

STAMFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
	AFFILIATE NAME	STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)
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. AFFILIATE NAME		
	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	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		
	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	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
D.	AFFILIATE NAME	STAMFORD HEALTH MEDICAL GROUP
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	1111 SUMMER ST
5	Town	STAMFORD
6	State	Connecticut
7	Zip Code	06905 -
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
E.	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	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 -
F.	AFFILIATE NAME	STAMFORD HEALTH URGENT CARE, LLC
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.	AFFILIATE NAME	STAMFORD HOSPITAL FOUNDATION, INC
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 -
H.	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 9/30/2016
A . STAMFORD HOSPITAL			
1		Unrestricted	\$283,719,000
2		Temporarily Restricted by Donor	\$21,655,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$61,446,000
5		Intercompany Eliminations	(\$11,908,000)
		Total:	\$354,912,000
B . STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)			
1		Unrestricted	\$87,721,000
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:	\$90,080,000
C . HEALTHSTAR INDEMNITY COMPANY, LTD.			
1		Unrestricted	\$49,243,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$49,243,000
D . MILLER HALL MEDICAL SUITES LLC			
1		Unrestricted	\$2,344,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,344,000
E . STAMFORD HEALTH MEDICAL GROUP			
1		Unrestricted	\$223,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$223,000
F . 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
G . STAMFORD HEALTH URGENT CARE, 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

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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 9/30/2016
H.	STAMFORD HOSPITAL FOUNDATION, INC		
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
I.	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:	\$508,759,000
	Intercompany Eliminations		(\$11,957,000)
	Total of all Affiliates	Fund Balance:	\$496,802,000

**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 INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$6,953,111
1		Audit fees	09/30/2016	\$74,446
2		Bank Fees	09/30/2016	\$5,975
3		SERP	09/30/2016	\$902,466
4		Rent Offset	09/30/2016	(\$41,159)
5		Repairs	09/30/2016	\$16,221
6		Property Insurance	09/30/2016	\$15,667
7		CIP Transfer	09/30/2016	(\$177,708)
8		IT Support Services	09/30/2016	\$47,621
9		Miscellaneous	09/30/2016	\$1,611
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$7,798,251
B. HEALTHSTAR INDEMNITY COMPANY, LTD.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$226,212
1		Bank Fees	09/30/2016	\$10,704
2		Maintenance Expenses	09/30/2016	\$13,236
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$250,152
C. MILLER HALL MEDICAL SUITES LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$2,761,044)
1		Property Insurance	09/30/2016	\$8,034
2		Maintenance	09/30/2016	\$13,236
3		Bank Fees	09/30/2016	\$10,704
4		Miscellaneous	09/30/2016	\$623
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$2,728,447)
D. STAMFORD HEALTH MEDICAL GROUP				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$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
E.	STAMFORD HEALTH RESOURCES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F.	STAMFORD HEALTH URGENT CARE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
G.	STAMFORD HOSPITAL FOUNDATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H.	STAMFORD/NSC,LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
			Grand Total:	\$5,319,956

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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	10/01/2015	\$10,897,873
A.	STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)				
1		STAMFORD HEALTH MEDICAL GROUP	Intercompany Accounts Payable	09/30/2016	\$787,624
			Total:	9/30/2016	\$787,624
B.	HEALTHSTAR INDEMNITY COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
C.	MILLER HALL MEDICAL SUITES LLC				
1		STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)	Intercompany Accounts Payable	09/30/2016	\$547
			Total:	9/30/2016	\$547
D.	STAMFORD HEALTH MEDICAL GROUP				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	STAMFORD HEALTH RESOURCES				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	STAMFORD HEALTH URGENT CARE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	STAMFORD HOSPITAL FOUNDATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	STAMFORD/NSC,LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$11,686,044

