

**STAMFORD HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**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>AFFILIATE NAME</b>	<b>STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)</b>
1	Affiliate Description	SOLE MEMBER: THE STAMFORD HOSPITAL, STMFH HEALTH FOUNDATION. MILLER HALL MED SUITES, HLTHSTR INDM, SOUTHWEST CT RADIOLOGY 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	CORPORATE SERVICE COMPANY
11	CT Agent Company	CORPORATE 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 -
<b>B. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>HEALTHSTAR INDEMNITY COMPANY, LTD.</b>
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 -
<b>C. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>MILLER HALL MEDICAL SUITES LLC</b>
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	CORPORATE SERVICE COMPANY
11	CT Agent Company	CORPORATE SERVICE COMPANY
12	CT Agent Company Street Address	50 WESTON STREET
13	CT Agent Town	Stamford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D. AFFILIATE NAME SOUTHWEST CONNECTICUT RADIOLOGY, LLC</b>		
1	Affiliate Description	DISOLVED 06/30/2015 - A PROFESSIONAL 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	CORPORATE SERVICE COMPANY
11	CT Agent Company	CORPORATE SERVICE COMPANY
12	CT Agent Company Street Address	50 WESTON STREET
13	CT Agent Town	STAMFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 -
<b>E. AFFILIATE NAME STAMFORD HEALTH INTEGRATED PRACTICES</b>		
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	ROD ACOSTA, 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
<b>F. AFFILIATE NAME STAMFORD HEALTH RESOURCES</b>		
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	CORPORATE SERVICE COMPANY
11	CT Agent Company	CORPORATE SERVICE COMPANY
12	CT Agent Company Street Address	50 WESTON STREET
13	CT Agent Town	Stamford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G.</b>		
	<b>AFFILIATE NAME</b>	<b>STAMFORD HEALTH URGENT CARE, LLC</b>
1	Affiliate Description	Joint Venture- provides health care services for non-life threatening illnesses and injuries.
2	Affiliate type of service	Outpatient Care
3	Tax Status	For Profit
4	Street Address	505 Westport Avenue
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06851 -
8	CEO Name	David Smith
9	CEO Title	Member, Board of Managers
10	CT Agent Name	JEFFERS COWHERD, P.C.
11	CT Agent Company	JEFFERS COWHERD, P.C.
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 -
<b>H.</b>		
	<b>AFFILIATE NAME</b>	<b>STAMFORD HOSPITAL FOUNDATION, INC</b>
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	CORPORATE SERVICE COMPANY
11	CT Agent Company	CORPORATE 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 -
<b>I.</b>		
	<b>AFFILIATE NAME</b>	<b>STAMFORD/NSC,LLC</b>
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 -

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**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION

\* 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 9/30/2015
<b>A . STAMFORD HOSPITAL</b>			
1		Unrestricted	\$218,717,000
2		Temporarily Restricted by Donor	\$82,312,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$8,445,000
5		Intercompany Eliminations	(\$11,908,000)
		<b>Total:</b>	<b>\$297,566,000</b>
<b>B . STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)</b>			
1		Unrestricted	\$90,120,000
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)
		<b>Total:</b>	<b>\$92,479,000</b>
<b>C . HEALTHSTAR INDEMNITY COMPANY, LTD.</b>			
1		Unrestricted	\$42,952,000
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>\$42,952,000</b>
<b>D . MILLER HALL MEDICAL SUITES LLC</b>			
1		Unrestricted	\$4,352,000
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>\$4,352,000</b>
<b>E . SOUTHWEST CONNECTICUT RADIOLOGY, 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 . STAMFORD HEALTH INTEGRATED PRACTICES</b>			
1		Unrestricted	\$30,000
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>\$30,000</b>
<b>G . STAMFORD HEALTH RESOURCES</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$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 9/30/2015
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>

**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 9/30/2015
<b>H.</b>	<b>STAMFORD HEALTH URGENT CARE, 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>I.</b>	<b>STAMFORD HOSPITAL FOUNDATION, 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.</b>	<b>STAMFORD/NSC,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>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$449,336,000</b>
	<b>Intercompany Eliminations</b>		<b>(\$11,957,000)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$437,379,000</b>

