

**GREENWICH HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**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>GREENWICH HEALTH CARE SERVICES, INC.</b>
1	Affiliate Description	TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE GREENWICH HOSPITAL ASSOCIATION, OF GREENWICH, CT.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	5 PERRYRIDGE RD.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	FRANK CORVINO
9	CEO Title	PRESIDENT
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Hospital
12	CT Agent Company Street Address	5 PERRYRIDGE RD.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>B. AFFILIATE NAME</b>		
		<b>2015 MAIN STREET LLC</b>
1	Affiliate Description	2015 MAIN STREET LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES, THIS ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY PERRYRIDGE CORPORATION, ITS SOLE MEMBER(OWNER).
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Rd.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Frank Corvino
11	CT Agent Company	Greenwich Hospital
12	CT Agent Company Street Address	5 Perryridge Rd.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>C. AFFILIATE NAME</b>		
		<b>900 KING STREET ASSOCIATES, LLC</b>
1	Affiliate Description	Realty Holding Company
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Health Care Services, Inc
12	CT Agent Company Street Address	5 Perryridge Rd
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>D. AFFILIATE NAME</b>		
		<b>GH REALTY, LLC</b>

**GREENWICH HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
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**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	GH REALTY IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES, THIS ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY PERRYRIDGE CORPORATION, ITS SOLE MEMBER (OWNER).
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Rd.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah A. Hodys
11	CT Agent Company	Greenwich Healthcare Services
12	CT Agent Company Street Address	5 Perryridge Rd
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06878 -
<b>E.</b>	<b>AFFILIATE NAME</b>	<b>GREENWICH AMBULATORY SURGERY CENTER, LLC</b>
1	Affiliate Description	Outpatient surgery center.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>F.</b>	<b>AFFILIATE NAME</b>	<b>GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC</b>
1	Affiliate Description	Billing for clinical pathology services
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Rd
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Rd
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>G.</b>	<b>AFFILIATE NAME</b>	<b>GREENWICH ENDOSCOPY CENTER LLC</b>
1	Affiliate Description	Company was set up but there has never been activity.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP  
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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	NA
9	CEO Title	NA
10	CT Agent Name	Michael Pych
11	CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	265 Church St
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
<b>H. AFFILIATE NAME GREENWICH FERTILITY AND IVF CENTER, P.C.</b>		
1	Affiliate Description	Physician Practice - Professional Billing
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Brian Doran MD
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>I. AFFILIATE NAME GREENWICH HEALTH SERVICES, INC.</b>		
1	Affiliate Description	PROVIDE MANAGEMENT SERVICES TO MEDICAL/PROFESSIONAL CORP. IN DARIEN, RIVERSIDE, & RYE
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 PERRYRIDGE RD.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	NANCY LEVITT-ROSENTHAL
9	CEO Title	PRESIDENT
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 PERRYRIDGE RD.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>J. AFFILIATE NAME GREENWICH INTEGRATIVE MEDICINE, P. C.</b>		
1	Affiliate Description	Physician practice, providing non-traditional medicine and related services
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Rd
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank A. Corvino
9	CEO Title	President
10	CT Agent Name	Deborah A. Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Rd

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP  
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>K. AFFILIATE NAME</b>		
		<b>GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.</b>
1	Affiliate Description	Physician practice - serves business and international tavel. New Jersey P.C.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	5 Perryridge Raod
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 - 4697
8	CEO Name	Servando G. De Los Angeles II
9	CEO Title	President
10	CT Agent Name	National Corporate Research LTD
11	CT Agent Company	National Corporate Research Ltd.
12	CT Agent Company Street Address	14 Scenic Drive
13	CT Agent Town	Dayton
14	CT Agent State	New York
15	CT Agent Zip Code	08810 -
<b>L. AFFILIATE NAME</b>		
		<b>GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.</b>
1	Affiliate Description	Physician practice - serves business and international travel, and employee health. NYS Corporation.
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Brian Doran MD
9	CEO Title	CEO
10	CT Agent Name	A. Michael Marino M.D.
11	CT Agent Company	The Corporation
12	CT Agent Company Street Address	150 Purchase Street, Suite 13
13	CT Agent Town	Rye
14	CT Agent State	New York
15	CT Agent Zip Code	10580 -
<b>M. AFFILIATE NAME</b>		
		<b>GREENWICH PATHOLOGY ASSOCIATES, LLC</b>
1	Affiliate Description	Pathology Physician Group that serves Greenwich Hospital - billing anatomical laboratory services
2	Affiliate type of service	Medical Practices
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah A. Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Raod
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>N. AFFILIATE NAME</b>		
		<b>GREENWICH PEDIATRIC SERVICES, P. C.</b>