**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 INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	B. HEALTHSTAR INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	C. MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	D. STAMFORD HEALTH MEDICAL GROUP		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	E. STAMFORD HEALTH RESOURCES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	F. STAMFORD HEALTH URGENT CARE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	G. STAMFORD HOSPITAL FOUNDATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	H. STAMFORD/NSC,LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

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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 INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)			
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. STAMFORD HEALTH MEDICAL GROUP			
0	Nothing to Report	\$0	0
	Total:	\$0	
E. STAMFORD HEALTH RESOURCES			
0	Nothing to Report	\$0	0
	Total:	\$0	
F. STAMFORD HEALTH URGENT CARE, LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
G. STAMFORD HOSPITAL FOUNDATION, INC			
0	Nothing to Report	\$0	0
	Total:	\$0	
H. 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 2015 ACTUAL	FY 2016 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	\$352,829.00	\$343,732.00	(\$9,097.00)	-3%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$88,211.00	\$66,453.00	(\$21,758.00)	-25%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$97,308.00)	(\$30,181.00)	\$67,127.00	-69%
	Ending Balance	\$343,732.00	\$380,004.00	\$36,272.00	11%
5	Projected Interest Income	\$2,235.00	\$2,470.00	\$235.00	11%
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 2016		
REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,553
	Grand Total	\$0.00

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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.				
	Patient Care Free Bed Fund	\$1,657.00	\$0.00	\$0.00	\$1,657.00
	William Pitt Fund	\$40,666.00	\$0.00	\$0.00	\$40,666.00
	M Doolittle Fund	\$330,561.00	\$66,453.00	\$66,453.00	\$330,561.00
	Burn Funds	\$7,120.00	\$0.00	\$0.00	\$7,120.00
	Total Bed Funds :	\$380,004.00	\$66,453.00	\$66,453.00	\$380,004.00

**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 accounts to the assigned 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 daily basis the hospital reports payments collected that are directly received by the hospital to the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	4.58%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	MAF(Merchant Association Collection Division)
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 accounts to the assigned 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 daily basis the hospital reports payments collected that are directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.61%
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	ROI (The ROI Companies)
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 accounts to the assigned 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 daily basis the hospital reports payments collected that are directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.45%
C	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 accounts to the assigned 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 daily basis the hospital reports payments collected that are directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.38%

**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	Law Offices 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 the referral of accounts to the assigned 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 daily basis the hospital reports payments collected that are directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.27%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Brian Grissler	\$1,050,670	\$1,018,056	\$2,068,726
2.	Sr. VP & Chief Strategy Officer	David L Smith	\$423,916	\$667,665	\$1,091,581
3.	Chief of Cardiac Surgery	Michael Coady	\$800,007	\$244,537	\$1,044,544
4.	VP of Finance & Chief Financial Officer	Kevin E. Gage	\$636,772	\$273,054	\$909,826
5.	Exec. VP and Chief Operating Officer	Kathleen Silard	\$631,387	\$265,928	\$897,315
6.	Sr. VP of Medical Services	Sharon Kiely	\$533,116	\$358,945	\$892,061
7.	Chair, Dept of Surgery	Michael Stone	\$588,469	\$165,221	\$753,690
8.	Physician, Department of Radiology	Brian Stainken	\$600,015	\$87,807	\$687,822
9.	Physicain, Dept of Radiation Oncology	Frank Masino	\$516,273	\$111,793	\$628,066
10.	Director of Hospitalist Services	Maher Madhoun	\$405,451	\$218,913	\$624,364
		Grand Total:	\$6,186,076	\$3,411,919	\$9,597,995

STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)
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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)	\$1,050,670	\$1,018,056	\$2,068,726
2.	Sr. VP & Chief Strategy Officer	David L. Smith (Stamford Hospital)	\$423,916	\$667,665	\$1,091,581
3.	Chief of Cardiac Surgery	Micheal Coady (Stamford Hospital)	\$800,007	\$244,537	\$1,044,544
4.	Physician, Pain Management	Arghiris Barbadimos (Stamford Health Medical Group)	\$701,859	\$243,842	\$945,701
5.	VP of Finance & Chief Financial Officer	Kevin E. Gage (Stamford Hospital)	\$636,772	\$273,054	\$909,826
6.	Exec. VP and Chief Operating Officer	Kathleen Silard (Stamford Hospital)	\$631,387	\$265,928	\$897,315
7.	Sr. VP of Medical Services	Sharon Kiely (Stamford Hospital)	\$533,116	\$358,945	\$892,061
8.	Physician, Neurosurgery	Charles C Rosenstein (Stamford Health Medical Group)	\$805,000	\$86,902	\$891,902
9.	President & CEO	Rodrigo Acosta (Stamford Health Medical Group)	\$541,221	\$294,888	\$836,109
10.	Chair, Dept of Surgery	Michael Stone (Stamford Hospital)	\$588,469	\$165,221	\$753,690
Grand Total:			\$6,712,417	\$3,619,038	\$10,331,455

**STAMFORD HOSPITAL
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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	NOT APPLICABLE		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0	\$0	\$0
3.			\$0	\$0	\$0	\$0	\$0
4.			\$0	\$0	\$0	\$0	\$0
5.			\$0	\$0	\$0	\$0	\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0	\$0	\$0	\$0
8.			\$0	\$0	\$0	\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0
10.			\$0	\$0	\$0	\$0	\$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0
13.			\$0	\$0	\$0	\$0	\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16.			\$0	\$0	\$0	\$0	\$0
17.			\$0	\$0	\$0	\$0	\$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0	\$0	\$0	\$0
20.			\$0	\$0	\$0	\$0	\$0
21.			\$0	\$0	\$0	\$0	\$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0	\$0	\$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0	\$0	\$0	\$0
29.			\$0	\$0	\$0	\$0	\$0
30.			\$0	\$0	\$0	\$0	\$0
31.			\$0	\$0	\$0	\$0	\$0
32.			\$0	\$0	\$0	\$0	\$0
33.			\$0	\$0	\$0	\$0	\$0
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0

**STAMFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0	\$0	\$0	\$0	\$0
38.			\$0	\$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		Grand Total:	\$0	\$0	\$0	\$0	\$0

**STAMFORD HOSPITAL
ANNUAL REPORTING
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)				
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 . 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)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . STAMFORD HEALTH MEDICAL GROUP				
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 . 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
F . STAMFORD HEALTH URGENT CARE, 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
G . STAMFORD HOSPITAL FOUNDATION, INC				
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
H . 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 2016
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 2016					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 AMOUNT	FY 2016 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,807	1,553	(254)	-14%
2.	Number of Approved Applicants	1,460	1,225	(235)	-16%
3.	Total Charges (A)	\$32,247,209	\$25,881,492	(\$6,365,717)	-20%
	Average Charges	\$22,087	\$21,128	(\$959)	-4%
4.	Ratio of Cost to Charges (RCC)	0.246363	0.237109	(0.009254)	-4%
	Total Cost	\$7,944,519	\$6,136,735	(\$1,807,784)	-23%
	Average Cost	\$5,441	\$5,010	(\$432)	-8%
5.	Charity Care - Inpatient Charges	\$5,593,941	\$3,591,809	(\$2,002,132)	-36%
6.	Charity Care - Outpatient Emergency Department Charges	6,354,903	5,744,078	(610,825)	-10%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	20,298,365	16,545,605	(3,752,760)	-18%
	Total Charges (A)	\$32,247,209	\$25,881,492	(\$6,365,717)	-20%
8.	Charity Care - Number of Patient Days	511	273	(238)	-47%
9.	Charity Care - Number of Discharges	114	77	(37)	-32%
10.	Charity Care - Number of Outpatient ED Visits	1,020	762	(258)	-25%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	8,297	6,944	(1,353)	-16%
(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	1,807	1,553	(254)	-14%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0.237109	0.237109	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
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	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

STAMFORD HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2016					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>