

**BRIDGEPORT HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2010  
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP  
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>
1	Affiliate Description	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 CHARITABLE AND EDUCATIONAL ACTIVITIES.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	267 Grand Street, P.O.BOX 1234
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	William Jennings
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Dr. Michael Ivy
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 GRANT STREET , PO BOX 5000
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
<b>B. AFFILIATE NAME</b>		
		<b>AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>
1	Affiliate Description	THIS ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION. IT PROVIDES OUTPATIENT REHABILITATION CARE TO ITS PATIENTS AND PROVIDES INPATIENT REHABILITATIVE CARE TO PATIENTS OF BRIDGEPORT HOSPITAL.
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	Not for Profit
4	Street Address	226 MILL HILL AVENUE
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	William Jennings
9	CEO Title	CEO
10	CT Agent Name	Dr. Michael Ivy
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
<b>C. AFFILIATE NAME</b>		
		<b>BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>
1	Affiliate Description	THE FOUNDATION WAS FORMED TO SOLICIT CONTRIBUTIONS FOR THE BENEFIT OF BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC. THIS ENTITY IS A NOT FOR PROFIT, NON STOCK CONNECTICUT CORPORATION.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	267 GRANT STREET PO BOX 5000
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	Steve Jakab
9	CEO Title	President
10	CT Agent Name	Jennifer Wilcox
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
15	CT Agent Zip Code	06610 -
<b>D. AFFILIATE NAME</b>		
		<b>BRIDGEPORT RENEWAL, LLC</b>
1	Affiliate Description	Bridgeport Renewal, LLC is a 100% controlled ownership of SCHS Properties, Inc. Its purpose is holding titles to property and collecting income. It is not tax exempt and all of it's income/loss passes straight through to SCHS Properties.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	267 Grant Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	Hope Juckel-Regan
9	CEO Title	President
10	CT Agent Name	Jennifer Wilcox
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
<b>E. AFFILIATE NAME</b>		
		<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>
1	Affiliate Description	CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT RECEIVABLE COLLECTIONS IN WHICH BRIDGEPORT HOSPITAL OWN A 47.6%
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	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
10	CT Agent Name	Steve Markesich
11	CT Agent Company	Century Financial Services, Inc.
12	CT Agent Company Street Address	23 Miaden Lane
13	CT Agent Town	North Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06473 -
<b>F. AFFILIATE NAME</b>		
		<b>MILL HILL MEDICAL CONSULTANTS, INC.</b>
1	Affiliate Description	MILL HILL MEDICAL CONSULTANT, INC. IS A NOT FOR PROFIT, NON-STOCK MEDICAL GROUP ESTABLISHED TO PROVIDE PHYSICIAN SERVICES TO BRIDGEPORT HOSPITAL AND THE BRIDGEPORT COMMUNITY.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	226 MILL HILL AVENUE
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	BRUCE MCDONALD, M.D.
9	CEO Title	PRESIDENT & CHAIRMAN
10	CT Agent Name	Dr. Michael Ivy
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G.</b>	<b>AFFILIATE NAME</b>	<b>SCHS PROPERTIES, INC.</b>
1	Affiliate Description	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 ENTIRE AMOUNT THEREOF, LESS EXPENSES TO BHHS, INC.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	267 GRANT STREET PO BOX 5000
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	William Jennings
9	CEO Title	CEO
10	CT Agent Name	Jennifer Wilcox
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
<b>H.</b>	<b>AFFILIATE NAME</b>	<b>SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>
1	Affiliate Description	FOR FULL DISCLOSURE PURPOSES, NOT AN AFILIATE. SCHN IS A PHYSICIAN HOSPITAL ORGANIZATION (PHO), DESIGNED TO COORDINATE MANAGED CARE CONTRACTS FOR BRIDGEPORT HOSPITAL AND ITS PHYSICIANS.
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	For Profit
4	Street Address	267 Grant Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	BRUCE WAINER, M.D.
9	CEO Title	PRESIDENT & CHAIRMAN
10	CT Agent Name	Dr. Michael Ivy
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	267 Grant Street, Floor 11
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -
<b>I.</b>	<b>AFFILIATE NAME</b>	<b>SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>
1	Affiliate Description	FOR FULL DISCLOSURE PURPOSES ONLY. NOT AN AFFILIATE. THIS ENTITY IS A PHYSICIAN ORGANIZATION ESTABLISHED TO COORDIANTE THE MANAGED CARE CONTRACTING ACTIVITIES OF BRIDGEPORT HOSPITALS PHYSICIANS.
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	For Profit
4	Street Address	226 MILL HILL AVENUE
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06610 -
8	CEO Name	BRUCE WAINER, M.D.
9	CEO Title	PRESIDENT
10	CT Agent Name	Dr. Michael Ivy
11	CT Agent Company	Bridgeport Hospital
12	CT Agent Company Street Address	300 Mill Hill Avenue
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06610 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)
1	Affiliate Description	YALE NEW HAVEN HEALTH SERVICES CORPORATION IS THE SOLE MEMBER OF BHHS, GHCS AND YALE NEW HAVEN HOSPITAL. IT PROVIDES MANAGEMENT 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	CT Agent Company Street Address	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

