Agency	
3	Tax Status Street Address	For Profit 23 Maiden Lane	
5	Town	North Haven	
6	State	Connecticut	
7	Zip Code	06473 -	
8	CEO Name	John Skelly	
9	CEO Title	Chairman of the Board	
	CT Agent Name CT Agent Company	Steve Markesich Century Financial Serivces, Inc.	
	CT Agent Company Street Address		
	CT Agent Town	North Haven	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06473 -	
E.	AFFILIATE NAME	SCHS PROPERTIES, INC.	
<u> </u>	AFFICIATE NAME	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	
1	Affiliate Description	ENTIRE AMOUNT THEREOF, LESS EXPENSES TO BHHS, INC.	
2	Affiliate type of service	Other HealthCare Svcs(Specify)	
	Tax Status	Not for Profit	
4	Street Address	267 GRANT STREET PO BOX 5000, PO BOX 5000	
<u>5</u>	Town State	Bridgeport Connecticut	
	Zip Code	06610 -	
	CEO Name	William Jennings	
	CEO Title	CEO	
	CT Agent Name	Jennifer Wilcox	
11	CT Agent Company CT Agent Company Street Address	Bridgeport Hospital	
12	CT Agent Company Street Address CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06610 -	
_		COLITIEDN CONNECTICUT UEALTU NETWORK INC	
F.	AFFILIATE 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	
4	Street Address	267 Grant Street	
5	Town	Bridgeport	
	State Zin Codo	Connecticut	
7 8	Zip Code CEO Name	06610 - BRUCE WAINER, M.D.	
9	CEO Title	PRESIDENT & CHAIRMAN	
	CT Agent Name	Dr. Michael Ivy	
11	CT Agent Company	Bridgeport Hospital	
12		267 Grant Street, Floor 11	
	CT Agent Town	Bridgeport	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06610 -	
15	OT Agent Zip Code		

BRIDGEPORT HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2012

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.	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
10	CT Agent Name	Rebecca A. Matthews Atty. Dir.
11	CT Agent Company	YNHHSC
12		60 Temple Street, 5th Floor, Suite 5B
13	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	9/30/2012
A.	BRIDGEPORT HOSPITAL		
1		Unrestricted	\$74,554,000
2		Temporarily Restricted by Donor	\$28,832,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$19,872,000
5		Intercompany Eliminations	\$0
		Total:	\$123,258,000
В.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.		
1		Unrestricted	(\$3,650,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$3,650,000)
C.	BRIDGEPORT HOSPITAL FOUNDATION, INC.		000 170 000
1		Unrestricted	\$28,152,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$12,553,000
4		Permanently Restricted by Donor	\$14,474,000
5		Intercompany Eliminations	(\$55,179,000)
		Total:	\$0
D.	BRIDGEPORT RENEWAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
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
_	SCHE DEODERTIES INC		
F.	SCHS PROPERTIES, INC.	Unrestricted	¢4 404 000
1			\$1,124,000
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
<u>3</u>		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,124,000
G.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
		Hatanaanaa ay Elimpia atiana	<u>ф</u> О
5		Intercompany Eliminations Total:	\$0 \$0

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)	
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012	
	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC.			
H.	(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:	\$175,911,000	
	Intercompany Eliminations		(\$55,179,000)	
	Total of all Affiliates	Fund Balance:	\$120,732,000	

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.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.			
	BRIDGEFORT HOSFITAL & HEALTHCARE SERVICES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$6,167,582)
1		Equity transfar to Parent	09/30/2012	(\$13,352,228)
2		Payments	09/30/2012	\$16,757,039
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$2,762,771)
B.	BRIDGEPORT HOSPITAL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$353,071
1		Rental Reimb to Bridgeport Hospital	09/30/2012	\$4,200
2		Audit Fees Reimb to Bridgeport Hospital	09/30/2012	\$39,208
3		Management Fees to Bridgeport Hospital	09/30/2012	\$294,948
4		Insurance espense reimbursed to Bridgeport Hospital	09/30/2012	\$15,876
5		Salary and Benefits reimb to Bridgeport Hospital	09/30/2012	\$1,052,234
6		Services provided by hospital	09/30/2012	\$68,334
7		cash	09/30/2012	(\$1,059,079)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$768,792
C.	BRIDGEPORT RENEWAL, LLC			
<u> </u>	BRIDGEFORT RENEWAL, LLC	Paginning Unconcelled to distance many Polence.	0/20/2044	\$0
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2012	\$ 0
		Ending officerisondated intercompany Bulance.	9/30/2012	ΨΟ
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CEN	TURY)		
	(Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
E.	SCHS PROPERTIES, INC.			
	CONOTINOTENTIES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$23,208
1		Reimbursements/Fund Transfers	09/30/2012	\$16,580
2		Management Fees	09/30/2012	\$14,880
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$54,668
_				
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.			A
L.		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$3,187
1		Salaries & Benefits	09/30/2012	\$16,855
2		Audit fees	09/30/2012	\$732

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
3		Rental reimbursed to Bridgeport Hospital	09/30/2012	\$6,500
4		Insurance expense reimbursed to Bridgeport Hospital	09/30/2012	\$4,296
5		cash	09/30/2012	(\$27,779)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$3,791
G.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (Y	NHHSC)		
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$10,003,650)
1		Clinical Information Services (EPIC)	09/30/2012	(\$12,776,500)
2		PAYMENTS/TRANSFERS (EPIC)	09/30/2012	\$9,078,440
3		Management and Business support	09/30/2012	(\$15,496,910)
4		MIS and Software	09/30/2012	(\$15,798,046)
5		Malpractice and Insurance	09/30/2012	(\$2,182,000)
6		Material Management	09/30/2012	(\$914,709)
7		Financial Services, Compliance	09/30/2012	(\$5,373,285)
8		other	09/30/2012	(\$207,219)
9		Cash Payments	09/30/2012	\$39,189,230
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$14,484,649)
			Grand Total:	(\$16,420,169)

