ANNUAL REPORTING

FISCAL YEAR 2013

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

(1)	(2)	(3)	
	DECODIDE	ASSULATE INSCRIPTION	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
A.	AFFILIATE NAME	STAMFORD HEALTH SYSTEM	
		SOLE MEMBER SHS; THE STAMFORD HOSPITAL, STMFD HEALTH FOUNDATION. MILLER HALL	
1 .	Affiliate Description	MED SUITES, HLTHSTR INDM, STMD OBGYN, PREMIER MG AND OTHERS	
2	Affiliate type of service	Parent Corporation	
3	Tax Status	Not for Profit	
	Street Address	30 SHELBURNE ROAD	
	Town	STAMFORD	
	State	Connecticut	
	Zip Code	06904 -	
	CEO Name	BRIAN GRISSLER	
	CEO Title	PRESIDENT AND CEO	
	CT Agent Name	Derrick O. Hollings	
	CT Agent Company	STAMFORD HOSPITAL	
	CT Agent Company Street Address	30 Shelburne Road	
13 14	CT Agent Town CT Agent State	Stamford Connecticut	
	CT Agent State CT Agent Zip Code	06904 -	
15	C i Agent zip Code	00304 -	
В.	AFFILIATE NAME	HEALTHSTAR INDEMNITY COMPANY, LTD.	
ъ.	ALLIER HANGE	nezemona dominari, ens	
1 .	Affiliate Description	STAMFORD HOSPITAL WHOLLY-OWNED CAPTIVE INSURANCE COMPANY.	
2	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	8 WESLEY STREET	
	Town	HAMILTON	
	State	Bermuda	
7	Zip Code	-	
	CEO Name	BRIAN GRISSLER	
	CEO Title	PRESIDENT	
	CT Agent Name	Kevin Gage	
	CT Agent Company	STAMFORD HOSPITAL	
	CT Agent Company Street Address	30 Shelburne Rd	
	CT Agent Town	Stamford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
_	A F F !! A T F N A M F	MILLED HALL MEDICAL CHITECH C	
C.	AFFILIATE NAME	MILLER HALL MEDICAL SUITES LLC	
		MILLER HALL IS A LLC THAT OWNS A BUILDING ADJACENT TO THE HOSPITAL'S CAMPUS WHICH	
1 .	Affiliate Description	IS USED PRIMARILY AS PHYSICIANS' OFFICE. STAMFORD HEALTH SYSTEM IS 100% OWNER.	
	Affiliate type of service	Real Estate	
_	Tax Status	For Profit	
_	Street Address	30 SHELBURNE ROAD	
	Town	Stamford	
6	State	Connecticut	
7	Zip Code	06904 -	
	CEO Name	BRIAN GRISSLER	
	CEO Title	PRESIDENT AND CEO	
	CT Agent Name	Derrick O. Hollings	
11	CT Agent Company	STAMFORD HOSPITAL	

ANNUAL REPORTING

FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address CT Agent Town	30 SHELBURNE ROAD Stamford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06904 -	
15	CT Agent Zip Code	00304 -	
D.	AFFILIATE NAME	PREMIER MEDICAL GROUP, PC	
1	Affiliate Description	A PROFESSIONAL CORPORATION PROVIDING MEDICAL SERVICES	
	Affiliate type of service	Physicians Services	
3	Tax Status	For Profit	
	Street Address	30 SHELBURNE ROAD	
	Town	STAMFORD	
6	State	Connecticut	
	Zip Code	06904 -	
	CEO Name	JOHN RODIS, MD	
	CEO Name CEO Title	PRESIDENT	
		JOHN RODIS, MD	
	CT Agent Name	Stamford Health System	
	CT Agent Company		
	CT Agent Company Street Address	30 SHELBURNE ROAD	
	CT Agent Town	STAMFORD	
	CT Agent State	Connecticut 06904 -	
15	CT Agent Zip Code	06904 -	
1_ !	. === =	CONTINUEST COMMECTICAT DADIOLOGY LLC	
E.	AFFILIATE NAME	SOUTHWEST CONNECTICUT RADIOLOGY, LLC	
E.	AFFILIATE NAME		
		A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE	
1	Affiliate Description	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL	
1 2	Affiliate Description Affiliate type of service	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services	
1 2 3	Affiliate Description Affiliate type of service Tax Status	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit	
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road	
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford	
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 -	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC	
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive	
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State Affiliate Description Affiliate type of service	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL Physicians Services For Profit 30 Shelburne Road Stamford Connecticut 06904 - Sharon Kiely, MD CEO Jason A. Marsh, Esq Jeffers & Cowherd, PC 55 Walls Drive Fairfield Connecticut 06824 - STAMFORD HEALTH FOUNDATION HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit 30 SHELBURNE ROAD	