**BRIDGEPORT HOSPITAL  
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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 9/30/2010
<b>A. BRIDGEPORT HOSPITAL</b>			
1		Unrestricted	\$62,529,000
2		Temporarily Restricted by Donor	\$23,262,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$17,308,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$103,099,000</b>
<b>B. BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>			
1		Unrestricted	(\$3,632,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$3,632,000)</b>
<b>C. AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>D. BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>			
1		Unrestricted	\$25,306,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$8,426,000
4		Permanently Restricted by Donor	\$11,910,000
5		Intercompany Eliminations	(\$45,642,000)
		<b>Total:</b>	<b>\$0</b>
<b>E. BRIDGEPORT RENEWAL, LLC</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>F. CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>G. MILL HILL MEDICAL CONSULTANTS, INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>

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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 9/30/2010
	<b>H. SCHS PROPERTIES, INC.</b>		
1		Unrestricted	\$1,125,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,125,000</b>
	<b>I. SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>		
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
		<b>Total:</b>	<b>\$0</b>
	<b>J. SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>		
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
		<b>Total:</b>	<b>\$0</b>
	<b>K. YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)</b>		
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
		<b>Total:</b>	<b>\$0</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$146,234,000</b>
	<b>Intercompany Eliminations</b>		<b>(\$45,642,000)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$100,592,000</b>

**BRIDGEPORT HOSPITAL  
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**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
<b>A.</b>	<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$246,216)</b>
1		Salaries & Benefits	09/30/2010	\$8,822
2		Management Fees	09/30/2010	(\$12,717)
3		Reimbursements/Fund Transfers	09/30/2010	\$243,111
4		Audit Fees Reimb to Bridgeport Hospital	09/30/2010	\$7,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>B.</b>	<b>AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$21,787</b>
1		cash	09/30/2010	(\$21,177)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$610</b>
<b>C.</b>	<b>BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$608,388</b>
1		Rental Reimb to Bridgeport Hospital	09/30/2010	\$4,200
2		Audit Fees Reimb to Bridgeport Hospital	09/30/2010	\$35,562
3		Management Fees to Bridgeport Hospital	09/30/2010	\$266,340
4		Insurance expense reimbursed to Bridgeport Hospital	09/30/2010	\$14,688
5		Salary and Benefits reimb to Bridgeport Hospital	09/30/2010	\$923,081
6		Services provided by hospital	09/30/2010	\$18,666
7		cash	09/30/2010	(\$1,545,636)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$325,289</b>
<b>D.</b>	<b>BRIDGEPORT RENEWAL, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>E.</b>	<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>F.</b>	<b>MILL HILL MEDICAL CONSULTANTS, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$889,684)</b>
1		Clerical support fees	09/30/2010	\$79,353