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**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	Physician Practice - Professional Billing
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Rd
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank A. Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>O. AFFILIATE NAME</b>		
<b>ORTHOPAEDIC &amp; NEUROSURGERY CENTER OF GREENWICH, LLC</b>		
1	Affiliate Description	A joint venture with ONS. GHCS has a 35% interest in the LLC.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Hospital
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>P. AFFILIATE NAME</b>		
<b>PERRYRIDGE CORPORATION</b>		
1	Affiliate Description	REAL ESTATE MANAGEMENT SERVICES.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	5 PERRYRIDGE RD.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	FRANK CORVINO
9	CEO Title	PRESIDENT
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 PERRYRIDGE RD.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>Q. AFFILIATE NAME</b>		
<b>THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION</b>		
1	Affiliate Description	MANAGE AND ADMINISTER ENDOWMENT FUNDS AND DISBURSE TO OR FOR THE BENEFIT OF THE HOSPITAL, GHSI AND ANY OR ALL OF THEIR AFFILIATES.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP  
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	Frank A. Corvino
9	CEO Title	President & CEO
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
<b>R. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)</b>
1	Affiliate Description	YNHHSC IS THE PARENT CORPORATION OF YNH NETWORK CORP., YNHHS MSO INC. WHICH ARE AFFILIATED WITH YALE-NEW HAVEN HOSP., AND BRIDGEPORT VERTICAL NETWORK AND GREENWICH VERTICAL NETWORK.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Marna P. Borgstrom
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	William J. Aseltyne
11	CT Agent Company	William J Aseltyne
12	CT Agent Company Street Address	20 York St, CB-230
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -

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

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
<b>A. GREENWICH HOSPITAL</b>			
1		Unrestricted	\$267,939,000
2		Temporarily Restricted by Donor	\$29,999,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$21,789,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$319,727,000</b>
<b>B. GREENWICH HEALTH CARE SERVICES, INC.</b>			
1		Unrestricted	\$807,000
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>\$807,000</b>
<b>C. 2015 MAIN STREET 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>D. 900 KING STREET ASSOCIATES, 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>E. GH REALTY, 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. GREENWICH AMBULATORY SURGERY CENTER, LLC</b>			
1		Unrestricted	\$947,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$947,000)
		<b>Total:</b>	<b>\$0</b>
<b>G. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, 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>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
	<b>H. GREENWICH ENDOSCOPY CENTER 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. GREENWICH FERTILITY AND IVF CENTER, P.C.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>J. GREENWICH HEALTH SERVICES, INC.</b>		
1		Unrestricted	\$124,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$124,000)
		<b>Total:</b>	<b>\$0</b>
	<b>K. GREENWICH INTEGRATIVE MEDICINE, P. C.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>L. GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>M. GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>N. GREENWICH PATHOLOGY ASSOCIATES, 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>



**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
<b>O. GREENWICH PEDIATRIC SERVICES, P. C.</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>P. ORTHOPAEDIC &amp; NEUROSURGERY CENTER OF GREENWICH, 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>Q. PERRYRIDGE CORPORATION</b>			
1		Unrestricted	\$30,584,000
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>\$30,584,000</b>
<b>R. THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION</b>			
1		Unrestricted	\$38,014,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,253,000
5		Intercompany Eliminations	(\$51,267,000)
		<b>Total:</b>	<b>\$0</b>
<b>S. YALE-NEW HAVE HEALTH SERVICES CORP (YNHHC)</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>\$403,456,000</b>
	<b>Intercompany Eliminations</b>		<b>(\$52,338,000)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$351,118,000</b>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A.</b>	<b>GREENWICH HEALTH CARE SERVICES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Clinical Services	09/30/2012	\$1,290,422
2		Transfer of Cash	09/30/2012	\$5,300,000
3		Fund Balance Transfer	09/30/2012	(\$6,590,422)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>B.</b>	<b>2015 MAIN STREET LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C.</b>	<b>900 KING STREET ASSOCIATES, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>D.</b>	<b>GH REALTY, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E.</b>	<b>GREENWICH AMBULATORY SURGERY CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>F.</b>	<b>GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>G.</b>	<b>GREENWICH ENDOSCOPY CENTER LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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>H.</b>	<b>GREENWICH FERTILITY AND IVF CENTER, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>I.</b>	<b>GREENWICH HEALTH SERVICES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$0)</b>
1		Management Fees	09/30/2012	\$26,687
2		Fund Balance Transfer	09/30/2012	(\$26,687)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$0)</b>
<b>J.</b>	<b>GREENWICH INTEGRATIVE MEDICINE, P. C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>K.</b>	<b>GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>L.</b>	<b>GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>M.</b>	<b>GREENWICH PATHOLOGY ASSOCIATES, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>N.</b>	<b>GREENWICH PEDIATRIC SERVICES, P. C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>O.</b>	<b>ORTHOPAEDIC &amp; NEUROSURGERY CENTER OF GREENWICH, LLC</b>			

