

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 |
| A. AFFILIATE NAME STAMFORD HEALTH SYSTEM | | |
| 1 | Affiliate Description | SOLE MEMBER SHS; THE STAMFORD HOSPITAL, STMFH HEALTH FOUNDATION. MILLER HALL MED SUITES, 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 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 - |
| C. 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 |
| 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 |

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| (1) | (2) | (3) |
|---|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 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 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 - |
| E. AFFILIATE NAME SOUTHWEST CONNECTICUT RADIOLOGY, LLC | | |
| 1 | Affiliate Description | A PROFEESIONAL CAPTIVE THAT EMPLOYEES RADIOLOGISTS WHO PROVIDE SERVICES AT THE HOSPITAL |
| 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 | Sharon Kiely, MD |
| 9 | CEO Title | CEO |
| 10 | CT Agent Name | Jason A. Marsh, Esq |
| 11 | CT Agent Company | Jeffers & Cowherd, PC |
| 12 | CT Agent Company Street Address | 55 Walls Drive |
| 13 | CT Agent Town | Fairfield |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06824 - |
| F. 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 |

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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 - |
| G. | | |
| AFFILIATE NAME | | STAMFORD HEALTH INTEGRATED PRACTICES |
| 1 | Affiliate Description | PROVIDE A COMPREHENSIVE NETWORK OF PHYSICIAN 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 |
| 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 |
| H. | | |
| 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 - |
| I. | | |
| AFFILIATE NAME | | STAMFORD OB/GYN ASSOCIATES, PC |
| 1 | Affiliate Description | A professional corporation providing obstetrical services |

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| (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 | 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 9/30/2013 |
| A . STAMFORD HOSPITAL | | | |
| 1 | | Unrestricted | \$160,467,000 |
| 2 | | Temporarily Restricted by Donor | \$39,876,000 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$8,033,000 |
| 5 | | Intercompany Eliminations | (\$11,908,000) |
| | | Total: | \$196,468,000 |
| B . 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 |
| C . HEALTHSTAR INDEMNITY COMPANY, LTD. | | | |
| 1 | | Unrestricted | \$38,269,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$38,269,000 |
| D . MILLER HALL MEDICAL SUITES LLC | | | |
| 1 | | 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 |
| E . 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 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| F . SOUTHWEST CONNECTICUT RADIOLOGY, LLC | | | |
| 1 | | Unrestricted | (\$3,613,000) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$3,613,000) |
| 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 |
| H. STAMFORD HEALTH INTEGRATED PRACTICES | | | |
| 1 | | Unrestricted | \$278,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$278,000 |
| I. 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) |
| K. 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 |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | \$403,103,000 |
| | Intercompany Eliminations | | (\$11,957,000) |
| | Total of all Affiliates | Fund Balance: | \$391,146,000 |

**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: | 9/30/2012 | \$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: | 9/30/2012 | (\$2,823,510) |
| 1 | | Transfer Revenues/Expenses Net | 09/30/2013 | \$28,151 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | (\$2,795,359) |
| D. | PREMIER MEDICAL GROUP, PC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| | | Nothing to Report | | \$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 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| G. | STAMFORD HEALTH INTEGRATED PRACTICES | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$25,858,128 |

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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 | | 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 | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| I. | STAMFORD OB/GYN ASSOCIATES, PC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | (\$15,635) |
| 1 | | Transfer Revenues/Expenses Net | 09/30/2013 | (\$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 | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | | | |
| | | | Grand Total: | \$1,073,875 |

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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 | 10/01/2012 | \$10,518,476 |
| A. | STAMFORD HEALTH SYSTEM | | | | |
| 1 | | STAMFORD OB/GYN ASSOCIATES, PC | Equity transfer | 09/30/2013 | \$200,000 |
| 2 | | STAMFORD HEALTH INTEGRATED PRACTICES | Transfer Revenues/Expenses Net | 09/30/2013 | \$429,325 |
| | | | Total: | 9/30/2013 | \$629,325 |
| B. | HEALTHSTAR INDEMNITY COMPANY, LTD. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| C. | MILLER HALL MEDICAL SUITES LLC | | | | |
| 1 | | STAMFORD HEALTH SYSTEM | Equity Transfers | 09/30/2013 | \$800,000 |
| | | | Total: | 9/30/2013 | \$800,000 |
| D. | PREMIER MEDICAL GROUP, PC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| E. | SOUTHWEST CONNECTICUT RADIOLOGY, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| F. | STAMFORD HEALTH FOUNDATION | | | | |
| | | | 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 | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| I. | STAMFORD OB/GYN ASSOCIATES, PC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| J. | STAMFORD/NSC,LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |

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

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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 | 9/30/2013 |
| B. HEALTHSTAR INDEMNITY COMPANY, LTD. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| C. MILLER HALL MEDICAL SUITES LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| 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 |
| F. STAMFORD HEALTH FOUNDATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| 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 |
| I. STAMFORD OB/GYN ASSOCIATES, PC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| 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 |
| A. | STAMFORD HEALTH SYSTEM | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| B. | 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 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. | SOUTHWEST CONNECTICUT RADIOLOGY, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| 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 | |
| I. | STAMFORD OB/GYN ASSOCIATES, PC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| J. | STAMFORD/NSC,LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