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**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
2		Insurance expense reimb to Bridgeport Hospital	09/30/2010	\$1,733,790
3		Management Fee	09/30/2010	\$162,324
4		Audit fee reimbursed to Bridgeport Hospital	09/30/2010	\$20,640
5		Physician Services	09/30/2010	\$5,771,133
6		Benefits reimbursed to Bridgeport Hospital	09/30/2010	\$815,604
7		cash	09/30/2010	(\$7,693,160)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>G.</b>	<b>SCHS PROPERTIES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$69,329</b>
1		Rent	09/30/2010	(\$125,911)
2		Reimbursements/Fund Transfers	09/30/2010	\$140,735
3		Management Fees	09/30/2010	\$14,592
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$98,745</b>
<b>H.</b>	<b>SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$13,742</b>
1		Salaries & Benefits	09/30/2010	\$19,312
2		Audit fees	09/30/2010	\$697
3		Rental reimbursed to Bridgeport Hospital	09/30/2010	\$6,500
4		Insurance expense reimbursed to Bridgeport Hospital	09/30/2010	\$4,296
5		Management Fees	09/30/2010	\$20,172
6		cash	09/30/2010	(\$56,532)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$8,187</b>
<b>I.</b>	<b>SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$6,284</b>
1		Non Salary Expense	09/30/2010	\$25,725
2		Accounting Fees	09/30/2010	\$633
3		Management Fees	09/30/2010	\$20,172
4		cash	09/30/2010	(\$46,541)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$6,273</b>
<b>J.</b>	<b>YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$2,641,536)</b>
1		Management and Business support	09/30/2010	(\$20,912,441)
2		MIS and Software	09/30/2010	(\$2,952,422)

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**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		Malpractice and Insurance	09/30/2010	(\$803,224)
4		Material Management	09/30/2010	(\$713,334)
5		Financial Planning, Budget	09/30/2010	(\$542,222)
6		Internal Audit and Compliance	09/30/2010	(\$790,362)
7		Call Center	09/30/2010	(\$292,898)
8		Cash Payments	09/30/2010	\$24,123,067
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>(\$5,525,372)</b>
			<b>Grand Total:</b>	<b>(\$5,086,268)</b>

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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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2009</b>	<b>\$1,080,847</b>
<b>A.</b>	<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>				
1		MILL HILL MEDICAL CONSULTANTS, INC.	Equity transfer	09/30/2010	\$1,065,024
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$1,065,024</b>
<b>B.</b>	<b>AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>C.</b>	<b>BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>D.</b>	<b>BRIDGEPORT RENEWAL, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>E.</b>	<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>F.</b>	<b>MILL HILL MEDICAL CONSULTANTS, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>G.</b>	<b>SCHS PROPERTIES, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>H.</b>	<b>SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>I.</b>	<b>SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>

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 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
J.	YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2010</b>	<b>\$2,145,871</b>

**BRIDGEPORT HOSPITAL  
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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
	<b>A. BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>B. AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>C. BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>D. BRIDGEPORT RENEWAL, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>E. CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>F. MILL HILL MEDICAL CONSULTANTS, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>G. SCHS PROPERTIES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>H. SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>I. SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>J. YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YHHSC)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2010</b>

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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
A.	<b>BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
B.	<b>AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
C.	<b>BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
D.	<b>BRIDGEPORT RENEWAL, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
E.	<b>CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
F.	<b>MILL HILL MEDICAL CONSULTANTS, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
G.	<b>SCHS PROPERTIES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
H.	<b>SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
I.	<b>SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
J.	<b>YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**BRIDGEPORT HOSPITAL  
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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 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$13,213,721.00</b>	<b>\$11,405,895.00</b>	<b>(\$1,807,826.00)</b>	<b>-14%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	(\$1,289,207.00)	\$284,229.00	\$1,573,436.00	-122%
3	Expenditures	\$200,000.00	\$162,485.00	(\$37,515.00)	-19%
4	Unrealized Gains and Losses	(\$318,619.00)	\$469,304.00	\$787,923.00	-247%
	<b>Ending Balance</b>	<b>\$11,405,895.00</b>	<b>\$11,996,943.00</b>	<b>\$591,048.00</b>	<b>5%</b>
5	Projected Interest Income	\$300,000.00	\$600,000.00	\$300,000.00	100%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

**BRIDGEPORT HOSPITAL**  
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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 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