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
LINE	ALTIELATE TRANSI ERRING TONDO	ALTIELATE RECEIVING FORDS	Beginning Unconsolidated	DAIL	AMOUNT
			Intercompany Balance	10/01/2011	\$2,145,871
Α.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.		intercompany Bulance	10/01/2011	Ψ2,140,071
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
					, ,
B.	BRIDGEPORT HOSPITAL FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
C.	BRIDGEPORT RENEWAL, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
_	COLIG PROPERTIES INC				
E.	SCHS PROPERTIES, INC.		Nothing to Report		ΦO
			Total:	9/30/2012	\$0 \$0
			Total.	9/30/2012	φ0
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.				
-			Nothing to Report		\$0
			Total:	9/30/2012	\$0
					, ,
G.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2012	\$2,145,871

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BRIDGEPORT HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 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	
	Total:	\$0	9/30/2012
В.	BRIDGEPORT HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	
	l otal:	\$0	9/30/2012
C.	DDIDGEDORT DENEWAL LLC		
0.	BRIDGEPORT RENEWAL, LLC	* 0	
	Nothing to Report	\$0	0/00/00/0
	Total.	\$0	9/30/2012
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
E.	SCHS PROPERTIES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
G.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)		
0.	Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2012
		***	2.23/2412
	Grand Total:	\$0	9/30/2012

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.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B. 0	BRIDGEPORT HOSPITAL FOUNDATION, INC. Nothing to Report	\$0	0
0	Total:	\$0 \$0	0
	i Otai.	40	
C.	BRIDGEPORT RENEWAL, LLC		
0.	Nothing to Report	\$0	0
	Total:	\$0	-
D.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	SCHS PROPERTIES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	SOUTHERN CONNECTICUT HEALTH NETWORK, INC.	ma.	
0	Nothing to Report	\$0	0
	Total:	\$0	
	VALE NEW HAVEN HEAT TH OFFINANCE CORPORATION. INC. (WHILIOC)		
G.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) Nothing to Report	\$0	0
_ <u> </u>	Total:	\$ 0	o e
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMÒÚNT 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%
B.	Free Beds				
	Beginning Balance	\$11,996,943.00	\$12,163,317.00	\$166,374.00	1%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$579,911.00	\$616,332.00	\$36,421.00	6%
3	Expenditures	\$557,685.00	\$750,000.00	\$192,315.00	34%
4	Unrealized Gains and Losses	\$144,148.00	\$862,203.00	\$718,055.00	498%
	Ending Balance	\$12,163,317.00	\$12,891,852.00	\$728,535.00	6%
5	Projected Interest Income	\$600,000.00	\$600,000.00	\$0.00	0%
C.	Other				
C.		20.00	40.00	40.00	00/
	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%

	BRIDGEPORT HOSPITAL	
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REP	ORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED E	BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
	ns for Hospital Bed Funds	330
	s receiving Hospital Bed Fund Grants	330
2. B. The Actual Total D	Pollar Amount provided to all patients from Hospital Bed F	\$750,000.00
4	CHARLES FERRY FUND	40.050.00
1	CHARLES FERRY FUND	\$2,952.30
3	CHARLES FERRY FUND	\$3,613.00
	CHARLES FERRY FUND	\$3,611.72
5	CHARLES FERRY FUND	\$3,591.00
6	CHARLES FERRY FUND	\$3,589.40
7	CHARLES FERRY FUND	\$3,562.00
8	MARY NICHOLS FERRY	\$2,559.00 \$1,547.50
9	MARY NICHOLS FERRY	\$1,547.50 \$1,534.14
10	MARY NICHOLS FERRY	\$1,534.14 \$1,533.19
11	MARY NICHOLS FERRY	\$1,533.19
12	MARY NICHOLS FERRY	\$2,327.00 \$2,459.19
13	MARY NICHOLS FERRY	\$2,459.02
14	MARY NICHOLS FERRY	\$2,448.08
15	MARY NICHOLS FERRY	\$2,444.04
16	MARY NICHOLS FERRY	\$2,327.77
17	MARY NICHOLS FERRY	\$2,315.00
18	MARY NICHOLS FERRY	\$2,313.52
19	MARY NICHOLS FERRY	\$1,305.12
20	MARY NICHOLS FERRY	\$2,300.48
21	MARY NICHOLS FERRY	\$2,277.12
22	MARY NICHOLS FERRY	\$2,266.44
23	MARY NICHOLS FERRY	\$2,437.86
24	MARY NICHOLS FERRY	\$4,263.06
25	OLIVER JENNINGS	\$4,252.93
26	CHARLES FERRY FUND	\$1,675.79
27	CHARLES FERRY FUND	\$3,000.00
28	CHARLES FERRY FUND	\$1,800.73
29	CHARLES FERRY FUND	\$2,542.34
30	CHARLES FERRY FUND	\$1,664.00
31	CHARLES FERRY FUND	\$1,714.00
32	CHARLES FERRY FUND	\$224.00
33	MARY NICHOLS FERRY	\$2,504.22
34	MARY NICHOLS FERRY	\$436.00
35	MARY NICHOLS FERRY	\$4,183.05
36	MARY NICHOLS FERRY	\$2,630.76
37	MARY NICHOLS FERRY	\$4,461.00
38	MARY NICHOLS FERRY	\$2,997.89
39	MARY NICHOLS FERRY	\$4,658.00
40	MARY NICHOLS FERRY	\$2,184.00
41	MARY NICHOLS FERRY	\$1,324.26
42	MARY NICHOLS FERRY	\$2,366.00
43	MARY NICHOLS FERRY	\$2,332.31
44	OLIVER JENNINGS	\$430.00
45	CHARLES FERRY FUND	\$259.47
46	CHARLES FERRY FUND	\$4,224.72
47	CHARLES FERRY FUND	\$2,540.82
48	CHARLES FERRY FUND	\$1,222.00
49	CHARLES FERRY FUND	\$2,392.68
50	CHARLES FERRY FUND	\$2,514.70
51	CHARLES FERRY FUND	\$2,880.58
52	CHARLES FERRY FUND	\$1,179.87
53	CHARLES FERRY FUND	\$3,940.92
54	CHARLES FERRY FUND	\$2,562.74