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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	
7	Zip Code	06904 -	
8	CEO Name	BRIAN GRISSLER	
	CEO Title	PRESIDENT AND CEO	
	CT Agent Name	Derrick O. Hollings	
	CT Agent Company	STAMFORD HOSPITAL	
	CT Agent Company Street Address	30 SHELBURNE ROAD	
	CT Agent Town	Stamford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06904 -	
G.	AFFILIATE NAME	STAMFORD HEALTH INTEGRATED PRACTICES	
		PROVIDE A COMPREHENSIVE NEWTWORK OF PHYSICAIN PRACTICES AND RELATED	
1	Affiliate Description	MANAGEMENT SERVICES	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	32 STRAWBERRY HILL COURT 4TH F	
5	Town	STAMFORD	
6	State	Connecticut	
7	Zip Code	06902 -	
8	CEO Name	ANDREW SNYDER, MD	
9	CEO Title	President & CEO	
10	CT Agent Name	CORPORATION SERVICES COMPANY	
11	CT Agent Company	CORPORATION SERVICE COMPANY	
	CT Agent Company Street Address	50 WESTON STREET	
13	CT Agent Town	HARTFORD	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06120 - 1537	
H.	AFFILIATE NAME	STAMFORD HEALTH RESOURCES	
Ι.		PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE	
	Affiliate Description	DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES.	
2	Affiliate type of service	Pharmacy	
3	Tax Status	For Profit	
4	Street Address	30 SHELBURNE ROAD	
	Town	Stamford	
6	State	Connecticut	
7	Zip Code	06904 -	
8	CEO Name	BRIAN GRISSLER	
9	CEO Title	PRESIDENT AND CEO	
	CT Agent Name	Derrick O. Hollings	
	CT Agent Company	STAMFORD HOSPITAL	
	CT Agent Company Street Address	30 SHELBURNE ROAD	
	CT Agent Town	Stamford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
Ι.		CTAMFORD OR/OVALACCOCIATES DO	
I.	AFFILIATE NAME	STAMFORD OB/GYN ASSOCIATES, PC	
1			
1	Affiliate Description	A professional corporateion providing obstetrical services	
<u> </u>	Anniate Description	To bronessional corborateion broaining onstetrical services	

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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
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	30 Shelburne Road
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	JAMES NELSON
9	CEO Title	PRESIDENT
10	CT Agent Name	Ronald Turnbull
11	CT Agent Company	STAMFORD HOSPITAL
12	CT Agent Company Street Address	30 Shelburne Road
13	CT Agent Town	Stamford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06904 -
J.	AFFILIATE NAME	STAMFORD/NSC,LLC
1	Affiliate Description	TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS.
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	For Profit
4	Street Address	191 NORTH WACKER DRIVE, SUITE 925
5		
	Town	CHICAGO
6	Town State	CHICAGO Illinois
6 7		
	State	Illinois
7	State Zip Code	Illinois 60606 -
7 8 9	State Zip Code CEO Name CEO Title	Illinois 60606 - BRIAN GRISSLER for Stamford Health System
7	State Zip Code CEO Name CEO Title CT Agent Name	Illinois 60606 - BRIAN GRISSLER for Stamford Health System Partner/Member
7 8 9 10 11	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	Illinois 60606 - BRIAN GRISSLER for Stamford Health System Partner/Member BRIAN GRISSLER
7 8 9 10 11 12	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	Illinois 60606 - BRIAN GRISSLER for Stamford Health System Partner/Member BRIAN GRISSLER Stamford Health System
7 8 9 10 11 12 13	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	Illinois 60606 - BRIAN GRISSLER for Stamford Health System Partner/Member BRIAN GRISSLER Stamford Health System 30 SHELBURNE ROAD