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 for Hospital Bed Funds		155
2. A. Number of Patients receiving Hospital Bed Fund Grants		155
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$162,485.00
1	Frederick A. Strong Fund	\$91.28
2	Frederick A. Strong Fund	\$1,127.78
3	Frederick A. Strong Fund	\$2,289.91
4	Frederick A. Strong Fund	\$1,119.46
5	Henry Cowd Bed Fund	\$1,057.00
6	Henry Cowd Bed Fund	\$1,729.00
7	William H. Brothwell Fund	\$2,001.48
8	Ellen Harral Bed Fund	\$1,000.00
9	Archer Wheeler Fund	\$4,451.00
10	Archer Wheeler Fund	\$244.30
11	Archer Wheeler Fund	\$124.37
12	Archer Wheeler Fund	\$6,148.85
13	Archer Wheeler Fund	\$4,198.14
14	Archer Wheeler Fund	\$1,718.00
15	Archer Wheeler Fund	\$3,885.00
16	Archer Wheeler Fund	\$913.00
17	Archer Wheeler Fund	\$25.00
18	Archer Wheeler Fund	\$3,661.07
19	Archer Wheeler Fund	\$2,800.00
20	Archer Wheeler Fund	\$2,170.00
21	Archer Wheeler Fund	\$401.59
22	Archer Wheeler Fund	\$1,286.74
23	Archer Wheeler Fund	\$733.07
24	Archer Wheeler Fund	\$8,579.35
25	Charles Ferry Bed Fund	\$2,000.00
26	Charles Ferry Bed Fund	\$1,180.00
27	Charles Ferry Bed Fund	\$620.20
28	Charles Ferry Bed Fund	\$156.90
29	Charles Ferry Bed Fund	\$450.00
30	Mary Nichols Ferry Bed Fund	\$550.00
31	Oliver Jennings Bed Fund	\$139.82
32	Oliver Jennings Bed Fund	\$250.00
33	Frederick Marquand Bed Fund	\$1,479.21
34	Frederick Marquand Bed Fund	\$150.00
35	Frederick Marquand Bed Fund	\$2,747.00
36	Frederick Marquand Bed Fund	\$3,740.01
37	Frederick Marquand Bed Fund	\$1,761.00
38	Frederick Marquand Bed Fund	\$275.00
39	Frederick Marquand Bed Fund	\$2,088.00
40	Frederick Marquand Bed Fund	\$1,153.00
41	Frederick Marquand Bed Fund	\$2,836.17
42	Frederick Marquand Bed Fund	\$1,900.81
43	Frederick Marquand Bed Fund	\$401.00
44	Wakeman Fund	\$75.00
45	Wakeman Fund	\$1,510.60
46	Wakeman Fund	\$570.94
47	Wakeman Fund	\$765.00
48	Wakeman Fund	\$1,100.00
49	Wakeman Fund	\$90.56
50	Wakeman Fund	\$782.48
51	Wakeman Fund	\$75.00
52	Wakeman Fund	\$100.00
53	Wakeman Fund	\$600.00
54	Wakeman Fund	\$464.14

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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 Hospital Bed Funds		155
2. A. Number of Patients receiving Hospital Bed Fund Grants		155
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$162,485.00
55	Wakeman Fund	\$359.62
56	Wakeman Fund	\$114.64
57	Wakeman Fund	\$162.72
58	Wakeman Fund	\$157.85
59	Wakeman Fund	\$81.56
60	Wakeman Fund	\$56.99
61	Wakeman Fund	\$945.00
62	Wakeman Fund	\$138.13
63	Wakeman Fund	\$58.87
64	Wakeman Fund	\$39.40
65	Wakeman Fund	\$65.07
66	Anne Drew Miller Fund	\$12.59
67	Anne Drew Miller Fund	\$1,281.00
68	Anne Drew Miller Fund	\$45.00
69	Anne Drew Miller Fund	\$150.00
70	Anne Drew Miller Fund	\$1,475.00
71	Anne Drew Miller Fund	\$584.97
72	Anne Drew Miller Fund	\$300.00
73	Anne Drew Miller Fund	\$417.00
74	Anne Drew Miller Fund	\$814.00
75	Anne Drew Miller Fund	\$2,000.00
76	Anne Drew Miller Fund	\$1,657.49
77	Anne Drew Miller Fund	\$281.00
78	Anne Drew Miller Fund	\$1,598.17
79	Anne Drew Miller Fund	\$500.00
80	Anne Drew Miller Fund	\$100.00
81	Anne Drew Miller Fund	\$1,131.00
82	Anne Drew Miller Fund	\$887.61
83	Anne Drew Miller Fund	\$1,085.00
84	Anne Drew Miller Fund	\$1,775.00
85	Anne Drew Miller Fund	\$241.00
86	Anne Drew Miller Fund	\$3,006.06
87	Anne Drew Miller Fund	\$478.52
88	Anne Drew Miller Fund	\$1,311.00
89	Anne Drew Miller Fund	\$143.81
90	Anne Drew Miller Fund	\$390.00
91	Anne Drew Miller Fund	\$2,000.00
92	Anne Drew Miller Fund	\$241.00
93	Anne Drew Miller Fund	\$241.00
94	Anne Drew Miller Fund	\$50.00
95	Anne Drew Miller Fund	\$180.00
96	Anne Drew Miller Fund	\$250.00
97	Anne Drew Miller Fund	\$2,000.00
98	Anne Drew Miller Fund	\$1,026.20
99	Anne Drew Miller Fund	\$500.00
100	Anne Drew Miller Fund	\$161.77
101	Anne Drew Miller Fund	\$150.00
102	Anne Drew Miller Fund	\$100.00
103	Anne Drew Miller Fund	\$1,963.00
104	Alice Seltzer Bed Fund	\$3,058.08
105	Alice Seltzer Bed Fund	\$200.00
106	Mark R. Leavenworth Fund	\$8,874.00
107	Hobart Wheeler Fund	\$150.00
108	Hobart Wheeler Fund	\$150.00