BRIDGEPORT HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications	-	330
	receiving Hospital Bed Fund Grants lar Amount provided to all patients from Hospital Bed l	330 F \$750,000.00
Z. B. The Actual Total Doi	iai Amount provided to an patients from nospital bed	\$130,000.00
55	CHARLES FERRY FUND	\$3,496.72
56	CHARLES FERRY FUND	\$2,973.85
57	CHARLES FERRY FUND	\$928.68
58	CHARLES FERRY FUND	\$3,789.12
59	CHARLES FERRY FUND	\$660.84
60	CHARLES FERRY FUND	\$1,487.98
61	CHARLES FERRY FUND	\$465.00
62	MARY NICHOLS FERRY	\$3,982.12
63 64	MARY NICHOLS FERRY MARY NICHOLS FERRY	\$5,571.26
65	MARY NICHOLS FERRY MARY NICHOLS FERRY	\$1,842.00 \$1,258.22
66	MARY NICHOLS FERRY	\$1,258.22 \$791.00
67	MARY NICHOLS FERRY	\$1,707.93
68	MARY NICHOLS FERRY	\$1,614.00
69	MARY NICHOLS FERRY	\$1,198.00
70	MARY NICHOLS FERRY	\$2,061.90
71	MARY NICHOLS FERRY	\$1,545.88
72	MARY NICHOLS FERRY	\$1,090.68
73	MARY NICHOLS FERRY	\$6,324.84
74	MARY NICHOLS FERRY	\$3,820.00
75 76	MARY NICHOLS FERRY MARY NICHOLS FERRY	\$7,530.39
77	MARY NICHOLS FERRY	\$1,272.95 \$5,302.40
78	MARY NICHOLS FERRY	\$3,572.00
79	MARY NICHOLS FERRY	\$232.00
80	MARY NICHOLS FERRY	\$2,085.35
81	MARY NICHOLS FERRY	\$4,225.15
82	MARY NICHOLS FERRY	\$2,870.32
83	MARY NICHOLS FERRY	\$258.00
84	MARY NICHOLS FERRY	\$3,142.53
85	MARY NICHOLS FERRY	\$1,861.85
86 87	MARY NICHOLS FERRY MARY NICHOLS FERRY	\$1,853.70
88	MARY NICHOLS FERRY	\$1,222.00 \$666.00
89	MARY NICHOLS FERRY	\$3,938.25
90	MARY NICHOLS FERRY	\$2,101.10
91	MARY NICHOLS FERRY	\$1,308.00
92	MARY NICHOLS FERRY	\$3,216.43
93	MARY NICHOLS FERRY	\$1,222.00
94	MARY NICHOLS FERRY	\$4,355.14
95	MARY NICHOLS FERRY	\$704.13
96	MARY NICHOLS FERRY	\$1,200.03
97 98	MARY NICHOLS FERRY	\$753.00
98	MARY NICHOLS FERRY MARY NICHOLS FERRY	\$556.29 \$131.00
100	MARY NICHOLS FERRY	\$131.00 \$1,180.00
101	OLIVER JENNINGS	\$2,327.70
102	FREDERICK A STRONG	\$2,230.61
103	BARNUM FUND	\$735.00
104	BARTRAM FUND	\$735.00
105	CAROLINE BETTS FUND	\$1,305.00
106	COOK FUND	\$1,471.00
107	COUCH FUND	\$735.00
108	FRAY FUND	\$735.00