^{*} 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	9/30/2013
Α.	STAMFORD HOSPITAL		
1	STAWFORD HOSFITAL	Unrestricted	\$160,467,000
2		Temporarily Restricted by Donor	\$39,876,000
3		Temporarily Restricted by Board	\$39,870,000
4		Permanently Restricted by Donor	\$8,033,000
5		Intercompany Eliminations	(\$11,908,000)
		Total:	\$196,468,000
			. , ,
В.	STAMFORD HEALTH SYSTEM		
1		Unrestricted	\$154,929,000
2		Temporarily Restricted by Donor	\$2,361,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$47,000
5		Intercompany Eliminations	(\$49,000)
		Total:	\$157,288,000
	HEALTHSTAR INDEMNITY COMPANY, LTD.	Harris de la	# 00,000,000
1		Unrestricted	\$38,269,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
5			· ·
		Total:	\$38,269,000
D.	MILLER HALL MEDICAL SUITES LLC		
1	MILLER TIME MEDIONE CON LO LEC	Unrestricted	\$3,435,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,435,000
Ε.	PREMIER MEDICAL GROUP, PC		
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
F.	SOLITHWEST CONNECTICUT PADICI OCY II C		
<u>г.</u> 1	SOUTHWEST CONNECTICUT RADIOLOGY, LLC	Unrestricted	(\$3,613,000)
2		Temporarily Restricted by Donor	(\$3,613,000)
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Board Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$3,613,000)
		1000	(₩5,015,000)
G.	STAMFORD HEALTH FOUNDATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
н.	STAMFORD HEALTH INTEGRATED PRACTICES		
	STAWFORD REALTH INTEGRATED PRACTICES	Unroatriated	¢270,000
2		Unrestricted Temporarily Restricted by Donor	\$278,000 \$0
3			\$0
4		Temporarily Restricted by Board	\$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		1 7	· ·
		Total:	\$278,000
ı.	STAMFORD HEALTH RESOURCES		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J.	STAMFORD OB/GYN ASSOCIATES, PC		
1		Unrestricted	(\$979,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$979,000)
Κ.			
I N .	STAMEODD/NSC LLC		
	STAMFORD/NSC,LLC	Linux atricts of	Φ0
1	STAMFORD/NSC,LLC	Unrestricted	\$0
1 2	STAMFORD/NSC,LLC	Temporarily Restricted by Donor	\$0
1 2 3	STAMFORD/NSC,LLC	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
1 2 3 4	STAMFORD/NSC,LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3	STAMFORD/NSC,LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0
1 2 3 4	STAMFORD/NSC,LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0
1 2 3 4	Total of all Affiliates (before Intercompany Eliminations) Intercompany Eliminations	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE MAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Α.	STAMFORD HEALTH SYSTEM			
Α.	STAMIFORD REALTH STSTEM			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$3,691,540
1		Transfer Revenue/Expenses Net	09/30/2013	\$936,919
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$4,628,459
B.	HEALTHSTAR INDEMNITY COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$306,949
1		Transfer Revenues/Expenses Net	09/30/2013	(\$263,679)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$43,270
C.	MILLER HALL MEDICAL SUITES LLC			
		Beginning Unconsolidated Intercompany Balance: Transfer Revenues/Expenses Net	9/30/2012 09/30/2013	(\$2,823,510)
1		Iransfer Revenues/Expenses Net	9/30/2013	\$28,151 (\$2,795,359)
		Ending officonsolidated intercompany balance.	3/30/2013	(\$2,793,339)
D.	PREMIER MEDICAL GROUP, PC			
<u></u> Б.	FREINIER MEDICAL GROUP, FC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	3/33/2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E.	SOUTHWEST CONNECTICUT RADIOLOGY, LLC			
	,			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Transfer Revenues/Expenses Net	09/30/2013	(\$696,405)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$696,405)
F.	STAMFORD HEALTH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
		Ending onconsolidated intercompany balance:	9/30/2013	\$0
	STAMEORD HEALTH INTECRATED DRACTICES			
G.	STAMFORD HEALTH INTEGRATED PRACTICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$25,858,128
		beginning onconsolidated intercompany balance:	3/30/2012	Ψ2 3,030,120

