

STAMFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		STAMFORD HEALTH SYSTEM
1	Affiliate Description	SOLE MEMBER SHS; THE STAMFORD HOSPITAL, CTR FOR CONT CARE OF GRTR STMFD, HEALTH SVCS OF STMFD, CONT RETIREMENT COMMUNITY OF GRTR STMFD, STMFD HEALTH FOUNDATION. MILLAR HALL MED SUITES, FFLD CNTY SS, HLTHSTR INDM, STMD OBGYN, PREMIER MG AND OTHERS
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	30 SHELBURNE ROAD
5	Town	STAMFORD
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	BRIAN GRISSLER
9	CEO Title	PRESIDENT AND CEO
10	CT Agent Name	Derrick O. Hollings
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 -
B. AFFILIATE NAME		
		CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.
1	Affiliate Description	CCRC IS A FULL SERVICES LIFE CARE RETIREMENT COMMUNITY WHICH CONSISTS OF 207 INDEPEDENT LIVING UNITS, 20 ASSISTED LIVING UNITS, AND A 60 BED SKILLED NURSING FACILITY.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	30 SHELBURNE ROAD
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	Brian Grissler
9	CEO Title	PRESIDENT AND CEO
10	CT Agent Name	Derrick O. Hollings
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 -
C. AFFILIATE NAME		
		FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC
1	Affiliate Description	A PROFESSIONAL CAPTIVE PROVIDING OBSTETRICAL CARE
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	DR. JOHN RODIS
9	CEO Title	PRESIDENT
10	CT Agent Name	DR. JOHN RODIS
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 -
D. AFFILIATE NAME		
		FAIRFIELD COUNTY PRIMARY CARE, P.C.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	A PROFESSIONAL CAPTIVE PROVIDING UGRNRT CARE
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	JOHN RODIS, MD
9	CEO Title	PRESIDENT
10	CT Agent Name	JOHN RODIS, MD
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 -
E.	AFFILIATE NAME	FAIRFIELD COUNTY SURGICAL SPECIALISTS
1	Affiliate Description	A professional corporation providing surgical services.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	30 Shelburne Road
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	JOHN RODIS,MD
9	CEO Title	PRESIDENT
10	CT Agent Name	JOHN RODIS, M.D.
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 -
F.	AFFILIATE NAME	HEALTHSTAR INDEMNITY COMPANY, LTD.
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
5	Town	HAMILTON
6	State	Bermuda
7	Zip Code	-
8	CEO Name	BRIAN GRISSLER
9	CEO Title	PRESIDENT
10	CT Agent Name	Kevin Gage
11	CT Agent Company	STAMFORD HOSPITAL
12	CT Agent Company Street Address	30 Shelburne Rd
13	CT Agent Town	Stamford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06904 -
G.	AFFILIATE NAME	MILLER HALL MEDICAL SUITES LLC
1	Affiliate Description	MILLER HALL IS A LLC THAT OWNS A BUILDING ADJACENT TO THE HOSPITAL'S CAMPUS WHICH IS USED PRIMARILY AS PHYSICIANS' OFFICE. STAMFORD HEALTH SYSTEM IS 100% OWNER.
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	30 SHELBURNE ROAD
5	Town	Stamford
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06904 -
8	CEO Name	BRIAN GRISSLER
9	CEO Title	PRESIDENT AND CEO
10	CT Agent Name	Derrick O. Hollings
11	CT Agent Company	STAMFORD HOSPITAL
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 -
H. AFFILIATE NAME		
	AFFILIATE NAME	PREMIER MEDICAL GROUP, PC
1	Affiliate Description	A PROFESSIONAL CORPORATION PROVIDING MEDICAL SERVICES
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	30 SHELBURNE ROAD
5	Town	STAMFORD
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	JOHN RODIS, MD
9	CEO Title	PRESIDENT
10	CT Agent Name	JOHN RODIS, MD
11	CT Agent Company	Stamford Health System
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 -
I. AFFILIATE NAME		
	AFFILIATE NAME	STAMFORD HEALTH FOUNDATION
1	Affiliate Description	HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	30 SHELBURNE ROAD
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	BRIAN GRISSLER
9	CEO Title	PRESIDENT AND CEO
10	CT Agent Name	Derrick O. Hollings
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		
	AFFILIATE NAME	STAMFORD HEALTH INTEGRATED PRACTICES
1	Affiliate Description	PROVIDE A COMPREHENSIVE NEWTWORK OF PHYSICAIN PRACTICES AND RELATED 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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	50 WESTON STREET
13	CT Agent Town	HARTFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537
K. AFFILIATE NAME		
		STAMFORD HEALTH RESOURCES
1	Affiliate Description	PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE 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
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	BRIAN GRISSLER
9	CEO Title	PRESIDENT AND CEO
10	CT Agent Name	Derrick O. Hollings
11	CT Agent Company	STAMFORD HOSPITAL
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 -
L. AFFILIATE NAME		
		STAMFORD OB/GYN ASSOCIATES, PC
1	Affiliate Description	A professional corporate providing obstetrical services
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	30 Shelburne Road
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06904 -
8	CEO Name	JAMES NELSON
9	CEO Title	PRESIDENT
10	CT Agent Name	Ronald Turnbull
11	CT Agent Company	STAMFORD HOSPITAL
12	CT Agent Company Street Address	30 Shelburne Road
13	CT Agent Town	Stamford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06904 -
M. AFFILIATE NAME		
		STAMFORD/NSC,LLC
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	State	Illinois
7	Zip Code	60606 -
8	CEO Name	BRIAN GRISSLER for Stamford Health System
9	CEO Title	Partner/Member
10	CT Agent Name	BRIAN GRISSLER
11	CT Agent Company	Stamford Health System
12	CT Agent Company Street Address	30 SHELBURNE ROAD
13	CT Agent Town	STAMFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06902 -