BRIDGEPORT HOSPITAL					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
A. Patient Activity					
(1)	(2)	(3)			
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount			
1.Number of Applications	-	330			
	receiving Hospital Bed Fund Grants llar Amount provided to all patients from Hospital Bed l	330 F \$750,000.00			
Z. B. The Actual Total Doi	nai Amount provided to an patients from Hospital Bed i	\$130,000.00			
109	RUTH GILBERT FUND	\$1,470.00			
110	CAROL GODFREY FUND	\$1,470.00			
111	EDWARD GODFREY FUND	\$1,470.00			
112	HUNT FUND	\$403.40			
113	HUNT FUND	\$331.60			
114	IVES FUND	\$735.00			
115	O.G. JENNINGS FUND	\$735.00			
116 117	ABRAHAM KLEIN FUND	\$850.00			
117	LEAVENWORTH FUND	\$882.00 \$735.00			
119	LEWIS FUND	\$735.00 \$735.00			
120	ELIZABETH LOCKWOOD FUND	\$1,470.00			
121	MARIA LOCKWOOD FUND	\$735.00			
122	McCORD FUND	\$3,676.00			
123	CLARENCE MILLER FUND	\$11,139.07			
124	CLARENCE MILLER FUND	\$5,286.93			
125	WILLIAM PERRY FUND	\$735.00			
126	DW PLUMB FUND	\$735.00			
127	ROGERS FUND	\$1,438.00			
128 129	FLORENCE SEELEY FUND STODDARD FUND	\$1,470.00			
130	TERRY FUND	\$882.00 \$1,470.00			
131	DAVID TRUBEE FUND	\$7,470.00			
132	WILLIAMS FUND	\$817.00			
133	WOODRUFF FUND	\$1,470.00			
134	SUSAN BETTS FUND	\$1,797.00			
135	ROWLAND FUND	\$1,772.00			
136	LANE FUND	\$3,959.00			
137	MARY HAWLEY FUND	\$8,746.00			
138 139	NETTLETON FUND MARGARET MALLET FUND	\$1,800.00			
140	FABLE FUND	\$1,546.00 \$1,137.00			
141	MARY GODFREY FUND	\$1,749.00			
142	JACOB KLEIN FUND	\$2,217.00			
143	FRANCIS LEIGH FUND	\$4,065.00			
144	MALLETT FUND	\$1,860.00			
145	MARSH FUND	\$3,120.00			
146	RICHARDSON FUND	\$1,399.00			
147	MRS C.B. SEELEY FUND	\$1,935.00			
148 149	ALICE SETZER FUND ALICE SETZER FUND	\$4,290.00			
150	ALICE SETZER FUND	\$7,269.30 \$8,049.24			
151	ALICE SETZER FUND	\$4,643.46			
152	HOBART WHEELER FUND	\$14,007.68			
153	HOBART WHEELER FUND	\$8,645.32			
154	HOBART WHEELER FUND	\$1,559.00			
155	BLIND FUND	\$3,905.00			
156	BLIND FUND	\$1,607.00			
157	MARIETTA CROWLEY FUND	\$1,384.00			
158	MARIETTA CROWLEY FUND	\$9,513.72			
159	MARIETTA CROWLEY FUND	\$3,867.28			
160 161	THOMPSON FUND MARY BEARDSLEY FUND	\$1,480.00 \$3,587.00			
162	MARY BEARDSLEY FUND	\$3,587.00 \$410.00			
L		φ+10.00			

BRIDGEPORT HOSPITAL		
ANNUAL REPORTING		
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REP	PORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED	BY THE HOSPITAL
A. Patient Activity	(0)	(2)
(1)	(2) Name of Hospital Bed Fund (FULL NAME)	(3)
Patient (A. III. III.		Amount
	ns for Hospital Bed Funds	330
	ts receiving Hospital Bed Fund Grants Pollar Amount provided to all patients from Hospital Bed F	330 \$750,000.00
Z. B. The Actual Total L	John Amount provided to an patients from Hospital Bed H	\$750,000.00
163	ANNIE JENNINGS FUND	\$3,519.00
164	STERLING FREE BED FUND	\$10,081.65
165	STERLING FREE BED FUND	\$6,942.68
166	STERLING FREE BED FUND	\$8,904.76
167	STERLING FREE BED FUND	\$691.52
168	STERLING FREE BED FUND	\$4,028.17
169	STERLING FREE BED FUND	\$4,235.39
170	STERLING FREE BED FUND	\$4,561.19
171	STERLING FREE BED FUND	\$7,015.64
172	BEACH FUND	\$3,531.00
173	BEACH FUND	\$3,070.29
174 175	BEACH FUND BEACH FUND	\$3,533.72
176	SOULES FUND	\$3,635.99 \$3,740.06
177	SOULES FUND	\$2,710.96 \$3,575.04
178	HELEN WORDIN FUND	\$5,575.04 \$5,606.10
179	HELEN WORDIN FUND	\$3,369.34
180	HELEN WORDIN FUND	\$3,499.11
181	HELEN WORDIN FUND	\$2,859.55
182	HELEN WORDIN FUND	\$3,594.00
183	HELEN WORDIN FUND	\$2,527.00
184	HELEN WORDIN FUND	\$579.90
185	CROSBY FUND	\$5,186.05
186	CROSBY FUND	\$321.95
187	COLE FUND	\$9,069.68
188	COLE FUND	\$1,222.42
189 190	COLE FUND COLE FUND	\$2,143.60
191	COLE FUND	\$3,472.65 \$5,483.61
192	COLE FUND	\$3,079.14
193	COLE FUND	\$3,071.90
194	LEAVENWORTH/SHERMAN FUND	\$4,687.90
195	LEAVENWORTH/SHERMAN FUND	\$2,377.00
196	LEAVENWORTH/SHERMAN FUND	\$4,199.10
197	LEAVENWORTH/SHERMAN FUND	\$2,920.37
198	LEAVENWORTH/SHERMAN FUND	\$1,154.52
199	LEAVENWORTH/SHERMAN FUND	\$3,934.11
200	ATWATER FUND	\$6,835.00
201	ATWATER FUND	\$2,942.00
202 203	GOULD FUND FANNIE WORDING FUND	\$3,056.00
203	FANNIE WORDING FUND	\$4,139.39 \$5,407.54
205	FANNIE WORDING FUND	\$1,441.55
206	FANNIE WORDING FUND	\$1,441.55 \$11,277.41
207	F. WEATHER BEARDSLEY FUND	\$12,412.34
208	F. WEATHER BEARDSLEY FUND	\$6,756.17
209	F. WEATHER BEARDSLEY FUND	\$4,819.30
210	F. WEATHER BEARDSLEY FUND	\$3,555.19
211	BURNHAM FUND	\$3,925.31
212	BURNHAM FUND	\$8,082.41
213	BURNHAM FUND	\$4,731.13
214	BURNHAM FUND	\$2,087.15
215	FREDERICK A STRONG	\$1,138.57
216	FREDERICK A STRONG	\$304.00