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		Equity transfer	09/30/2013	(\$25,858,128)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
H.	STAMFORD HEALTH RESOURCES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
		Ending Officonsolidated Intercompany Balance.	9/30/2013	\$0
I.	STAMFORD OB/GYN ASSOCIATES, PC			
1		Beginning Unconsolidated Intercompany Balance: Transfer Revenues/Expenses Net	9/30/2012 09/30/2013	(\$15,635) (\$90,455)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$106,090)
J.	STAMFORD/NSC,LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
			Grand Total:	\$1,073,875

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
			` ,	(-,	(-7
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2012	\$10,518,476
Α.	STAMFORD HEALTH SYSTEM				
1		STAMFORD OB/GYN ASSOCIATES, PC	Equity transfer Transfer Revenues/Expenses	09/30/2013	\$200,000
2		STAMFORD HEALTH INTEGRATED PRACTICES	Net	09/30/2013	\$429,325
		OTALINI OND TIEMETTIME CONTROL OF THE CONTROL OF TH	Total:	9/30/2013	\$629,325
					, , , , ,
В.	HEALTHSTAR INDEMNITY COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	MILLED HALL MEDICAL CHITECHAO				
C .	MILLER HALL MEDICAL SUITES LLC	STAMFORD HEALTH SYSTEM	Equity Transfers	00/20/2042	\$000,000
		STAMFORD HEALTH STSTEM	Total:	09/30/2013 9/30/2013	\$800,000 \$800,000
			i otai.	9/30/2013	φουσ,σου
D.	PREMIER MEDICAL GROUP, PC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	SOUTHWEST CONNECTICUT RADIOLOGY, LLC				
			Nothing to Report	2/22/22/2	\$0
			Total:	9/30/2013	\$0
F.	STAMFORD HEALTH FOUNDATION				
	OTAMI OND HEALTH CONDATION		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					·
G.	STAMFORD HEALTH INTEGRATED PRACTICES				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	STAMFORD HEALTH RESOURCES				
<u> </u>	STAWFORD REALTH RESOURCES		Nothing to Report		\$0
-			Total:	9/30/2013	\$0
			Total	3,00,2010	Ψ
I.	STAMFORD OB/GYN ASSOCIATES, PC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
J.	STAMFORD/NSC,LLC		Nothing to Depart		**
—			Nothing to Report Total:	9/30/2013	\$0 \$0
			I otal:	9/30/2013	\$0

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
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$11,947,801

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

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITORE		AMOUNT	DATE
Α.	STAMFORD HEALTH SYSTEM			
0	Nothing to Report		\$0	
	•	Total:	\$0	9/30/2013
В.	HEALTHSTAR INDEMNITY COMPANY, LTD.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	MILLED HALL MEDICAL CHITECH C			
C .	MILLER HALL MEDICAL SUITES LLC Nothing to Report		\$0	
	Notining to Report	Total:	\$0 	9/30/2013
			4.0	0,00,2010
D.	PREMIER MEDICAL GROUP, PC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
E.	SOUTHWEST CONNECTICUT RADIOLOGY, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
_	OTAMEODD HEALTH FOUNDATION			
F .	STAMFORD HEALTH FOUNDATION Nothing to Report		¢o.	
0	Nothing to Nepolt	Total:	\$0 \$0	9/30/2013
			40	3/00/2010
G.	STAMFORD HEALTH INTEGRATED PRACTICES			
0	Nothing to Report		\$0	
	•	Total:	\$0	9/30/2013
H.	STAMFORD HEALTH RESOURCES			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	CTAMFORD OR/OVALAGOOGIATES DO			
0	STAMFORD OB/GYN ASSOCIATES, PC Nothing to Report		¢o.	
	Trouting to treport	Total:	\$0 	9/30/2013
		101011	40	3/30/2013
J.	STAMFORD/NSC,LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
		Grand Total:	\$0	9/30/2013