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 for Hospital Bed Funds		155
2. A. Number of Patients receiving Hospital Bed Fund Grants		155
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$162,485.00
109	Hobart Wheeler Fund	\$2,697.84
110	Hobart Wheeler Fund	\$1,070.14
111	Hobart Wheeler Fund	\$1,068.00
112	Hobart Wheeler Fund	\$107.00
113	Hobart Wheeler Fund	\$1,113.00
114	Hobart Wheeler Fund	\$107.00
115	Hobart Wheeler Fund	\$528.00
116	Hobart Wheeler Fund	\$166.00
117	Hobart Wheeler Fund	\$1,666.39
118	Hobart Wheeler Fund	\$2,277.00
119	Hobart Wheeler Fund	\$504.00
120	Hobart Wheeler Fund	\$210.00
121	Hobart Wheeler Fund	\$128.25
122	Hobart Wheeler Fund	\$1,033.06
123	Hobart Wheeler Fund	\$9,199.17
124	Hobart Wheeler Fund	\$520.00
125	Hobart Wheeler Fund	\$320.00
126	Hobart Wheeler Fund	\$160.00
127	Hobart Wheeler Fund	\$543.00
128	Hobart Wheeler Fund	\$40.00
129	Hobart Wheeler Fund	\$250.00
130	Hobart Wheeler Fund	\$30.00
131	Hobart Wheeler Fund	\$169.00
132	Hobart Wheeler Fund	\$225.00
133	Hobart Wheeler Fund	\$25.00
134	Hobart Wheeler Fund	\$50.00
135	Hobart Wheeler Fund	\$1,097.00
136	Hobart Wheeler Fund	\$50.00
137	Hobart Wheeler Fund	\$1,222.83
138	Hobart Wheeler Fund	\$35.00
139	Hobart Wheeler Fund	\$1,524.00
140	Hobart Wheeler Fund	\$775.00
141	Hobart Wheeler Fund	\$1,101.34
142	Hobart Wheeler Fund	\$100.00
143	Hobart Wheeler Fund	\$75.00
144	Hobart Wheeler Fund	\$75.00
145	Hobart Wheeler Fund	\$50.00
146	Hobart Wheeler Fund	\$150.00
147	Hobart Wheeler Fund	\$150.00
148	Hobart Wheeler Fund	\$500.00
149	Hobart Wheeler Fund	\$70.00
150	Hobart Wheeler Fund	\$70.00
151	Hobart Wheeler Fund	\$775.00
152	Hobart Wheeler Fund	\$100.00
153	Hobart Wheeler Fund	\$2,045.31
154	Hobart Wheeler Fund	\$1,565.00
155	Helen Wordin Fund	(\$159.68)
Grand Total		\$162,485.00