BRIDGEPORT HOSPITAL			
ANNUAL REPORTING			
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL			
A. Patient Activity			
(1)	(2)	(3)	
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount	
1.Number of Applications for Ho	•	330	
2. A. Number of Patients receiv		330	
2. B. The Actual Total Dollar An	nount provided to all patients from Hospital Bed F	\$750,000.00	
217	FREDERICK A STRONG	\$614.00	
218	FREDERICK A STRONG	\$4,275.00	
219	EDWARD & ELLEN HARRAL	\$1,335.00	
220	EDWARD & ELLEN HARRAL	\$1,252.00	
221	EDWARD & ELLEN HARRAL	\$192.00	
222	EDWARD & ELLEN HARRAL	\$1,554.00	
223	EDWARD & ELLEN HARRAL	\$101.00	
224	EDWARD & ELLEN HARRAL	\$557.00	
225	EDWARD & ELLEN HARRAL	\$142.73	
226	EDWARD & ELLEN HARRAL EDWARD & ELLEN HARRAL	\$1,228.88	
227 228	EDWARD & ELLEN HARRAL EDWARD & ELLEN HARRAL	\$300.00 \$1.308.00	
229	ARCHER WHEELER	\$1,308.00 \$2,610.04	
230	ARCHER WHEELER	\$1,386.00	
231	ARCHER WHEELER	\$4,149.40	
232	ARCHER WHEELER	\$1,125.45	
233	ARCHER WHEELER	\$8,672.31	
234	ARCHER WHEELER	\$7,440.12	
235	ARCHER WHEELER	\$336.00	
236	ARCHER WHEELER	\$834.59	
237	ARCHER WHEELER	\$120.45	
238	ARCHER WHEELER	\$592.05	
239 240	ARCHER WHEELER ARCHER WHEELER	\$2,475.10	
241	ARCHER WHEELER	\$2,145.00 \$1,970.34	
242	ARCHER WHEELER	\$1,970.34	
243	OLIVER JENNINGS	\$75.00	
244	OLIVER JENNINGS	\$150.00	
245	OLIVER JENNINGS	\$1,154.37	
246	OLIVER JENNINGS	\$570.22	
247	OLIVER JENNINGS	\$50.00	
248	OLIVER JENNINGS	\$72.40	
249	OLIVER JENNINGS	\$1,270.00	
250 251	FREDERICK MARQUAND FREDERICK MARQUAND	\$285.24	
252	FREDERICK MARQUAND	\$500.00 \$1,000.00	
253	FREDERICK MARQUAND	\$1,000.00	
254	FREDERICK MARQUAND	\$300.00	
255	FREDERICK MARQUAND	\$243.50	
256	FREDERICK MARQUAND	\$135.14	
257	FREDERICK MARQUAND	\$30.80	
258	FREDERICK MARQUAND	\$654.23	
259	FREDERICK MARQUAND	\$590.00	
260	FREDERICK MARQUAND	\$590.00	
261 262	FREDERICK MARQUAND	\$25.00	
262	FREDERICK MARQUAND FREDERICK MARQUAND	\$25.00 \$34.47	
264	FREDERICK MARQUAND	\$34.47 \$45.99	
265	FREDERICK MARQUAND	\$500.00	
266	FREDERICK MARQUAND	\$381.03	
267	FREDERICK MARQUAND	\$343.03	
268	FREDERICK MARQUAND	\$225.00	
269	FREDERICK MARQUAND	\$1,750.52	
270	FREDERICK MARQUAND	\$75.00	

BRIDGEPORT HOSPITAL		
ANNUAL REPORTING		
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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 f	for Hospital Bed Funds	330
	eceiving Hospital Bed Fund Grants	330
2. B. The Actual Total Doll	ar Amount provided to all patients from Hospital Bed	F \$750,000.00
271	ALICE SELTZER	\$75.00
272	ALICE SELTZER	\$277.47
273 274	ALICE SELTZER ALICE SELTZER	\$50.00
275	ALICE SELTZER	\$50.00
276	ALICE SELTZER	\$50.00 \$75.00
277	ALICE SELTZER	\$100.00
278	ALICE SELTZER	\$100.00
279	ALICE SELTZER	\$1,957.00
280	ALICE SELTZER	\$100.00
281	ANNE DREW MILLER	\$1,156.36
282	ANNE DREW MILLER	\$2,000.00
283	ANNE DREW MILLER	\$10.48
284	ANNE DREW MILLER	\$168.00
285	ANNE DREW MILLER	\$542.00
286	ANNE DREW MILLER	\$1,143.00
287	ANNE DREW MILLER	\$1,973.50
288	ANNE DREW MILLER	\$1,308.00
289	ANNE DREW MILLER ANNE DREW MILLER	\$75.00
290 291	ANNE DREW MILLER	\$150.00
292	ANNE DREW MILLER	\$147.38 \$131.00
293	ANNE DREW MILLER	\$500.00
294	ANNE DREW MILLER	\$500.00
295	ANNE DREW MILLER	\$1,000.00
296	ANNE DREW MILLER	\$131.00
297	ANNE DREW MILLER	\$131.00
298	ANNE DREW MILLER	\$566.00
299	ANNE DREW MILLER	\$75.00
300	ANNE DREW MILLER	\$63.76
301	ANNE DREW MILLER	\$328.91
302	ANNE DREW MILLER	\$1,984.00
303	ANNE DREW MILLER	\$150.00
304 305	ANNE DREW MILLER ANNE DREW MILLER	\$2,000.00
306	ANNE DREW MILLER	\$780.79 \$1,072.60
307	ANNE DREW MILLER	\$1,072.80
308	ANNE DREW MILLER	\$1,145.63
309	ANNE DREW MILLER	\$2,000.00
310	ANNE DREW MILLER	\$154.76
311	ANNE DREW MILLER	\$77.15
312	FRANCIS WAKEMEN	\$2,805.55
313	FRANCIS WAKEMEN	\$175.00
314	FRANCIS WAKEMEN	\$200.00
315	FRANCIS WAKEMEN	\$500.00
316	FRANCIS WAKEMEN	\$175.00
317	FRANCIS WAKEMEN	\$1,327.28
318	FRANCIS WAKEMEN	\$803.00
319 320	FRANCIS WAKEMEN FRANCIS WAKEMEN	\$1,549.31
320	FRANCIS WAKEMEN	\$100.00 \$250.00
322	FRANCIS WAKEMEN	\$250.00 \$1,416.04
323	FRANCIS WAKEMEN	\$1,416.04
324	FRANCIS WAKEMEN	\$200.00
	1	+=30.00