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

**STAMFORD 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 9/30/2011
A. STAMFORD HOSPITAL			
1		Unrestricted	\$108,504,000
2		Temporarily Restricted by Donor	\$18,662,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$8,033,000
5		Intercompany Eliminations	(\$11,908,000)
		Total:	\$123,291,000
B. STAMFORD HEALTH SYSTEM			
1		Unrestricted	\$38,131,000
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:	\$40,490,000
C. CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.			
1		Unrestricted	\$6,953,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,953,000
D. FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. FAIRFIELD COUNTY PRIMARY CARE, P.C.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F. FAIRFIELD COUNTY SURGICAL SPECIALISTS			
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
G. HEALTHSTAR INDEMNITY COMPANY, LTD.			
1		Unrestricted	\$33,549,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$33,549,000

**STAMFORD 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 9/30/2011
	H. MILLER HALL MEDICAL SUITES LLC		
1		Unrestricted	\$2,573,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,573,000
	I. PREMIER MEDICAL GROUP, PC		
1		Unrestricted	(\$397,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$397,000)
	J. STAMFORD HEALTH FOUNDATION		
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
	K. STAMFORD HEALTH INTEGRATED PRACTICES		
1		Unrestricted	(\$8,091,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$8,091,000)
	L. STAMFORD HEALTH RESOURCES		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	M. STAMFORD OB/GYN ASSOCIATES, PC		
1		Unrestricted	(\$254,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$254,000)
	N. STAMFORD/NSC, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

**STAMFORD 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 9/30/2011
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$210,071,000
	Intercompany Eliminations		(\$11,957,000)
	Total of all Affiliates	Fund Balance:	\$198,114,000

**STAMFORD 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
A.	STAMFORD HEALTH SYSTEM			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$2,081,243)
1		Transfer Revenue/Expenses Net	09/30/2011	\$5,143,730
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$3,062,487
B.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$759,618
1		Transfers Revenue/Expense Net	09/30/2011	(\$746,818)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$12,800
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,487,387
1		Transfers Revenue/Expense Net	09/30/2011	(\$1,437,877)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$49,510
G.	MILLER HALL MEDICAL SUITES LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$755,142)
1		Transfer Revenue/Expenses Net	09/30/2011	(\$2,093,532)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$2,848,674)
H.	PREMIER MEDICAL GROUP, PC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0

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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
1		Transfers Revenue/Expense Net	09/30/2011	\$6,723
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$6,723
I.	STAMFORD HEALTH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
J.	STAMFORD HEALTH INTEGRATED PRACTICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Transfers Revenue/Expense Net	09/30/2011	\$8,476,273
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$8,476,273
K.	STAMFORD HEALTH RESOURCES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
L.	STAMFORD OB/GYN ASSOCIATES, PC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Transfer Revenues/Expenses Net	09/30/2011	(\$5,459)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$5,459)
M.	STAMFORD/NSC,LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
			Grand Total:	\$8,753,660