BRIDGEPORT HOSPITAL					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	McCord Fund	\$31,977.01	\$1,990.44	\$0.00	\$1,990.44
	Archer Wheeler Fund	\$1,024,464.44	\$66,172.71	\$0.00	\$66,172.71
	Florence Seeley Fund	\$12,790.69	\$796.50	\$0.00	\$796.50
	Ruth Gilbert Fund	\$12,790.69	\$796.50	\$0.00	\$796.50
	Lounsbury Fund	\$12,790.69	\$796.50	\$0.00	\$796.50
	Helen Wordin Fund	\$383,389.31	\$23,788.88	\$0.00	\$23,788.88
	Hobart Wheeler Fund	\$174,599.55	\$13,069.76	\$0.00	\$13,069.76
	Mallett Fund	\$16,181.11	\$3,566.16	\$0.00	\$3,566.16
	Mrs. C.B. Seeley Fund	\$16,833.84	\$1,055.49	\$0.00	\$1,055.49
	Alice Setzer Fund	\$210,978.86	\$13,091.00	\$0.00	\$13,091.00
	Terry Fund	\$12,790.69	\$796.50	\$0.00	\$796.50
	E. Harral Fund	\$227,494.76	\$14,184.49	\$0.00	\$14,184.49
	Fannie Wording Fund	\$434,401.71	\$26,944.72	\$0.00	\$26,944.72
	F. Weather Beardsley Fund	\$479,216.23	\$29,734.83	\$0.00	\$29,734.83
	Mary Hawley Fund	\$76,083.00	\$4,749.01	\$0.00	\$4,749.01
	Mary Trubee Fund	\$1,264.20	\$78.44	\$0.00	\$78.44
	Jacob Klein Fund	\$19,283.99	\$1,207.01	\$0.00	\$1,207.01
	Warner Fund	\$6,346.32	\$393.78	\$0.00	\$393.78
	Woodruff Fund	\$12,790.69	\$1,712.50	\$0.00	\$1,712.50
	Crosby Fund	\$47,913.00	\$2,972.95	\$0.00	\$2,972.95
	Lacy Fund	\$7,673.61	\$477.33	\$0.00	\$477.33
	Oliver Jennings Fund	\$59,427.86	\$3,711.63	\$0.00	\$3,711.63
	Soules Fund	\$54,687.91	\$3,615.90	\$0.00	\$3,615.90
	Carol Godfrey Fund	\$12,790.69	\$796.50	\$0.00	\$796.50
	Marsh fund	\$27,141.93	\$1,704.46	\$0.00	\$1,704.46
	Edward Godfrey Fund	\$12,790.69	\$796.50	\$0.00	\$796.50
	Sterling Free Bed Fund	\$404,188.03	\$25,131.91	\$0.00	\$25,131.91
	Blind Fund	\$47,949.57	\$2,975.22	\$0.00	\$2,975.22
	Anne Drew Miller Fund	\$779,742.98	\$50,304.45	\$0.00	\$50,304.45
	Loomis Fund	\$44,156.66	(\$178.34)	\$0.00	(\$178.34)
	Stiles Hall Fund	\$7,390.33	\$866.82	\$0.00	\$866.82
	Marietta Crowley Fund	\$128,444.87	\$7,995.21	\$0.00	\$7,995.21
	Caroline Betts Fund	\$11,349.53	\$706.79	\$0.00	\$706.79
	Alice Godfrey Fund	\$952.84	\$59.12	\$0.00	\$59.12
	Fable Fund	\$9,891.81	\$622.23	\$0.00	\$622.23
	Annie Jennings Fund	\$30,610.90	\$1,899.37	\$0.00	\$1,899.37
	Francis Leigh Fund	\$406.95	(\$24,284.88)	\$0.00	(\$24,284.88)
	Eliz. Lockwood Fund	\$12,790.69	\$6,793.60	\$0.00	\$6,793.60
	Francis Leigh Fund	\$35,367.59	\$26,524.55	\$0.00	\$26,524.55
	Susan Betts Fund	\$15,634.90	\$982.90	\$0.00	\$982.90
	Cole Fund	\$479,216.23	\$29,734.83	\$0.00	\$29,734.83
	Maria Lockwood Fund	\$6,394.81	(\$5,599.38)	\$0.00	(\$5,599.38)
	Wood Fund	\$6,346.32	\$393.78	\$0.00	\$393.78
	Lane Fund	\$34,445.49	\$2,153.57	\$0.00	\$2,153.57
	Hunt Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Marquand Fund	\$311,394.97	\$20,476.97	\$0.00	\$20,476.97
	Pettingill Fund	\$33,204.01	\$2,060.27	\$0.00	\$2,060.27
	Pomeroy Fund	\$11,739.80	\$728.44	\$0.00	\$728.44