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>P.</b>	<b>PERRYRIDGE CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$80,779)</b>
1		Management Fees	09/30/2012	\$34,236
2		Insurance	09/30/2012	\$45,120
3		Rent	09/30/2012	(\$904,990)
4		Transfer of Funds	09/30/2012	\$888,276
5		Maintenance Expenses	09/30/2012	\$2,050
6		credit cards	09/30/2012	(\$76,012)
7		Bank Fee	09/30/2012	\$8,213
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>(\$83,886)</b>
<b>Q.</b>	<b>THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$8,876,300</b>
1		Distribution	09/30/2012	\$2,472,000
2		Other Fees	09/30/2012	\$59,375
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$11,407,675</b>
<b>R.</b>	<b>YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$16,960,886</b>
1		Salary & Benefits	09/30/2012	\$3,421,663
2		Support Services	09/30/2012	\$15,992,349
3		Travel	09/30/2012	\$68,914
4		Executive Retirement expense	09/30/2012	\$142,000
5		no compete insurance	09/30/2012	\$228,996
6		rebates	09/30/2012	(\$896,496)
7		Workers Compensation	09/30/2012	\$305,537
8		HIPPA	09/30/2012	\$434,352
9		EPIC Meaningful Use Shared Expense	09/30/2012	\$7,202,664
10		Services Purchased	09/30/2012	\$7,036,602
11		reverse prior years balance	10/01/2011	(\$16,960,886)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$33,936,581</b>
			<b>Grand Total:</b>	<b>\$45,260,370</b>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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

GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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>10/01/2011</b>	<b>\$0</b>
<b>A.</b>	<b>GREENWICH HEALTH CARE SERVICES, INC.</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>B.</b>	<b>2015 MAIN STREET LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C.</b>	<b>900 KING STREET ASSOCIATES, LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>D.</b>	<b>GH REALTY, LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E.</b>	<b>GREENWICH AMBULATORY SURGERY CENTER, LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>F.</b>	<b>GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>G.</b>	<b>GREENWICH ENDOSCOPY CENTER LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>H.</b>	<b>GREENWICH FERTILITY AND IVF CENTER, P.C.</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>I.</b>	<b>GREENWICH HEALTH SERVICES, INC.</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>

GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.		Nothing to Report		\$0
			Total:	9/30/2012	\$0
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		Nothing to Report		\$0
			Total:	9/30/2012	\$0
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.		Nothing to Report		\$0
			Total:	9/30/2012	\$0
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2012	\$0
N.	GREENWICH PEDIATRIC SERVICES, P. C.		Nothing to Report		\$0
			Total:	9/30/2012	\$0
O.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		Nothing to Report		\$0
			Total:	9/30/2012	\$0
P.	PERRYRIDGE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2012	\$0
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		Nothing to Report		\$0
			Total:	9/30/2012	\$0
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		Nothing to Report		\$0

GREENWICH HOSPITAL  
 ANNUAL REPORTING  
 FISCAL YEAR 2012  
 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
			Total:	9/30/2012	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$0



**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
<b>A. GREENWICH HEALTH CARE SERVICES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>B. 2015 MAIN STREET LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>C. 900 KING STREET ASSOCIATES, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>D. GH REALTY, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>E. GREENWICH AMBULATORY SURGERY CENTER, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>F. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>G. GREENWICH ENDOSCOPY CENTER LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>H. GREENWICH FERTILITY AND IVF CENTER, P.C.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>I. GREENWICH HEALTH SERVICES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>J. GREENWICH INTEGRATIVE MEDICINE, P. C.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>K. GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>L. GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>M. GREENWICH PATHOLOGY ASSOCIATES, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>N. GREENWICH PEDIATRIC SERVICES, P. C.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>O. ORTHOPAEDIC &amp; NEUROSURGERY CENTER OF GREENWICH, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>P. PERRYRIDGE CORPORATION</b>			
1	DEPRECIATION	\$1,099,000	09/30/2012
2	RENTAL INCOME	\$2,755,685	09/30/2012
	<b>Total:</b>	<b>\$3,854,685</b>	<b>9/30/2012</b>
<b>Q. THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>

GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012

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
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>Grand Total:</b>	<b>\$3,854,685</b>	<b>9/30/2012</b>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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>GREENWICH HEALTH CARE SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>2015 MAIN STREET LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>900 KING STREET ASSOCIATES, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>GH REALTY, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>GREENWICH AMBULATORY SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>GREENWICH ENDOSCOPY CENTER LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H.</b>	<b>GREENWICH FERTILITY AND IVF CENTER, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I.</b>	<b>GREENWICH HEALTH SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J.</b>	<b>GREENWICH INTEGRATIVE MEDICINE, P. C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>K.</b>	<b>GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.</b>		

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>L.</b>	<b>GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>M.</b>	<b>GREENWICH PATHOLOGY ASSOCIATES, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>N.</b>	<b>GREENWICH PEDIATRIC SERVICES, P. C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>O.</b>	<b>ORTHOPAEDIC &amp; NEUROSURGERY CENTER OF GREENWICH, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>P.</b>	<b>PERRYRIDGE CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>Q.</b>	<b>THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>R.</b>	<b>YALE-NEW HAVE HEALTH SERVICES CORP (YNHSC)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 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>\$1,021,437.00</b>	<b>\$1,121,553.00</b>	<b>\$100,116.00</b>	<b>10%</b>
1	Donations	\$645,286.00	\$545,369.00	(\$99,917.00)	-15%
2	Income	\$87,723.00	\$142,691.00	\$54,968.00	63%
3	Expenditures	\$632,893.00	\$576,393.00	(\$56,500.00)	-9%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$1,121,553.00</b>	<b>\$1,233,220.00</b>	<b>\$111,667.00</b>	<b>10%</b>
5	Projected Interest Income	\$87,000.00	\$143,000.00	\$56,000.00	64%
<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%