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	CTAMFORD UFALTU CVCTFM		
A.	STAMFORD HEALTH SYSTEM Nothing to Report	\$0	0
	Total:	\$ 0	0
		**	
В.	HEALTHSTAR INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	PREMIER MEDICAL GROUP, PC	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
E .	SOUTHWEST CONNECTICUT RADIOLOGY, LLC Nothing to Report	\$0	0
	Total:	\$ 0	9
	Total.	40	
F.	STAMFORD HEALTH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	-
		,	
G.	STAMFORD HEALTH INTEGRATED PRACTICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	STAMFORD HEALTH RESOURCES		
0	Nothing to Report	\$0	0
	Total:	\$0	
l.	STAMFORD OB/GYN ASSOCIATES, PC	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
	OTAMFORDANO I I O		
J .	STAMFORD/NSC,LLC Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	Total.	40	
	Grand Total:	\$0	
	j Grand Total.	ΨΟ	

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

1 Donations \$0.00 \$0.0	(1)	(2)	(3)	(4)	(5)	(6)
A			FY 2012	FY 2013		
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1 Donations \$0.00 \$0.0	Α.	Indigent Care				
2 Income		Beginning Balance				0%
3 Expenditures \$0.00 \$	1	Donations				0%
4 Unrealized Gains and Losses \$0.00 \$0	2	Income		\$0.00		0%
Ending Balance \$0.00 \$0.	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 09 B . Free Beds \$100 \$212,124.00 \$23,613.00 139 1 Donations \$0.00	4					0%
B . Free Beds Beginning Balance \$188,511.00 \$212,124.00 \$23,613.00 139 1 Donations \$0.00 \$0.00 \$0.00 09 2 Income (\$2,817.00) \$27,732.00 \$30,549.00 -10849 3 Expenditures \$9,182.00 \$9,333.00 \$151.00 29 4 Unrealized Gains and Losses \$35,612.00 \$20,634.00 (\$14,978.00) -429 Ending Balance \$212,124.00 \$251,157.00 \$39,033.00 189 5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -549 C . Other \$0.00 \$0.00 \$0.00 \$0.00 09 1 Donations \$0.00 \$0.00 \$0.00 \$0.00 09 2 Income \$0.00 \$0.00 \$0.00 \$0.00 09 3 Expenditures \$0.00 \$0.00 \$0.00 \$0.00 09 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 09 Ending Balance \$0.00						0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1 Donations \$0.00 \$0.00 09 2 Income (\$2,817.00) \$27,732.00 \$30,549.00 -10849 3 Expenditures \$9,182.00 \$9,333.00 \$151.00 29 4 Unrealized Gains and Losses \$35,612.00 \$20,634.00 (\$14,978.00) -429 Ending Balance \$212,124.00 \$251,157.00 \$39,033.00 189 5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -549 C Other \$0.00 \$0.00 \$0.00 \$0.00 09 1 Donations \$0.00 \$0.00 \$0.00 09 2 Income \$0.00 \$0.00 \$0.00 09 3 Expenditures \$0.00 \$0.00 \$0.00 09 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 09 Ending Balance \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 09	В.	Free Beds				
2 Income (\$2,817.00) \$27,732.00 \$30,549.00 -10849 3 Expenditures \$9,182.00 \$9,333.00 \$151.00 29 4 Unrealized Gains and Losses \$35,612.00 \$20,634.00 (\$14,978.00) -429 Ending Balance \$212,124.00 \$251,157.00 \$39,033.00 189 5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -549 C Other \$0.00 \$0.00 \$0.00 09 1 Donations \$0.00 \$0.00 \$0.00 09 2 Income \$0.00 \$0.00 \$0.00 09 3 Expenditures \$0.00 \$0.00 \$0.00 09 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 09 Ending Balance \$0.00 \$0.00 \$0.00 09 09		Beginning Balance				13%