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
	Frances Perry Fund	\$1,284.83	\$79.72	\$0.00	\$79.72
	Barnum Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Lewis Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Armstrong Fund	\$21,917.18	\$1,359.94	\$0.00	\$1,359.94
	Beach Fund	\$239,601.55	\$14,867.01	\$0.00	\$14,867.01
	Ives Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	DW Plumb Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	William Perry Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Mary Beardsley Fund	\$34,775.82	\$2,157.80	\$0.00	\$2,157.80
	Fray Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Gould Fund	\$26,589.47	\$1,649.85	\$0.00	\$1,649.85
	Couch Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Burnham Fund	\$327,557.24	\$20,324.56	\$0.00	\$20,324.56
	David Trubee Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Stephens Fund	\$9,242.35	\$573.47	\$0.00	\$573.47
	Stoddard Fund	\$7,673.61	\$477.33	\$0.00	\$477.33
	Bartram Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Thompson Fund	\$12,876.80	\$808.60	\$0.00	\$808.60
	Anna Jennings Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	O. G. Jennings Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Brothwell Fund	\$219,863.02	\$13,646.57	\$0.00	\$13,646.57
	Leavenworth/Sherman Fund	\$326,452.26	\$20,806.62	\$0.00	\$20,806.62
	Crane Value Fund	\$5,975.10	\$371.19	\$0.00	\$371.19
	Cowd Fund	\$211,365.28	\$13,294.13	\$0.00	\$13,294.13
	Wakeman Fund	\$227,949.92	\$14,614.32	\$0.00	\$14,614.32
	Rowland Fund	\$15,417.17	\$969.29	\$0.00	\$969.29
	Sarah Beardsley Fund	\$6,346.32	\$393.78	\$0.00	\$393.78
	Henry C. Knight Fund	\$6,346.32	\$393.78	\$0.00	\$393.78
	Margaret Mallet Fund	\$13,449.48	(\$1,713.92)	\$0.00	(\$1,713.92)
	Leavenworth Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Alice Setzer Fund	\$319,286.93	\$20,014.03	\$0.00	\$20,014.03
	Cook Fund	\$12,800.38	\$797.27	\$0.00	\$797.27
	Williams Fund	\$7,109.83	\$442.47	\$0.00	\$442.47
	Strong Fund	\$37,689.91	\$2,620.13	\$0.00	\$2,620.13
	Lyon Fund	\$6,394.81	\$397.72	\$0.00	\$397.72
	Abraham Klein Fund	\$7,391.24	\$459.11	\$0.00	\$459.11
	Richardson Fund	\$12,174.92	\$765.15	\$0.00	\$765.15
	Mary Godfrey Fund	\$15,214.37	\$956.67	\$0.00	\$956.67
	Charles Ferry Fund	\$1,087,271.03	\$67,737.40	\$0.00	\$67,737.40
	Mary Ferry Fund	\$2,574,623.77	\$159,911.99	\$0.00	\$159,911.99
	Nettleton Fund	\$15,655.78	\$977.40	\$0.00	\$977.40
	Rogers Fund	\$12,510.70	\$1,804.14	\$0.00	\$1,804.14
	Pflomm Fund	\$14,806.52	\$918.73	\$0.00	\$918.73
	Clarence Miller Fund	\$142,895.91	\$8,896.73	\$0.00	\$8,896.73
	Conlin Fund	\$8,741.55	\$542.40	\$0.00	\$542.40
	Atwater Fund	\$109,220.13	\$6,776.98	\$0.00	\$6,776.98
	Crissy Harral Fund	\$12,691.71	\$787.51	\$0.00	\$787.51
	Jacoby Fund	\$2,134.66	(\$864.44)	\$0.00	(\$864.44)
	<b>Total Bed Funds :</b>	<b>\$11,996,943.15</b>	<b>\$753,533.71</b>	<b>\$0.00</b>	<b>\$753,533.71</b>

**BRIDGEPORT HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
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	6.20%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
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.

**BRIDGEPORT HOSPITAL  
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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.	5.30%
	<b>Collection Agent</b>	
1	Collection Agent Name	Nair & Levin PC
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22).
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.20%
	<b>Collection Agent</b>	
1	Collection Agent Name	Tobin, Carberry, OMallery, Riley, Selinger PC
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22).