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
1	Belding & Blackford Fund	\$4,444.11
2	Belding & Blackford Fund	\$1,248.70
3	Belding & Blackford Fund	\$162.55
4	Belding & Blackford Fund	\$8,101.98
5	Belding & Blackford Fund	\$8,722.22
6	Belding & Blackford Fund	\$942.90
7	Belding & Blackford Fund	\$255.85
8	Belding & Blackford Fund	\$13,508.10
9	Belding & Blackford Fund	\$10,021.66
10	Belding & Blackford Fund	\$7,331.09
11	Belding & Blackford Fund	\$8,221.66
12	Belding & Blackford Fund	\$484.00
13	Belding & Blackford Fund	\$4,288.10
14	Belding & Blackford Fund	\$2,429.36
15	Belding & Blackford Fund	\$8,898.42
16	Belding & Blackford Fund	\$5,138.41
17	Belding & Blackford Fund	\$5,154.46
18	Belding & Blackford Fund	\$9,075.72
19	Belding & Blackford Fund	\$83.85
20	Belding & Blackford Fund	\$64.00
21	Belding & Blackford Fund	\$2,254.00
22	Belding & Blackford Fund	\$4,497.43
23	Belding & Blackford Fund	\$23,885.01
24	Belding & Blackford Fund	\$8,189.35
25	Belding & Blackford Fund	\$26,362.22
26	Belding & Blackford Fund	\$10,034.14
27	Belding & Blackford Fund	\$10,228.09
28	Belding & Blackford Fund	\$5,143.35
29	Belding & Blackford Fund	\$12,616.21
30	Belding & Blackford Fund	\$4,878.89
31	Belding & Blackford Fund	\$30,620.85
32	Belding & Blackford Fund	\$215.39
33	Belding & Blackford Fund	\$21,426.75
34	Belding & Blackford Fund	\$4,810.60
35	Belding & Blackford Fund	\$10,296.33
36	Belding & Blackford Fund	\$981.65
37	Belding & Blackford Fund	\$9,133.03
38	Belding & Blackford Fund	\$6,676.72
39	Belding & Blackford Fund	\$21,228.12
40	Belding & Blackford Fund	\$7,360.01
41	Belding & Blackford Fund	\$8,432.33
42	Belding & Blackford Fund	\$6,570.52
43	Belding & Blackford Fund	\$4,212.32
44	Belding & Blackford Fund	\$13,098.80
45	Belding & Blackford Fund	\$10,860.65
46	Belding & Blackford Fund	\$4,236.06
47	Belding & Blackford Fund	\$4,357.21
48	Belding & Blackford Fund	\$8,528.96
49	Belding & Blackford Fund	\$11,365.22
50	Belding & Blackford Fund	\$449.48
51	Belding & Blackford Fund	\$3,471.10
52	Belding & Blackford Fund	\$6,417.85
53	Belding & Blackford Fund	\$7,885.05
54	Belding & Blackford Fund	\$7,867.62