	BRIDGEPORT HOSPITAL	
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REP	ORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED	BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Application	s for Hospital Bed Funds	330
2. A. Number of Patients	s receiving Hospital Bed Fund Grants	330
2. B. The Actual Total D	ollar Amount provided to all patients from Hospital Bed F	\$750,000.00
325	HENERY COWD	\$120.45
326	HENERY COWD	\$1,644.00
327	HENERY COWD	\$17,346.75
328	HENERY COWD	\$3,992.54
329	WILLIAM H. BROTHWELL	\$206.13
330 CATHERINE A. PETTINGILL		\$92.06
	Grand Total	\$750,000.00

	BRIDGEPORT HOSPITAL				
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	R ADMINISTERED B	Y THE HOSPITAL	
B B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
\·' <i>'</i>	(-)	FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund	•	•	Reinvested	Available
(3)	Fair Market Value of the Principal of ea	ach individual Hospi	tal Bed Fund, or the I	Principal attributabl	e to each
(4)	Total Actual Earnings for each Hospita	al Red Fund or the Fa	arnings attributable t	o each Hosnital Red	d Fund
(*/	10tal 7totaal Earthings for Gaoil 1100pt		ariningo attiribatabio t	o caon neophar Bot	a i aiiai
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	if any.		
(6)	Actual Dollar Amount of Earnings avail	ilable for Patient Car	е.		
	McCord Fund	\$33,524.14	\$3,891.00	\$0.00	\$3,891.00
	Archer Wheeler Fund	\$1,211,994.04	\$133,816.00	\$0.00	\$133,816.00
	Florence Seeley Fund	\$13,409.93	\$1,557.00	\$0.00	\$1,557.00
	Ruth Gilbert Fund	\$13,409.93	\$1,557.00	\$0.00	\$1,557.00
	Lounsbury Fund	\$26,222.00	\$12,899.00	\$0.00	\$12,899.00
	Helen Wordin Fund	\$423,977.25	\$46,654.00	\$0.00	\$46,654.00
	Hobart Wheeler Fund	\$256,867.06	\$61,669.00	\$0.00	\$61,669.00
	Mallett Fund	\$16,964.13	\$1,969.00	\$0.00	\$1,969.00
	Mrs. C.B.Seeley Fund	\$17,648.48	\$2,049.00	\$0.00	\$2,049.00
	Alice Setzer Fund	\$221,188.22	\$25,674.00	\$0.00	\$25,674.00
	Terry Fund E. Harral Fund	\$13,409.93	\$1,557.00	\$0.00	\$1,557.00 \$10,142.00
	Fannie Wording Fund	\$251,770.42 \$480,052.90	\$19,142.00 \$52,683.00	\$0.00 \$0.00	\$19,142.00 \$52,683.00
	F. Weather Beardsley Fund	\$529,948.58	\$52,083.00 \$58,316.00	\$0.00	\$58,316.00
	Mary Hawley Fund	\$79,764.42	\$9,267.00	\$0.00	\$9,267.00
	Mary Trubee Fund	\$5,000.00	\$3,683.00	\$0.00	\$3,683.00
	Jacob Klein Fund	\$20,216.84	\$2,347.00	\$0.00	\$2,347.00
	Warner Fund	\$10,000.00	\$3,390.00	\$0.00	\$3,390.00
	Woodruff Fund	\$13,409.93	\$1,557.00	\$0.00	\$1,557.00
	Crosby Fund	\$50,231.12	\$5,831.00	\$0.00	\$5,831.00
	Lacy Fund	\$15,732.07	\$8,621.00	\$0.00	\$8,621.00
	Oliver Jennings Fund	\$53,237.45	\$4,467.00	\$0.00	\$4,467.00
	Soules Fund Carol Godfrey Fund	\$57,334.65	\$6,655.00 \$4,557.00	\$0.00	\$6,655.00
	Marsh fund	\$13,409.93 \$28,455.31	\$1,557.00 \$3,303.00	\$0.00 \$0.00	\$1,557.00 \$3,303.00
	Edward Godfrey Fund	\$13,409.93	\$1,557.00	\$0.00	\$1,557.00
	Sterling Free Bed Fund	\$423,747.24	\$49,185.00	\$0.00	\$49,185.00
	Blind Fund	\$50,269.67	\$5,835.00	\$0.00	\$5,835.00
	Anne Drew Miller Fund	\$919,103.76	\$97,428.00	\$0.00	\$97,428.00
	Loomis Fund	\$43,961.26	\$0.00	\$0.00	\$0.00
	Stiles Hall Fund	\$7,377.29	\$0.00	\$0.00	\$0.00
	Marietta Crowley Fund	\$134,660.09	\$15,630.00	\$0.00	\$15,630.00
	Caroline Betts Fund	\$11,898.37	\$1,381.00	\$0.00	\$1,381.00
	Alice Godfrey Fund	\$1,953.00	\$961.00	\$0.00	\$961.00
	Fable Fund Annie Jennings Fund	\$10,370.54	\$1,204.00 \$3,725.00	\$0.00 \$0.00	\$1,204.00 \$3,725.00
<u> </u>	Francis Leigh Fund	\$32,091.89 \$10,000.00	\$3,725.00 \$9,576.00	\$0.00 \$0.00	\$3,725.00 \$9,576.00
-	Eliz. Lockwood Fund	\$13,409.93	\$1,557.00	\$0.00	\$1,557.00
	Francis Leigh Fund	\$37,079.09	\$4,304.00	\$0.00	\$4,304.00
	Susan Betts Fund	\$16,391.71	\$1,903.00	\$0.00	\$1,903.00
	Cole Fund	\$529,948.58	\$58,316.00	\$0.00	\$58,316.00
	Maria Lockwood Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Wood Fund	\$10,000.00	\$3,390.00	\$0.00	\$3,390.00
	Lane Fund	\$36,112.36	\$4,192.00	\$0.00	\$4,192.00
	Hunt Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Marquand Fund	\$391,548.89	\$55,751.00	\$0.00	\$55,751.00
	Pettingill Fund Pomeroy Fund	\$38,368.04	\$3,873.00 \$6,274.00	\$0.00	\$3,873.00 \$6,271.00
	romercy runu	\$18,500.00	\$6,271.00	\$0.00	\$6,271.00