**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
<b>A. STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$6,295,367</b>
1		Transfer Revenues/Expenses Net	09/30/2015	\$657,744
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$6,953,111</b>
<b>B. HEALTHSTAR INDEMNITY COMPANY, LTD.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$163,076</b>
1		Transfer Revenues/Expenses Net	09/30/2015	\$63,136
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$226,212</b>
<b>C. MILLER HALL MEDICAL SUITES LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>(\$2,778,863)</b>
1		Transfer Revenues/Expenses Net	09/30/2015	\$17,819
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$2,761,044)</b>
<b>D. SOUTHWEST CONNECTICUT RADIOLOGY, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$503,595</b>
1		Transfer Revenues/Expenses Net	09/30/2015	(\$503,595)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>E. STAMFORD HEALTH INTEGRATED PRACTICES</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>F. STAMFORD HEALTH RESOURCES</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>G. STAMFORD HEALTH URGENT CARE, LLC</b>				

**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
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>H.</b>	<b>STAMFORD HOSPITAL FOUNDATION, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>I.</b>	<b>STAMFORD/NSC,LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
			<b>Grand Total:</b>	<b>\$4,418,279</b>

**STAMFORD HOSPITAL  
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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>10/01/2014</b>	<b>\$13,807,801</b>
<b>A.</b>	<b>STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)</b>				
1		STAMFORD HEALTH INTEGRATED PRACTICES	Intercompany Accounts Payable	09/30/2015	\$89,953
2		MILLER HALL MEDICAL SUITES LLC	Intercompany Accounts Payable	09/30/2015	\$119
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$90,072</b>
<b>B.</b>	<b>HEALTHSTAR INDEMNITY COMPANY, LTD.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>C.</b>	<b>MILLER HALL MEDICAL SUITES LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>D.</b>	<b>SOUTHWEST CONNECTICUT RADIOLOGY, LLC</b>				
1		STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)	Net Asset Transfer	06/30/2015	(\$3,000,000)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$3,000,000)</b>
<b>E.</b>	<b>STAMFORD HEALTH INTEGRATED PRACTICES</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>F.</b>	<b>STAMFORD HEALTH RESOURCES</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>G.</b>	<b>STAMFORD HEALTH URGENT CARE, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>H.</b>	<b>STAMFORD HOSPITAL FOUNDATION, INC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>I.</b>	<b>STAMFORD/NSC,LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</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
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$10,897,873

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
<b>A. STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>B. HEALTHSTAR INDEMNITY COMPANY, LTD.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>C. MILLER HALL MEDICAL SUITES LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>D. SOUTHWEST CONNECTICUT RADIOLOGY, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>E. STAMFORD HEALTH INTEGRATED PRACTICES</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>F. STAMFORD HEALTH RESOURCES</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>G. STAMFORD HEALTH URGENT CARE, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>H. STAMFORD HOSPITAL FOUNDATION, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>I. STAMFORD/NSC,LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2015</b>

**STAMFORD HOSPITAL  
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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
<b>A.</b>	<b>STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>HEALTHSTAR INDEMNITY COMPANY, LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>MILLER HALL MEDICAL SUITES LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>SOUTHWEST CONNECTICUT RADIOLOGY, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>STAMFORD HEALTH INTEGRATED PRACTICES</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>STAMFORD HEALTH RESOURCES</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>STAMFORD HEALTH URGENT CARE, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H.</b>	<b>STAMFORD HOSPITAL FOUNDATION, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I.</b>	<b>STAMFORD/NSC,LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**STAMFORD HOSPITAL  
ANNUAL REPORTING  
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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 2014 ACTUAL	FY 2015 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>\$251,157.00</b>	<b>\$352,829.00</b>	<b>\$101,672.00</b>	<b>40%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$63,263.00	\$88,211.00	\$24,948.00	39%
3	Expenditures	\$11,367.00	\$0.00	(\$11,367.00)	-100%
4	Unrealized Gains and Losses	\$49,776.00	(\$97,308.00)	(\$147,084.00)	-295%
	<b>Ending Balance</b>	<b>\$352,829.00</b>	<b>\$343,732.00</b>	<b>(\$9,097.00)</b>	<b>-3%</b>
5	Projected Interest Income	\$2,295.00	\$2,235.00	(\$60.00)	-3%
<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%