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
55	Belding & Blackford Fund	\$128,033.05
56	Belding & Blackford Fund	\$10,249.57
57	Belding & Blackford Fund	\$2,506.00
58	Belding & Blackford Fund	\$11,638.02
59	Belding & Blackford Fund	\$19,614.94
60	Belding & Blackford Fund	\$12,693.29
61	Belding & Blackford Fund	\$17,611.87
62	Belding & Blackford Fund	\$18,000.00
63	Belding & Blackford Fund	\$1,250.00
64	Belding & Blackford Fund	\$10,289.93
65	Belding & Blackford Fund	\$12,424.13
66	Belding & Blackford Fund	\$67,211.43
67	Belding & Blackford Fund	\$41,500.01
68	Belding & Blackford Fund	\$481.99
69	Belding & Blackford Fund	\$42,351.51
70	Belding & Blackford Fund	\$44,382.47
71	Endowed Bed & Room Fund	\$613.79
72	Endowed Bed & Room Fund	\$1,228.30
73	Endowed Bed & Room Fund	\$1,340.82
74	Endowed Bed & Room Fund	\$5,690.00
75	Endowed Bed & Room Fund	\$1,261.68
76	Endowed Bed & Room Fund	\$1,308.45
77	Endowed Bed & Room Fund	\$73.48
78	Endowed Bed & Room Fund	\$166.90
79	Endowed Bed & Room Fund	\$75.44
80	Endowed Bed & Room Fund	\$476.44
81	Endowed Bed & Room Fund	\$957.15
82	Endowed Bed & Room Fund	\$232.85
83	Endowed Bed & Room Fund	\$438.66
84	Endowed Bed & Room Fund	\$77.59
85	Endowed Bed & Room Fund	\$918.93
86	Endowed Bed & Room Fund	\$1,035.58
87	Endowed Bed & Room Fund	\$796.44
88	Endowed Bed & Room Fund	\$271.04
89	Endowed Bed & Room Fund	\$330.45
90	Endowed Bed & Room Fund	\$7,904.23
91	Endowed Bed & Room Fund	\$656.28
92	Endowed Bed & Room Fund	\$695.26
93	Endowed Bed & Room Fund	\$876.00
94	Endowed Bed & Room Fund	\$3,187.60
95	Endowed Bed & Room Fund	\$1,548.45
96	Endowed Bed & Room Fund	\$1,963.91
97	Endowed Bed & Room Fund	\$2,653.63
98	Endowed Bed & Room Fund	\$1,053.47
99	Endowed Bed & Room Fund	\$72.84
100	Endowed Bed & Room Fund	\$1,403.63
101	Endowed Bed & Room Fund	\$959.25
102	Endowed Bed & Room Fund	\$542.73
103	Endowed Bed & Room Fund	\$993.04
104	Endowed Bed & Room Fund	\$1,130.26
105	Endowed Bed & Room Fund	\$3,225.00
106	Endowed Bed & Room Fund	\$383.05
107	Endowed Bed & Room Fund	\$358.87
108	Endowed Bed & Room Fund	\$704.73

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
109	Endowed Bed & Room Fund	\$250.80
110	Endowed Bed & Room Fund	\$647.61
111	Endowed Bed & Room Fund	\$55.62
112	Endowed Bed & Room Fund	\$153.75
113	Endowed Bed & Room Fund	\$1,687.51
114	Endowed Bed & Room Fund	\$385.88
115	Endowed Bed & Room Fund	\$125.00
116	Endowed Bed & Room Fund	\$142.80
117	Endowed Bed & Room Fund	\$969.12
118	Endowed Bed & Room Fund	\$1,427.45
119	Endowed Bed & Room Fund	\$90.38
120	Endowed Bed & Room Fund	\$682.00
121	Endowed Bed & Room Fund	\$1,150.08
122	Endowed Bed & Room Fund	\$42.80
123	Endowed Bed & Room Fund	\$288.04
124	Endowed Bed & Room Fund	\$26.63
125	Endowed Bed & Room Fund	\$25.00
126	Endowed Bed & Room Fund	\$140.66
127	Endowed Bed & Room Fund	\$170.55
128	Endowed Bed & Room Fund	\$1,845.60
129	Endowed Bed & Room Fund	\$155.16
130	Endowed Bed & Room Fund	\$155.00
131	Endowed Bed & Room Fund	\$849.02
132	Endowed Bed & Room Fund	\$138.93
133	Endowed Bed & Room Fund	\$2,451.12
134	Endowed Bed & Room Fund	\$25.00
135	Endowed Bed & Room Fund	\$2,541.66
136	Endowed Bed & Room Fund	\$132.41
137	Endowed Bed & Room Fund	\$129.38
138	Endowed Bed & Room Fund	\$1,254.53
139	Endowed Bed & Room Fund	\$1,086.42
140	Endowed Bed & Room Fund	\$164.38
141	Endowed Bed & Room Fund	\$4,404.14
142	Endowed Bed & Room Fund	\$611.31
143	Endowed Bed & Room Fund	\$52.40
144	Endowed Bed & Room Fund	\$20.00
145	Endowed Bed & Room Fund	\$464.36
146	Endowed Bed & Room Fund	\$176.42
147	Endowed Bed & Room Fund	\$1,795.85
148	Endowed Bed & Room Fund	\$75.00
149	Endowed Bed & Room Fund	\$1,151.25
150	Endowed Bed & Room Fund	\$35.77
151	Endowed Bed & Room Fund	\$859.37
152	Endowed Bed & Room Fund	\$52.51
153	Endowed Bed & Room Fund	\$2,950.00
154	Endowed Bed & Room Fund	\$271.80
155	Endowed Bed & Room Fund	\$422.08
156	Endowed Bed & Room Fund	\$3,010.02
157	Endowed Bed & Room Fund	\$800.60
158	Endowed Bed & Room Fund	\$1,836.15
159	Endowed Bed & Room Fund	\$781.02
160	Endowed Bed & Room Fund	\$540.75
161	Endowed Bed & Room Fund	\$11,527.07
162	Endowed Bed & Room Fund	\$360.00



GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
163	Endowed Bed & Room Fund	\$815.36
164	Endowed Bed & Room Fund	\$1,909.98
165	Endowed Bed & Room Fund	\$819.45
166	Endowed Bed & Room Fund	\$205.70
167	Endowed Bed & Room Fund	\$1,798.88
168	Endowed Bed & Room Fund	\$667.49
169	Endowed Bed & Room Fund	\$920.93
170	Endowed Bed & Room Fund	\$1,976.47
171	Endowed Bed & Room Fund	\$2,515.87
172	Endowed Bed & Room Fund	\$306.40
173	Endowed Bed & Room Fund	\$1,574.00
174	Endowed Bed & Room Fund	\$958.91
175	Endowed Bed & Room Fund	\$250.00
176	Endowed Bed & Room Fund	\$811.70
177	Endowed Bed & Room Fund	\$1,301.73
178	Endowed Bed & Room Fund	\$3,291.37
179	Endowed Bed & Room Fund	\$100.00
180	Endowed Bed & Room Fund	\$91.00
181	Endowed Bed & Room Fund	\$2,572.88
182	Endowed Bed & Room Fund	\$1,258.57
183	Endowed Bed & Room Fund	\$2,892.41
184	Endowed Bed & Room Fund	\$451.59
185	Endowed Bed & Room Fund	\$506.71
186	Endowed Bed & Room Fund	\$291.40
187	Endowed Bed & Room Fund	\$150.00
188	Endowed Bed & Room Fund	\$1,250.00
189	Endowed Bed & Room Fund	\$3,433.39
190	Endowed Bed & Room Fund	\$65.00
191	Endowed Bed & Room Fund	\$383.45
192	Endowed Bed & Room Fund	\$894.24
193	Endowed Bed & Room Fund	\$90.00
194	Endowed Bed & Room Fund	\$336.46
195	Endowed Bed & Room Fund	\$1,056.13
196	Endowed Bed & Room Fund	\$959.37
197	Endowed Bed & Room Fund	\$435.08
198	Endowed Bed & Room Fund	\$770.11
199	Endowed Bed & Room Fund	\$158.73
200	Endowed Bed & Room Fund	\$574.15
201	Endowed Bed & Room Fund	\$359.98
202	Endowed Bed & Room Fund	\$251.66
203	Endowed Bed & Room Fund	\$1,047.81
204	Endowed Bed & Room Fund	\$1,600.00
205	Endowed Bed & Room Fund	\$941.58
206	Endowed Bed & Room Fund	\$114.34
207	Endowed Bed & Room Fund	\$392.80
208	Endowed Bed & Room Fund	\$20.81
209	Endowed Bed & Room Fund	\$1,693.04
210	Endowed Bed & Room Fund	\$1,477.90
211	Endowed Bed & Room Fund	\$428.74
212	Endowed Bed & Room Fund	\$354.19
213	Endowed Bed & Room Fund	\$518.00
214	Endowed Bed & Room Fund	\$761.43
215	Endowed Bed & Room Fund	\$971.26
216	Endowed Bed & Room Fund	\$1,539.61

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
217	Endowed Bed & Room Fund	\$1,553.10
218	Endowed Bed & Room Fund	\$1,613.70
219	Endowed Bed & Room Fund	\$1,413.83
220	Endowed Bed & Room Fund	\$2,638.49
221	Endowed Bed & Room Fund	\$71.92
222	Endowed Bed & Room Fund	\$323.82
223	Endowed Bed & Room Fund	\$2,310.34
224	Endowed Bed & Room Fund	\$164.00
225	Endowed Bed & Room Fund	\$395.57
226	Endowed Bed & Room Fund	\$400.04
227	Endowed Bed & Room Fund	\$150.00
228	Endowed Bed & Room Fund	\$1,089.07
229	Endowed Bed & Room Fund	\$305.77
230	Endowed Bed & Room Fund	\$523.88
231	Endowed Bed & Room Fund	\$340.00
232	Endowed Bed & Room Fund	\$842.45
233	Endowed Bed & Room Fund	\$3,917.19
234	Endowed Bed & Room Fund	\$1,106.75
235	Endowed Bed & Room Fund	\$230.69
236	Endowed Bed & Room Fund	\$389.12
237	Endowed Bed & Room Fund	\$850.92
238	Endowed Bed & Room Fund	\$1,398.21
239	Endowed Bed & Room Fund	\$164.24
240	Endowed Bed & Room Fund	\$232.14
241	Endowed Bed & Room Fund	\$400.20
242	Endowed Bed & Room Fund	\$3,084.63
243	Endowed Bed & Room Fund	\$750.00
244	Endowed Bed & Room Fund	\$256.08
245	Endowed Bed & Room Fund	\$420.00
246	Endowed Bed & Room Fund	\$3,808.73
247	Endowed Bed & Room Fund	\$670.80
248	Endowed Bed & Room Fund	\$300.00
249	Endowed Bed & Room Fund	\$198.14
250	Endowed Bed & Room Fund	\$300.00
251	Endowed Bed & Room Fund	\$155.00
252	Endowed Bed & Room Fund	\$781.38
253	Endowed Bed & Room Fund	\$1,518.06
254	Endowed Bed & Room Fund	\$638.89
255	Endowed Bed & Room Fund	\$2,315.48
256	Endowed Bed & Room Fund	\$50.00
257	Endowed Bed & Room Fund	\$105.00
258	Endowed Bed & Room Fund	\$1,358.91
259	Endowed Bed & Room Fund	\$686.89
260	Endowed Bed & Room Fund	\$2,004.20
261	Endowed Bed & Room Fund	\$78.20
262	Endowed Bed & Room Fund	\$412.85
263	Endowed Bed & Room Fund	\$78.20
264	Endowed Bed & Room Fund	\$992.60
265	Endowed Bed & Room Fund	\$3,969.82
266	Endowed Bed & Room Fund	\$927.67
267	Endowed Bed & Room Fund	\$1,006.39
268	Endowed Bed & Room Fund	\$499.70
269	Endowed Bed & Room Fund	\$1,399.92
270	Endowed Bed & Room Fund	\$395.07