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

R	RFD	FUND	ACTI\	/ITY

	ED FUND ACTIVITY	(0)	/A\	/E\	(0)
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
	Frances Perry Fund	\$10,000.00	\$8,662.00	\$0.00	\$8,662.00
	Barnum Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Lewis Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Armstrong Fund	\$44,932.00	\$22,102.00	\$0.00	\$22,102.00
	Beach Fund	\$264,967.15	\$29,157.00	\$0.00	\$29,157.00
	Ives Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	DW Plumb Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	William Perry Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Mary Beardsley Fund	\$36,459.11	\$4,232.00	\$0.00	\$4,232.00
	Fray Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Gould Fund	\$27,876.60	\$3,236.00	\$0.00	\$3,236.00
	Couch Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Burnham Fund	\$362,234.55	\$39,860.00	\$0.00	\$39,860.00
	David Trubee Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Stephens Fund	\$15,000.00	\$5,373.00	\$0.00	\$5,373.00
	Stoddard Fund	\$8,045.02	\$934.00	\$0.00	\$934.00
	Bartram Fund	\$6,704.34	\$778.00	\$0.00	\$778.00
	Thompson Fund	\$13,500.10	\$1,567.00	\$0.00	\$1,567.00
	Anna Jennings Fund	\$25,000.00	\$18,339.00	\$0.00	\$18,339.00
	O. G. Jennings Fund	\$6,704.34	\$778.00	\$0.00	\$18,339.00
	Brothwell Fund	\$250,171.48	\$23,944.00	\$0.00	\$23,944.00
	Leavenworth/Sherman Fund	\$379,699.56	\$49,679.00	\$0.00	\$49,679.00
	Crane Value Fund	\$10,000.00	\$3,776.00	\$0.00	\$3,776.00
	Cowd Fund	\$221,560.17	\$21,593.00	\$0.00	\$21,593.00
	Wakeman Fund	\$259,051.43	\$29,015.00	\$0.00	\$29,015.00
	Rowland Fund	\$16,163.41	\$1,876.00	\$0.00	\$1,876.00
	Sarah Beardsley Fund	\$10,000.00	\$3,390.00	\$0.00	\$3,390.00
	Henry C. Knight Fund	\$10,000.00	\$3,390.00	\$0.00	\$3,390.00
	Margaret Mallet Fund	\$14,100.32	\$1,637.00	\$0.00	\$1,637.00
	Leavenworth Fund	\$7,000.07	\$1,074.00	\$0.00	\$1,074.00
	Alice Setzer Fund	\$373,657.77	\$40,513.00	\$0.00	\$40,513.00
	Cook Fund	\$13,419.81	\$1,558.00	\$0.00	\$1,558.00
	Williams Fund	\$7,454.15	\$865.00	\$0.00	\$865.00
	Strong Fund	\$39,783.19	\$4,359.00	\$0.00	\$4,359.00
	Lyon Fund	\$13,110.00	\$6,449.00	\$0.00	\$6,449.00
	Abraham Klein Fund	\$7,748.53	\$900.00	\$0.00	\$900.00
	Richardson Fund	\$12,764.09	\$1,482.00	\$0.00	\$1,482.00
	Mary Godfrey Fund	\$15,950.49	\$1,852.00	\$0.00	\$1,852.00
	Charles Ferry Fund	\$1,047,851.05	\$83,281.00	\$0.00	\$83,281.00
	Mary Ferry Fund	\$2,487,452.04	\$201,230.00	\$0.00	\$201,230.00
	Nettleton Fund	\$16,413.00	\$1,905.00	\$0.00	\$1,905.00
	Rogers Fund	\$13,116.21	\$1,522.00	\$0.00	\$1,522.00
	Pflomm Fund	\$23,332.00	\$7,909.00	\$0.00	\$7,909.00
	Clarence Miller Fund	\$149,810.57	\$17,389.00	\$0.00	\$17,389.00
	Conlin Fund	\$13,775.00	\$4,669.00	\$0.00	\$4,669.00
	Atwater Fund	\$13,773.00	\$13,291.00	\$0.00	\$13,291.00
	Crissy Harral Fund	\$20,000.00	\$6,779.00	\$0.00	\$13,291.00
	Jacoby Fund	\$2,500.00	\$277.00	\$0.00	\$6,779.00
	Total Bed Funds :			\$0.00	
	I Olai Deu Fulius :	\$13,049,014.51	\$1,478,552.00	\$U.UU	\$1,478,552.00