3 Expenditures \$9,182.00 \$9,333.00 \$151.00 29 4 Unrealized Gains and Losses \$35,612.00 \$20,634.00 (\$14,978.00) -429 Ending Balance \$212,124.00 \$251,157.00 \$39,033.00 189 5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -549 C Other Beginning Balance \$0.00 \$0.00 \$0.00 09 1 Donations \$0.00 \$0.00 \$0.00 09 2 Income \$0.00 \$0.00 \$0.00 09 3 Expenditures \$0.00 \$0.00 \$0.00 09 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 09 Ending Balance \$0.00 \$0.00 \$0.00 \$0.00 09	1		-			0%
4 Unrealized Gains and Losses \$35,612.00 \$20,634.00 (\$14,978.00) -42% Ending Balance \$212,124.00 \$251,157.00 \$39,033.00 18% 5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -54% C Other \$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% 0% 0%						-1084%
Ending Balance \$212,124.00 \$251,157.00 \$39,033.00 189 5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -549 C Other \$0.00 \$0.0						2%
5 Projected Interest Income \$2,626.00 \$1,197.00 (\$1,429.00) -54% C . Other Sound \$0.00 <th< td=""><td>4</td><td></td><td></td><td></td><td></td><td>-42%</td></th<>	4					-42%
C . Other \$0.00		Ending Balance		\$251,157.00	\$39,033.00	18%
Beginning Balance \$0.00 \$0.00 \$0.00 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 \$0.00 0%	5	Projected Interest Income	\$2,626.00	\$1,197.00	(\$1,429.00)	-54%
Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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 \$0.00 0%	С.	Other				
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 \$0.00 0%		Beginning Balance	\$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 \$0.00 0%	1		\$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%	2	Income	\$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 \$0.00 0%	3	Expenditures				0%
	4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 09		Ending Balance	\$0.00	\$0.00	\$0.00	0%
	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	STAMFORD HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2013	
F	REPORT 17A - 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 Applicati	ons for Hospital Bed Funds	2,201
2. A. Number of Patients	receiving Hospital Bed Fund Grants	3
2. B. The Actual Total Do	llar Amount provided to all patients from Hospital Bed Funds:	\$9,333.00
1	M Doolittle Income/Gains	\$4,252.00
2	M Doolittle Income/Gains	\$3,892.00
3	W Doolittle Income/Gains	\$1,189.00
	Grand Total	\$9,333.00

		STAMFORD HO	SPITAL		
		ANNUAL REPO	RTING		
		FISCAL YEAR	2013		
	REPORT 17B - HOSPIT	AL BED FUNDS HELD (OR ADMINISTERED E	BY THE HOSPITAL	
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	Name of Hospital Bed Fund	·	-		
(3)	Fair Market Value of the Principal of eac	h individual Hospital Be	d Fund. or the Princi	pal attributable to each	Hospital Bed
(-/					
(4)	Total Actual Earnings for each Hospital	Bed Fund or the Farning	ns attributable to eac	h Hosnital Red Fund	
(- /	Total / total - Zallingo for odon freepital	204 1 4114 01 4110 2411111	go atti ibatabio to cac		
(5)	Actual Dollar Amount of Earnings reinve	seted as Principal if any			
(3)	Actual Dollar Amount of Lamings femile	ssieu as Frincipai, ii airy	•		
(0)	Actual Dallan Amount of Familians availa	ble for Detions Con-			
(6)	Actual Dollar Amount of Earnings availa	ble for Patient Care.			T
		1 .		T .	
	William Pitt FMC Fund	\$52,032.00	\$0.00	\$0.00	\$52,032.00
	M Doolittle Income/Gains	\$230,259.00	\$91,263.00	\$0.00	\$230,259.00
	Patient Care Free Bed Fund	\$0.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$282,291.00	\$91,263.00	\$0.00	\$282,291.00