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
271	Endowed Bed & Room Fund	\$800.00
272	Endowed Bed & Room Fund	\$2,070.10
273	Endowed Bed & Room Fund	\$29.11
274	Endowed Bed & Room Fund	\$947.58
275	Endowed Bed & Room Fund	\$1,498.78
276	Endowed Bed & Room Fund	\$1,099.52
277	Endowed Bed & Room Fund	\$769.43
278	Endowed Bed & Room Fund	\$1,440.00
279	Endowed Bed & Room Fund	\$585.59
280	Endowed Bed & Room Fund	\$3,368.00
281	Endowed Bed & Room Fund	\$3,502.32
282	Endowed Bed & Room Fund	\$3,435.00
283	Endowed Bed & Room Fund	\$1,177.81
284	Endowed Bed & Room Fund	\$581.41
285	Endowed Bed & Room Fund	\$2,900.00
286	Endowed Bed & Room Fund	\$186.30
287	Endowed Bed & Room Fund	\$2,532.79
288	Endowed Bed & Room Fund	\$574.61
289	Endowed Bed & Room Fund	\$379.18
290	Endowed Bed & Room Fund	\$88.80
291	Endowed Bed & Room Fund	\$1,431.38
292	Endowed Bed & Room Fund	\$1,431.55
293	Endowed Bed & Room Fund	\$877.53
294	Endowed Bed & Room Fund	\$695.84
295	Endowed Bed & Room Fund	\$274.37
296	Endowed Bed & Room Fund	\$450.00
297	Endowed Bed & Room Fund	\$1,259.43
298	Endowed Bed & Room Fund	\$255.00
299	Endowed Bed & Room Fund	\$96.45
300	Endowed Bed & Room Fund	\$150.00
301	Endowed Bed & Room Fund	\$664.00
302	Endowed Bed & Room Fund	\$20.00
303	Endowed Bed & Room Fund	\$2,601.35
304	Endowed Bed & Room Fund	\$2,478.69
305	Endowed Bed & Room Fund	\$100.00
306	Endowed Bed & Room Fund	\$100.00
307	Endowed Bed & Room Fund	\$630.02
308	Endowed Bed & Room Fund	\$200.00
309	Endowed Bed & Room Fund	\$880.39
310	Endowed Bed & Room Fund	\$434.75
311	Endowed Bed & Room Fund	\$1,712.58
312	Endowed Bed & Room Fund	\$50.96
313	Endowed Bed & Room Fund	\$1,749.97
314	Endowed Bed & Room Fund	\$106.70
315	Endowed Bed & Room Fund	\$18.96
316	Endowed Bed & Room Fund	\$3,732.15
317	Endowed Bed & Room Fund	\$3,489.35
318	Endowed Bed & Room Fund	\$234.04
319	Endowed Bed & Room Fund	\$2,143.32
320	Endowed Bed & Room Fund	\$734.95
321	Endowed Bed & Room Fund	\$824.80
322	Endowed Bed & Room Fund	\$550.00
323	Endowed Bed & Room Fund	\$550.00
324	Endowed Bed & Room Fund	\$509.53