**STAMFORD 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 2012 ACTUAL | FY 2013 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 | \$188,511.00 | \$212,124.00 | \$23,613.00 | 13% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | (\$2,817.00) | \$27,732.00 | \$30,549.00 | -1084% |
| 3 | Expenditures | \$9,182.00 | \$9,333.00 | \$151.00 | 2% |
| 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 | | | | | |
| | 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 | | |
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| 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 (<u>FULL NAME</u>) | Amount |
| 1. | Number of Applications for Hospital Bed Funds | 2,201 |
| 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 Funds: | \$9,333.00 |
| | | |
| 1 | M Doolittle Income/Gains | \$4,252.00 |
| 2 | M Doolittle Income/Gains | \$3,892.00 |
| 3 | M Doolittle Income/Gains | \$1,189.00 |
| | Grand Total | \$9,333.00 |

| STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 | | | | | |
|---|---|---------------------|--------------------|---------------------|---------------------|
| REPORT 17B - 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 Hospital Bed | | | | |
| (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 | \$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 |

**STAMFORD HOSPITAL
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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 | 5.35% |
| 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% |
| B | Collection Agent | |

**STAMFORD HOSPITAL
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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. |
| 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. | 7.75% |
| C | 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 |
| 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. | 7.10% |

**STAMFORD HOSPITAL
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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 |
| 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. | 3.63% |
| 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 |
| 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
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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% |
| | | |

**STAMFORD 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 | \$969,034 | \$1,253,520 | \$2,222,554 |
| 2. | Chief of Cardiac Surgery | \$770,265 | \$226,574 | \$996,839 |
| 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 Surgery | \$576,591 | \$39,463 | \$616,054 |
| | Grand Total: | \$6,037,400 | \$3,016,442 | \$9,053,842 |

**STAMFORD HOSPITAL
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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 |
| A . 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 |
| B . 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 |
| D . PREMIER MEDICAL GROUP, PC | | | | |
| 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 |
| E . 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 | | | | |
| 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 | | | | |
| 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 |
| H . 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 |
| I . 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.

**STAMFORD 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 2013 |
| 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 | | | | | |
|--|---|---------------------|---------------------|----------------------|-----------------|
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| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | DESCRIPTION | FY 2012 AMOUNT | FY 2013 AMOUNT | AMOUNT DIFFERENCE | % DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 1,818 | 2,201 | 383 | 21% |
| 2. | Number of Approved Applicants | 1,653 | 1,683 | 30 | 2% |
| 3. | Total Charges (A) | \$34,807,822 | \$28,856,190 | (\$5,951,632) | -17% |
| | Average Charges | \$21,057 | \$17,146 | (\$3,912) | -19% |
| 4. | Ratio of Cost to Charges (RCC) | 0.310987 | 0.289442 | (0.021545) | -7% |
| | Total Cost | \$10,824,780 | \$8,352,193 | (\$2,472,587) | -23% |
| | Average Cost | \$6,549 | \$4,963 | (\$1,586) | -24% |
| 5. | Charity Care - Inpatient Charges | \$5,834,926 | \$5,658,614 | (\$176,312) | -3% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 6,896,419 | 8,051,621 | 1,155,202 | 17% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 22,076,477 | 15,145,955 | (6,930,522) | -31% |
| | Total Charges (A) | \$34,807,822 | \$28,856,190 | (\$5,951,632) | -17% |
| 8. | Charity Care - Number of Patient Days | 571 | 637 | 66 | 12% |
| 9. | Charity Care - Number of Discharges | 139 | 159 | 20 | 14% |
| 10. | Charity Care - Number of Outpatient ED Visits | 1,391 | 1,340 | (51) | -4% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 8,740 | 8,607 | (133) | -2% |
| (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 | 1,818 | 2,201 | 383 | 21% |
| 2. | Number of Approved Applicants | 2 | 3 | 1 | 50% |
| 3. | Total Charges (B) | \$9,182 | \$9,333 | \$151 | 2% |
| | Average Charges | \$4,591 | \$3,111 | (\$1,480) | -32% |
| 4. | Ratio of Cost to Charges (RCC) | 0.310987 | 0.289442 | (0.021545) | -7% |
| | Total Cost | \$2,855 | \$2,701 | (\$154) | -5% |
| | Average Cost | \$1,428 | \$900 | (\$527) | -37% |
| 5. | Bed Funds - Inpatient Charges | \$0 | \$0 | \$0 | 0% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 0 | 840 | 840 | 0% |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) | 9,182 | 8,493 | (689) | -8% |
| | Total Charges (B) | \$9,182 | \$9,333 | \$151 | 2% |
| 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 | 0 | 1 | 1 | 0% |
| 11. | Bed Funds - Number of Outpatient Visits(Excludes ED Visits) | 5 | 13 | 8 | 160% |
| (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17. | | | | | |

| STAMFORD HOSPITAL | | | | | |
|--|--------------------|---------------------------|---------------------------|------------------------------|-------------------------|
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| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | DESCRIPTION | FY 2012 AMOUNT | FY 2013 AMOUNT | AMOUNT DIFFERENCE | % DIFFERENCE |
| | | | | | |