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	
		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	8.60%
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
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to	
	Collection Agent.	7.70%
	Collection Agent	
1	Collection Agent Name	Nair & Levin, P.C.
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
	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).
	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	in the second se
	Collection Agent.	6.30%
	Collection Agent	
1	Collection Agent Name	Tobin, Carberry, OMallery, Riley, Selinger, P.C.
2	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
	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
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.	11.80%
	Collection Agent	
1	Collection Agent Name	Century Attorney Turnover
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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	24067.90%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$821,932	\$279,207	\$1,101,139
2.	Sr. VP of Administration	\$677,655	\$207,983	\$885,638
3.	Senior VP of Finance & CFO	\$572,903	\$168,477	\$741,380
4.	Medical Director	\$566,162	\$66,743	\$632,905
5.	SR. V.P., Planning & Marketing	\$334,349	\$126,211	\$460,560
6.	ER Physician	\$359,731	\$95,579	\$455,310
7.	Sr. VP of Quality Control & Risk Management	\$367,993	\$44,769	\$412,762
8.	ER Physician	\$335,773	\$61,722	\$397,495
9.	ER Physician	\$318,850	\$74,452	\$393,302
10.	ER Physician	\$307,348	\$85,062	\$392,410
	Grand Total:	\$4,662,696	\$1,210,205	\$5,872,901

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
		_		
Α.	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.			<u> </u>
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.	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
С.	BRIDGEPORT RENEWAL, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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.	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
		· ·		
G.	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.

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 2012
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

		RT HOSPITAL			
		REPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED (EAR 2012	DDOVIDED BY	THE HOSDITAL	
	REPORT 25 - CHARITT CARE AND REDUCED	COST SERVICES	PROVIDED B1	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(-,	(-)	FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
·					
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
		4.047	2.222	1.110	200
1. 2.	Number of Applicants Number of Approved Applicants	1,817 1,127	2,963 2,118	1,146 991	639 889
۷.	Number of Approved Applicants	1,127	2,110	991	007
3.	Total Charges (A)	\$29,020,315	\$27,431,000	(\$1,589,315)	-5%
<u> </u>	Average Charges	\$25,750	\$12,951	(\$12,799)	-50%
		, ,, ,,	, ,	(, , ==,	
4.	Ratio of Cost to Charges (RCC)	0.293948	0.293361	(0.000587)	0%
	Total Cost	\$8,530,464	\$8,047,186	(\$483,278)	-6%
	Average Cost	\$7,569	\$3,799	(\$3,770)	-50%
5.	Charity Care - Inpatient Charges	\$1,402,004	\$12,504,475	\$11,102,471	7929
6.	Charity Care - Outpatient Emergency Department Charges	7,509,900	4,602,597	(2,907,303)	-39%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	20,108,411	10,323,928	(9,784,483)	-499
	Total Charges (A)	\$29,020,315	\$27,431,000	(\$1,589,315)	-5%
	Charity Care Number of Potions Days	2.004	2.520	400	220
8. 9.	Charity Care - Number of Patient Days Charity Care - Number of Discharges	2,064 359	2,530 355	466 (4)	239 -19
9. 10.	Charity Care - Number of Outpatient ED Visits	1,748	2,178	430	25%
10.	Charity Care - Number of Outpatient LD Visits Charity Care - Number of Outpatient Visits (Excludes ED	1,740	2,170	430	20,
11.	Visits)	5,324	5,337	13	0%
	v iono)	0,024	0,007	10	- 07
(A) The	e total amount must agree with the total amount listed in	the Hospital Audi	ted Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	nort 17)			
<u>D.</u>	Hospital Bed Fullus (see Hospital Reporting System - Re	eport 17)			
1.	Number of Applicants	185	330	145	78%
2.	Number of Approved Applicants	185	330	145	789
	Trained of Approva Approache	100		1.10	
3.	Total Charges (B)	\$557,685	\$750,000	\$192,315	349
	Average Charges	\$3,015	\$2,273	(\$742)	-25%
		, - ,	, , -	(, ,	
4.	Ratio of Cost to Charges (RCC)	0.293948	0.293361	(0.000587)	0%
	Total Cost	\$163,930	\$220,021	\$56,090	34%
	Average Cost	\$886	\$667	(\$219)	-25%
5.	Bed Funds - Inpatient Charges	\$114,862	\$341,889	\$227,027	1989
6.	Bed Funds - Outpatient Emergency Department Charges	142,367	125,841	(16,526)	-129
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	300,456	282,270	(18,186)	-69
	Total Charges (B)	\$557,685	\$750,000	\$192,315	349
8.	Red Funds - Number of Potiont Days	339	20.4	55	4.00
9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	59	394 55	(4)	169 -79
	Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	287	339	52	189
		201	339	52	107
10.	I Dod Eundo Number of Outpotient Visite / Evaluation ED				
	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	074	022	(42)	E
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	874	832	(42)	-59