**BRIDGEPORT HOSPITAL  
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**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.	8.90%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$1,188,602	\$163,907	\$1,352,509
2.	Senior VP of Finance & CFO	\$480,322	\$207,663	\$687,985
3.	Medical Director	\$522,301	\$49,050	\$571,351
4.	Senior VP & COO	\$431,990	\$97,625	\$529,615
5.	Senior VP of Human Resources	\$367,412	\$126,782	\$494,194
6.	SR. V.P., Planning & Marketing	\$330,788	\$134,720	\$465,508
7.	ER Physician	\$343,672	\$65,669	\$409,341
8.	ER Physician	\$340,428	\$64,275	\$404,703
9.	Sr. VP of Quality Control & Risk Management	\$358,712	\$37,828	\$396,540
10.	ER Physician	\$329,996	\$36,598	\$366,594
	<b>Grand Total:</b>	<b>\$4,694,223</b>	<b>\$984,117</b>	<b>\$5,678,340</b>

**BRIDGEPORT HOSPITAL  
ANNUAL REPORTING  
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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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . BRIDGEPORT HOSPITAL &amp; HEALTHCARE SERVICES, INC.</b>				
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
<b>B . AHLBIN CENTER FOR REHABILITATION MEDICINE, INC.</b>				
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
<b>C . BRIDGEPORT HOSPITAL FOUNDATION, INC.</b>				
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
<b>D . BRIDGEPORT RENEWAL, LLC</b>				
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
<b>E . CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)</b>				
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
<b>F . MILL HILL MEDICAL CONSULTANTS, INC.</b>				
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
<b>G . SCHS PROPERTIES, INC.</b>				
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
<b>H . SOUTHERN CONNECTICUT HEALTH NETWORK, INC.</b>				
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
<b>I . SOUTHERN CONNECTICUT PHYSICIANS, P.C.</b>				
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
<b>J . YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHSC)</b>				
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.

**BRIDGEPORT HOSPITAL  
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	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 Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

BRIDGEPORT HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2010					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	1,815	1,806	(9)	0%
2.	Number of Approved Applicants	1,149	1,147	(2)	0%
3.	Total Charges (A)	\$34,852,002	\$23,939,515	(\$10,912,487)	-31%
	<b>Average Charges</b>	<b>\$30,332</b>	<b>\$20,871</b>	<b>(\$9,461)</b>	<b>-31%</b>
4.	Ratio of Cost to Charges (RCC)	0.318348	0.31569	(0.002658)	-1%
	<b>Total Cost</b>	<b>\$11,095,065</b>	<b>\$7,557,465</b>	<b>(\$3,537,600)</b>	<b>-32%</b>
	<b>Average Cost</b>	<b>\$9,656</b>	<b>\$6,589</b>	<b>(\$3,067)</b>	<b>-32%</b>
5.	Charity Care - Inpatient Charges	\$1,702,567	\$1,169,477	(\$533,090)	-31%
6.	Charity Care - Outpatient Emergency Department Charges	12,120,435	8,325,414	(3,795,021)	-31%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	21,029,000	14,444,624	(6,584,376)	-31%
	<b>Total Charges (A)</b>	<b>\$34,852,002</b>	<b>\$23,939,515</b>	<b>(\$10,912,487)</b>	<b>-31%</b>
8.	Charity Care - Number of Patient Days	2,668	2,532	(136)	-5%
9.	Charity Care - Number of Discharges	370	379	9	2%
10.	Charity Care - Number of Outpatient ED Visits	2,459	1,413	(1,046)	-43%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,745	4,732	(13)	0%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	176	155	(21)	-12%
2.	Number of Approved Applicants	176	155	(21)	-12%
3.	Total Charges (B)	\$200,000	\$162,485	(\$37,515)	-19%
	<b>Average Charges</b>	<b>\$1,136</b>	<b>\$1,048</b>	<b>(\$88)</b>	<b>-8%</b>
4.	Ratio of Cost to Charges (RCC)	0.318348	0.31569	(0.002658)	-1%
	<b>Total Cost</b>	<b>\$63,670</b>	<b>\$51,295</b>	<b>(\$12,375)</b>	<b>-19%</b>
	<b>Average Cost</b>	<b>\$362</b>	<b>\$331</b>	<b>(\$31)</b>	<b>-9%</b>
5.	Bed Funds - Inpatient Charges	\$10,697	\$9,440	(\$1,257)	-12%
6.	Bed Funds - Outpatient Emergency Department Charges	59,516	39,549	(19,967)	-34%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	129,787	113,496	(16,291)	-13%
	<b>Total Charges (B)</b>	<b>\$200,000</b>	<b>\$162,485</b>	<b>(\$37,515)</b>	<b>-19%</b>
8.	Bed Funds - Number of Patient Days	332	340	8	2%
9.	Bed Funds - Number of Discharges	42	43	1	2%
10.	Bed Funds - Number of Outpatient ED Visits	257	123	(134)	-52%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	546	545	(1)	0%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					