STAMFORD HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2015		
REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund ( <u>FULL NAME</u> )	Amount
1. Number of Applications for Hospital Bed Funds		1,807
<b>Grand Total</b>		<b>\$0.00</b>

<b>STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>					
<b>B. BED FUND ACTIVITY</b>					
(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.				
	Patient Care Free Bed Fund	\$1,657.00	\$0.00	\$0.00	\$1,657.00
	Burn Funds	\$7,120.00	\$0.00	\$0.00	\$7,120.00
	William Pitt Fund	\$40,666.00	\$0.00	\$0.00	\$40,666.00
	M Doolittle Fund	\$294,289.00	(\$16,217.00)	(\$16,217.00)	\$294,289.00
	<b>Total Bed Funds :</b>	<b>\$343,732.00</b>	<b>(\$16,217.00)</b>	<b>(\$16,217.00)</b>	<b>\$343,732.00</b>

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I.</b>	<b>GENERAL COLLECTION PROCESSES AND PROCEDURES</b>	
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 referral of the accounts to collection agencies or attorneys.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are compensated on recoveries processed at predetermined percentages. Monthly, the collection agencies report to the hospital, amounts collected. Weekly, the hospital reports to the collection agencies, collection amounts received directly by the hospital.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	4.00%
<b>II.</b>	<b>SPECIFIC COLLECTION AGENT INFORMATION</b>	
<b>A</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Law Offices of Howard Lee Schiff
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 referral of the accounts to collection agencies or attorneys.
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 at predetermined percentages. Monthly, the collection agencies report to the hospital, amounts collected. Weekly, the hospital reports to the collection agencies, collection amounts received directly by the hospital.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.00%
<b>B</b>	<b>Collection Agent</b>	

**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
1	Collection Agent Name	Mark Sank & Associates (MSA)
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 referral of the accounts to collection agencies or attorneys.
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 at predetermined percentages. Monthly, the collection agencies report to the hospital, amounts collected. Weekly, the hospital reports to the collection agencies, collection amounts received directly by the hospital.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.00%
<b>C</b>	<b>Collection Agent</b>	
1	Collection Agent Name	The ROI Company
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 referral of the accounts to collection agencies or attorneys.
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 at predetermined percentages. Monthly, the collection agencies report to the hospital, amounts collected. Weekly, the hospital reports to the collection agencies, collection amounts received directly by the hospital.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.00%

**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
<b>D</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Sherloq Solutions (aka 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 referral of the accounts to collection agencies or attorneys.
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 at predetermined percentages. Monthly, the collection agencies report to the hospital, amounts collected. Weekly, the hospital reports to the collection agencies, collection amounts received directly by the hospital.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.00%

**STAMFORD HOSPITAL  
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**REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	President & CEO	Brian Grissler	\$1,046,300	\$961,125	\$2,007,425
2.	Chief of Cardiac Surgery	Michael Coady	\$800,007	\$156,324	\$956,331
3.	VP of Finance & Chief Financial Officer	Kevin E. Gage	\$612,643	\$341,003	\$953,646
4.	Chief of Surgery	Michael Stone	\$757,221	\$125,741	\$882,962
5.	Exec. VP and Chief Operating Officer	Kathleen Silard	\$625,197	\$186,809	\$812,006
6.	Sr. VP of Medical Affairs	Sharon Kiely	\$527,889	\$208,949	\$736,838
7.	Cardiologist	Steven F. Horowitz	\$581,628	\$39,776	\$621,404
8.	Director of Infectious Diseases & Microbiology	Michael F. Parry	\$527,190	\$94,116	\$621,306
9.	Physician, Department of Radiology	Frank Masino	\$558,460	\$32,289	\$590,749
10.	Physician, Department of Radiology	Sean Dowling	\$558,460	\$30,161	\$588,621
		<b>Grand Total:</b>	<b>\$6,594,995</b>	<b>\$2,176,293</b>	<b>\$8,771,288</b>

**STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Brian Grissler (Stamford Hospital)	\$1,046,300	\$961,125	\$2,007,425
2.	Chief of Cardiac Surgery	Micheal Coady (Stamford Hospital)	\$800,007	\$156,324	\$956,331
3.	VP of Finance & Chief Financial Officer	Kevin E. Gage (Stamford Hospital)	\$612,643	\$341,003	\$953,646
4.	Chief of Surgery	Micheal Stone (Stamford Hospital)	\$757,221	\$125,741	\$882,962
5.	Physician, Neurosurgery	Charles C. Rosenstein (Stamford Health Integrated Practices)	\$809,900	\$26,505	\$836,405
6.	Exec. VP and Chief Operating Officer	Kathleen Silard (Stamford Hospital)	\$625,197	\$186,809	\$812,006
7.	Sr. VP of Medical Services	Sharon Kiely (Stamford Hospital)	\$527,889	\$208,949	\$736,838
8.	Physician, Pain Management	Arghiris Barbadimos (Stamford Health Integrated Practices)	\$675,000	\$55,228	\$730,228
9.	President & CEO	Rodrigo Acosta (Stamford Health Integrated Practices)	\$632,558	\$77,658	\$710,216
10.	Physician, Director of Thoracic Surgery	Michael Ebright (Stamford Health Integrated Practices)	\$605,646	\$94,059	\$699,705
		<b>Grand Total:</b>	<b>\$7,092,361</b>	<b>\$2,233,401</b>	<b>\$9,325,762</b>

**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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, 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 . HEALTHSTAR INDEMNITY COMPANY, LTD.</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 . MILLER HALL MEDICAL SUITES 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>D . SOUTHWEST CONNECTICUT RADIOLOGY, 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 . STAMFORD HEALTH INTEGRATED PRACTICES</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 . STAMFORD HEALTH RESOURCES</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 . STAMFORD HEALTH URGENT CARE, 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>H . STAMFORD 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>I . STAMFORD/NSC,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

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 2015
<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

<b>STAMFORD HOSPITAL</b>					
<b>ANNUAL REPORTING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	2,099	1,807	(292)	-14%
2.	Number of Approved Applicants	1,623	1,460	(163)	-10%
3.	Total Charges (A)	\$30,293,247	\$32,247,209	\$1,953,962	6%
	<b>Average Charges</b>	<b>\$18,665</b>	<b>\$22,087</b>	<b>\$3,422</b>	<b>18%</b>
4.	Ratio of Cost to Charges (RCC)	0.260945	0.246363	(0.014582)	-6%
	<b>Total Cost</b>	<b>\$7,904,871</b>	<b>\$7,944,519</b>	<b>\$39,648</b>	<b>1%</b>
	<b>Average Cost</b>	<b>\$4,871</b>	<b>\$5,441</b>	<b>\$571</b>	<b>12%</b>
5.	Charity Care - Inpatient Charges	\$6,031,664	\$5,593,941	(\$437,723)	-7%
6.	Charity Care - Outpatient Emergency Department Charges	6,498,818	6,354,903	(143,915)	-2%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	17,762,765	20,298,365	2,535,600	14%
	<b>Total Charges (A)</b>	<b>\$30,293,247</b>	<b>\$32,247,209</b>	<b>\$1,953,962</b>	<b>6%</b>
8.	Charity Care - Number of Patient Days	709	511	(198)	-28%
9.	Charity Care - Number of Discharges	136	114	(22)	-16%
10.	Charity Care - Number of Outpatient ED Visits	1,040	1,020	(20)	-2%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	8,720	8,297	(423)	-5%
<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	2,099	1,807	(292)	-14%
2.	Number of Approved Applicants	1	-	(1)	-100%
3.	Total Charges (B)	\$11,367	\$0	(\$11,367)	-100%
	<b>Average Charges</b>	<b>\$11,367</b>	<b>\$0</b>	<b>(\$11,367)</b>	<b>-100%</b>
4.	Ratio of Cost to Charges (RCC)	0.260945	0	(0.260945)	-100%
	<b>Total Cost</b>	<b>\$2,966</b>	<b>\$0</b>	<b>(\$2,966)</b>	<b>-100%</b>
	<b>Average Cost</b>	<b>\$2,966</b>	<b>\$0</b>	<b>(\$2,966)</b>	<b>-100%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	7,084	0	(7,084)	-100%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	4,283	0	(4,283)	-100%
	<b>Total Charges (B)</b>	<b>\$11,367</b>	<b>\$0</b>	<b>(\$11,367)</b>	<b>-100%</b>
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	2	0	(2)	-100%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	11	0	(11)	-100%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					

STAMFORD HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>