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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
			Beginning Unconsolidated Intercompany Balance	10/01/2010	\$716,227
A.	STAMFORD HEALTH SYSTEM				
1		STAMFORD OB/GYN ASSOCIATES, PC	Transfer Revenue/Expenses Net	09/30/2011	\$100,000
2		STAMFORD HEALTH INTEGRATED PRACTICES	Equity Transfers	09/30/2011	\$3,792,236
			Total:	9/30/2011	\$3,892,236
B.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC				
1		FAIRFIELD COUNTY SURGICAL SPECIALISTS	Transfer Revenues/Expenses Net	09/30/2011	\$1,140
			Total:	9/30/2011	\$1,140
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.				
1		FAIRFIELD COUNTY SURGICAL SPECIALISTS	Transfer Revenues/Expenses Net	09/30/2011	\$371
			Total:	9/30/2011	\$371
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
G.	MILLER HALL MEDICAL SUITES LLC				
1		STAMFORD HEALTH SYSTEM	Transfer Revenues/Expenses Net	09/30/2011	\$32,951
			Total:	9/30/2011	\$32,951

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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
H.	PREMIER MEDICAL GROUP, PC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
I.	STAMFORD HEALTH FOUNDATION				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
J.	STAMFORD HEALTH INTEGRATED PRACTICES				
1		PREMIER MEDICAL GROUP, PC	Working Capital transfer	09/30/2011	\$852,557
			Total:	9/30/2011	\$852,557
K.	STAMFORD HEALTH RESOURCES				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
L.	STAMFORD OB/GYN ASSOCIATES, PC				
1		FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC	Transfer Revenues/Expenses Net	09/30/2011	\$142,800
			Total:	9/30/2011	\$142,800
M.	STAMFORD/NSC,LLC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2011	\$5,638,282

**STAMFORD 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
	A. STAMFORD HEALTH SYSTEM		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	B. CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	C. FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	D. FAIRFIELD COUNTY PRIMARY CARE, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	E. FAIRFIELD COUNTY SURGICAL SPECIALISTS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	F. HEALTHSTAR INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	G. MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	H. PREMIER MEDICAL GROUP, PC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	I. STAMFORD HEALTH FOUNDATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	J. STAMFORD HEALTH INTEGRATED PRACTICES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	K. STAMFORD HEALTH RESOURCES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	L. STAMFORD OB/GYN ASSOCIATES, PC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	M. STAMFORD/NSC,LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	Grand Total:	\$0	9/30/2011

**STAMFORD HOSPITAL
ANNUAL REPORTING
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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.	STAMFORD HEALTH SYSTEM		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	PREMIER MEDICAL GROUP, PC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	STAMFORD HEALTH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	STAMFORD HEALTH INTEGRATED PRACTICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	STAMFORD HEALTH RESOURCES		

**STAMFORD HOSPITAL
ANNUAL REPORTING
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	STAMFORD OB/GYN ASSOCIATES, PC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	STAMFORD/NSC,LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**STAMFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$202,469.00	\$197,933.00	(\$4,536.00)	-2%
1	Donations	\$50.00	\$0.00	(\$50.00)	-100%
2	Income	\$4,998.00	\$4,631.00	(\$367.00)	-7%
3	Expenditures	\$38,177.00	\$10,637.00	(\$27,540.00)	-72%
4	Unrealized Gains and Losses	\$28,593.00	(\$3,416.00)	(\$32,009.00)	-112%
	Ending Balance	\$197,933.00	\$188,511.00	(\$9,422.00)	-5%
5	Projected Interest Income	\$2,573.00	\$2,451.00	(\$122.00)	-5%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

STAMFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS

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

STAMFORD HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund <u>(FULL NAME)</u>	<u>Amount</u>
1. Number of Applications for Hospital Bed Funds		1,948
2. A. Number of Patients receiving Hospital Bed Fund Grants		3
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$10,637.00
1	M Doolittle Income/Gains	\$3,071.00
2	M Doolittle Income/Gains	\$3,784.00
3	M Doolittle Income/Gains	\$3,782.00
Grand Total		\$10,637.00

STAMFORD HOSPITAL					
ANNUAL REPORTING					
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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.				
	William Pitt FMC Fund	\$70,551.00	\$0.00	\$0.00	\$0.00
	M Doolittle Income/Gains	\$116,304.00	\$7,155.00	\$0.00	\$7,155.00
	Patient Care Free Bed Fund	\$1,657.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$188,512.00	\$7,155.00	\$0.00	\$7,155.00

**STAMFORD HOSPITAL
ANNUAL REPORTING
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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	5.30%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	STAMFORD CREDIT BUREAU aka STAMFORD COLLECTION BUREAU
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.

**STAMFORD HOSPITAL
ANNUAL REPORTING
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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.	6.48%
	Collection Agent	
1	Collection Agent Name	CENTURY FINANCIAL SERVICES, INC.
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.99%
	Collection Agent	
1	Collection Agent Name	MARK SANK AND 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.