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	5.35%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	Mark Sank & Associates
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.55%
P	Collection Agent	
В	Collection Agent	

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.75%
С	Collection Agent	
1	Collection Agent Name	Stamford Credit Bureau aka Stamford Collection Bureau aka Collect Associates
2	Collection Agent Type	Collection Agency
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.10%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	ROI/MBO
2	Collection Agent Type	Collection Agency
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.63%
E	Collection Agent	
1	Collection Agent Name	Merchant Association of Florida (MAF)
2	Collection Agent Type	Collection Agency
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	2.50%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$969,034	\$1,253,520	\$2,222,554
2.	Chief of Cardiac Surgery	\$770,265	\$226,574	\$996,839
_	VD of Dhysician Naturals Davidson mark	Ф500 040	\$004.404L	£072.047
3.	VP of Physician Network Development	\$508,616	\$364,401	\$873,017
4.	VP of Finance & Chief Financial Officer	\$557,302	\$259,385	\$816,687
5.	Exec. VP and Chief Operating Officer	\$593,071	\$214,033	\$807,104
		¥/-	* /===[, ,
6.	Sr. VP of Medical Services	\$523,775	\$255,614	\$779,389
7.	Chair, Dept of Obstetrics	\$539,515	\$134,082	\$673,597
	· · · · · · · · · · · · · · · · · · ·	· · · · ·	· · · · · ·	
8.	Sr. VP of Strategy & Marketing	\$428,424	\$220,976	\$649,400
9.	Chief of Cardiology	\$570,807	\$48,394	\$619,201
	-		· · · · · · · · · · · · · · · · · · ·	
10.	Chief of Bariatric Surguery	\$576,591	\$39,463	\$616,054
	Grand Total:	\$6,037,400	\$3,016,442	\$9,053,842

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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
LIIVE	DESCRIPTION	manectry	Or manectry)	TOTAL
Α.	STAMFORD HEALTH SYSTEM			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$51,422	\$14,276	\$65,698
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	HEALTHSTAR INDEMNITY COMPANY, LTD.			
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 .	MILLER HALL MEDICAL SUITES LLC	_		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$10,289	\$2,858	\$13,147
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	DDEMIED MEDICAL ODOLID DO			
D.	PREMIER MEDICAL GROUP, PC	C O		C O
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	Φ0	\$0	Φ0
Ε.	SOUTHWEST CONNECTICUT RADIOLOGY, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$2,814	\$781	\$3,595
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	STAMFORD HEALTH FOUNDATION	\neg		
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 .	STAMFORD HEALTH INTEGRATED PRACTICES	\neg		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$973,309	\$270,214	\$1,243,523
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	STAMFORD HEALTH RESOURCES	_		
<u>п.</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 \$0
		· · · · · · · · · · · · · · · · · · ·		·
1.	STAMFORD OB/GYN ASSOCIATES, PC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$626	\$174	\$800
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J .	STAMFORD/NSC,LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

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 2013
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 Nonclinical Services or	
1.	Functions.	N/A
_	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	_
5.	Clinical or Nonclinical Services or Functions.	\$0

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		D HOSPITAL REPORTING			
		AL YEAR 2013			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
. ,	, ,	FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENC
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	1,818	2,201	383	
2.	Number of Approved Applicants	1,653	1,683	30	
3.	Total Charges (A)	\$34,807,822	\$28,856,190	(\$5,951,632)	-
	Average Charges	\$21,057	\$17,146	(\$3,912)	-
4.	Ratio of Cost to Charges (RCC)	0.310987	0.289442	(0.021545)	
	Total Cost	\$10,824,780	\$8,352,193	(\$2,472,587)	-
	Average Cost	\$6,549	\$4,963	(\$1,586)	_
_		Ø5.004.000	ΦΕ 050 04.4	(0470.040)	
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department	\$5,834,926	\$5,658,614	(\$176,312)	
6.	Charges	6,896,419	8,051,621	1,155,202	
	Charity Care - Outpatient Charges (Excludes ED			(
7.	Charges)	22,076,477	15,145,955	(6,930,522)	
	Total Charges (A)	\$34,807,822	\$28,856,190	(\$5,951,632)	
8.	Charity Care - Number of Patient Days	571	637	66	
9.	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	139	159 1,340	20 (51)	
	Charity Care - Number of Outpatient ED Visits	1,391	1.340	(51)	
10.		1,001	1,010	(01)	
	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	8,740	8,607	(133)	
10. 11. A) Th	Charity Care - Number of Outpatient Visits (Excludes ED	8,740	8,607	(133)	
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	8,740	8,607	(133)	
11. A) The B.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	8,740 the Hospital Aud	8,607 lited Financial S	(133)	
11. A) The B.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	8,740 the Hospital Aud Report 17)	8,607 lited Financial S 2,201	(133)	
11. () The B.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	8,740 the Hospital Aud	8,607 lited Financial S	(133)	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	8,740 the Hospital Aud Report 17) 1,818 2	8,607 lited Financial S 2,201 3	(133) statement Notes. 383	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	8,740 the Hospital Aud Report 17)	8,607 lited Financial S 2,201	(133)	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	8,740 the Hospital Aud Report 17) 1,818 2 \$9,182	8,607 lited Financial S 2,201 3 \$9,333	(133) statement Notes. 383 1 \$151 (\$1,480)	
11. B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	8,740 the Hospital Aud Report 17) 1,818 2 \$9,182 \$4,591	8,607 lited Financial S 2,201 3 \$9,333 \$3,111	(133) statement Notes. 383 1 \$151	
11. B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	8,740 the Hospital Aud eport 17) 1,818 2 \$9,182 \$4,591 0.310987	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442	(133) statement Notes. 383 1 \$151 (\$1,480)	
B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	8,740 the Hospital Aud Report 17) 1,818 2 \$9,182 \$4,591 0.310987 \$2,855	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154)	
B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	8,740 the Hospital Aud eport 17) 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527)	
111. B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428 \$0 0	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900 \$0 840	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527) \$0 840	
111. B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) a total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527)	
11. A) The B. 1. 2. 3. 4. 5. 6.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428 \$0 0 9,182 \$9,182	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900 \$0 840 8,493 \$9,333	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527) \$0 840 (689) \$151	
11. A) The B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428 \$0 0 9,182 \$9,182 \$9,182	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900 \$0 840 8,493 \$9,333	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527) \$0 840 (689) \$151	-
111. A) The B. 1. 2. 3. 4. 7. 8. 9.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) **Etotal amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428 \$0 0 9,182 \$9,182 \$9,182 \$0 0 0 0	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900 \$0 840 8,493 \$9,333 0 0 0	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527) \$0 840 (689) \$151	
111. A) The B. 1. 2. 3. 4. 7. 8. 9.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428 \$0 0 9,182 \$9,182 \$9,182	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900 \$0 840 8,493 \$9,333	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527) \$0 840 (689) \$151	
11. A) The B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) **Etotal amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	8,740 the Hospital Aud 2 1,818 2 \$9,182 \$4,591 0.310987 \$2,855 \$1,428 \$0 0 9,182 \$9,182 \$9,182 \$0 0 0 0	8,607 lited Financial S 2,201 3 \$9,333 \$3,111 0.289442 \$2,701 \$900 \$0 840 8,493 \$9,333 0 0 0	(133) statement Notes. 383 1 \$151 (\$1,480) (0.021545) (\$154) (\$527) \$0 840 (689) \$151	

i	STAMFORD HOSPITAL							
	ANNUAL	REPORTING						
	FISC	AL YEAR 2013						
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICE	S PROVIDED BY	THE HOSPITAL				
(1)	(2)	(3)	(4)	(5)	(6)			
		FY 2012	FY 2013	AMOUNT	%			
LINE	LINE DESCRIPTION AMOUNT DIFFERENCE DIFFERENCE							