**STAMFORD HOSPITAL
ANNUAL REPORTING
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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.	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.	5.58%
Collection Agent		
1	Collection Agent Name	BLOOMENTHAL & TROW, LLC
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.	8.05%
Collection Agent		
1	Collection Agent Name	TOBIN, CARBERRY OMALLEY (AKA TCORS)
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related

**STAMFORD HOSPITAL
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	6.40%
	Collection Agent	
1	Collection Agent Name	MERCHANTS ASSOCIATION OF FLORIDA
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.23%

**STAMFORD HOSPITAL
ANNUAL REPORTING
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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	\$945,000	\$1,296,639	\$2,241,639
2.	Sr. VP of Medical Affairs	\$491,996	\$588,821	\$1,080,817
3.	Chief of Cardiac Surgery	\$715,346	\$277,195	\$992,541
4.	Chief of Surgery	\$760,793	\$145,778	\$906,571
5.	Exec. VP and Chief Operating Officer	\$471,450	\$285,203	\$756,653
6.	Sr. VP of Strategy & Marketing	\$404,645	\$336,003	\$740,648
7.	VP of Finance & Chief Financial Officer	\$474,196	\$245,991	\$720,187
8.	VP Ambulatory Services	\$399,435	\$256,769	\$656,204
9.	Chief of Cardiology	\$538,041	\$42,237	\$580,278
10.	Chair, Dept of Obstetrics	\$481,038	\$98,399	\$579,437
	Grand Total:	\$5,681,940	\$3,573,035	\$9,254,975

**STAMFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
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
A . STAMFORD HEALTH SYSTEM				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$74,665	\$19,249	\$93,914
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$80,202	\$15,520	\$95,722
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$8,585	\$2,213	\$10,798
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . FAIRFIELD COUNTY PRIMARY CARE, P.C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$3,757	\$968	\$4,725
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . FAIRFIELD COUNTY SURGICAL SPECIALISTS				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$10,034	\$2,587	\$12,621
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . 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
G . MILLER HALL MEDICAL SUITES LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$10,482	\$2,702	\$13,184
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . PREMIER MEDICAL GROUP, PC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$14,159	\$3,650	\$17,809
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . STAMFORD HEALTH FOUNDATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . STAMFORD HEALTH INTEGRATED PRACTICES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$281,072	\$72,461	\$353,533
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . STAMFORD HEALTH RESOURCES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . STAMFORD OB/GYN ASSOCIATES, PC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$11,301	\$2,913	\$14,214
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M . 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.

**STAMFORD HOSPITAL
ANNUAL REPORTING
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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 2011
A	Transfer of Assets or Operations	
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

STAMFORD HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2011					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,702	1,948	246	14%
2.	Number of Approved Applicants	1,629	1,729	100	6%
3.	Total Charges (A)	\$23,197,083	\$27,344,589	\$4,147,506	18%
	Average Charges	\$14,240	\$15,815	\$1,575	11%
4.	Ratio of Cost to Charges (RCC)	0.360445	0.328852	(0.031593)	-9%
	Total Cost	\$8,361,273	\$8,992,323	\$631,050	8%
	Average Cost	\$5,133	\$5,201	\$68	1%
5.	Charity Care - Inpatient Charges	\$6,963,063	\$5,990,419	(\$972,644)	-14%
6.	Charity Care - Outpatient Emergency Department Charges	3,817,013	5,196,805	1,379,792	36%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	12,417,007	16,157,365	3,740,358	30%
	Total Charges (A)	\$23,197,083	\$27,344,589	\$4,147,506	18%
8.	Charity Care - Number of Patient Days	660	657	(3)	0%
9.	Charity Care - Number of Discharges	152	116	(36)	-24%
10.	Charity Care - Number of Outpatient ED Visits	1,070	1,399	329	31%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,310	8,124	814	11%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	1,702	1,948	246	14%
2.	Number of Approved Applicants	3	3	-	0%
3.	Total Charges (B)	\$38,177	\$10,637	(\$27,540)	-72%
	Average Charges	\$12,726	\$3,546	(\$9,180)	-72%
4.	Ratio of Cost to Charges (RCC)	0.360445	0.328852	(0.031593)	-9%
	Total Cost	\$13,761	\$3,498	(\$10,263)	-75%
	Average Cost	\$4,587	\$1,166	(\$3,421)	-75%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	8,743	0	(8,743)	-100%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	29,434	10,637	(18,797)	-64%
	Total Charges (B)	\$38,177	\$10,637	(\$27,540)	-72%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	15	0	(15)	-100%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	18	21	3	17%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					