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
325	Endowed Bed & Room Fund	\$767.20
326	Endowed Bed & Room Fund	\$593.14
327	Endowed Bed & Room Fund	\$245.80
328	Endowed Bed & Room Fund	\$2,802.86
329	Endowed Bed & Room Fund	\$422.81
330	Endowed Bed & Room Fund	\$301.14
331	Endowed Bed & Room Fund	\$2,023.78
332	Endowed Bed & Room Fund	\$454.91
333	Endowed Bed & Room Fund	\$358.82
334	Endowed Bed & Room Fund	\$237.49
335	Endowed Bed & Room Fund	\$547.21
336	Endowed Bed & Room Fund	\$1,778.35
337	Endowed Bed & Room Fund	\$590.00
338	Endowed Bed & Room Fund	\$1,385.55
339	Endowed Bed & Room Fund	\$2,371.76
340	Endowed Bed & Room Fund	\$5,342.49
341	Endowed Bed & Room Fund	\$250.00
342	Endowed Bed & Room Fund	\$350.00
343	Endowed Bed & Room Fund	\$217.39
344	Endowed Bed & Room Fund	\$818.81
345	Endowed Bed & Room Fund	\$1,250.00
346	Endowed Bed & Room Fund	\$307.50
347	Endowed Bed & Room Fund	\$468.20
348	Endowed Bed & Room Fund	\$1,004.06
349	Endowed Bed & Room Fund	\$1,196.76
350	Endowed Bed & Room Fund	\$8,894.47
351	Endowed Bed & Room Fund	(\$254.00)
352	Endowed Bed & Room Fund	\$881.79
353	Endowed Bed & Room Fund	\$500.00
354	Endowed Bed & Room Fund	\$2,471.64
355	Endowed Bed & Room Fund	\$419.75
356	Endowed Bed & Room Fund	\$1,331.11
357	Endowed Bed & Room Fund	\$3,000.00
358	Endowed Bed & Room Fund	\$982.54
359	Endowed Bed & Room Fund	\$1,178.08
360	Endowed Bed & Room Fund	\$350.00
361	Endowed Bed & Room Fund	\$1,132.00
362	Endowed Bed & Room Fund	\$2,123.63
363	Endowed Bed & Room Fund	\$1,230.05
364	Endowed Bed & Room Fund	\$2,309.06
365	Endowed Bed & Room Fund	\$984.47
366	Endowed Bed & Room Fund	\$875.00
367	Endowed Bed & Room Fund	\$3,991.40
368	Endowed Bed & Room Fund	\$1,305.00
369	Endowed Bed & Room Fund	\$2,050.00
370	Endowed Bed & Room Fund	\$25.00
371	Endowed Bed & Room Fund	\$1,731.23
372	Endowed Bed & Room Fund	\$200.00
373	Endowed Bed & Room Fund	\$500.00
374	Endowed Bed & Room Fund	\$525.58
375	Endowed Bed & Room Fund	\$692.48
376	Endowed Bed & Room Fund	\$6.46
377	Endowed Bed & Room Fund	\$545.00
378	Endowed Bed & Room Fund	\$135.01

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
379	Endowed Bed & Room Fund	\$1,750.00
380	Endowed Bed & Room Fund	\$1,132.00
381	Endowed Bed & Room Fund	\$78.16
382	Endowed Bed & Room Fund	\$729.35
383	Endowed Bed & Room Fund	\$500.00
384	Endowed Bed & Room Fund	\$1,050.00
385	Endowed Bed & Room Fund	\$250.00
386	Endowed Bed & Room Fund	\$1,000.00
387	Endowed Bed & Room Fund	\$1,158.40
388	Endowed Bed & Room Fund	\$2,762.23
389	Endowed Bed & Room Fund	\$1,079.85
390	Endowed Bed & Room Fund	\$1,623.00
391	Endowed Bed & Room Fund	\$1,130.00
392	Endowed Bed & Room Fund	\$698.80
393	Endowed Bed & Room Fund	\$5,864.57
394	Endowed Bed & Room Fund	\$1,131.16
395	Endowed Bed & Room Fund	\$1,073.22
396	Endowed Bed & Room Fund	\$6,746.39
397	Endowed Bed & Room Fund	\$10,387.87
398	Endowed Bed & Room Fund	\$1,400.44
399	Endowed Bed & Room Fund	\$2,165.07
400	Endowed Bed & Room Fund	\$1,137.70
401	Endowed Bed & Room Fund	\$3,487.65
402	Endowed Bed & Room Fund	\$1,684.08
403	Endowed Bed & Room Fund	\$14,426.54
404	Endowed Bed & Room Fund	\$1,225.00
405	Endowed Bed & Room Fund	\$15,480.49
406	Endowed Bed & Room Fund	\$207.55
407	Endowed Bed & Room Fund	\$3,500.00
408	Endowed Bed & Room Fund	\$1,284.34
409	Endowed Bed & Room Fund	\$1,000.00
410	Endowed Bed & Room Fund	\$18,287.43
411	Endowed Bed & Room Fund	\$300.00
412	Endowed Bed & Room Fund	\$1,132.00
413	Endowed Bed & Room Fund	\$279.36
414	Endowed Bed & Room Fund	\$262.77
415	Endowed Bed & Room Fund	\$1,112.00
416	Endowed Bed & Room Fund	\$2,868.58
417	Endowed Bed & Room Fund	\$740.00
418	Endowed Bed & Room Fund	\$1,974.56
419	Endowed Bed & Room Fund	\$1,750.00
420	Endowed Bed & Room Fund	\$31,688.36
421	Endowed Bed & Room Fund	\$1,669.75
422	Endowed Bed & Room Fund	\$1,181.95
423	Endowed Bed & Room Fund	\$410.00
424	Endowed Bed & Room Fund	\$1,490.00
425	Endowed Bed & Room Fund	\$1,663.43
426	Endowed Bed & Room Fund	\$13,991.96
427	Endowed Bed & Room Fund	\$1,082.92
428	Endowed Bed & Room Fund	\$1,112.10
429	Endowed Bed & Room Fund	\$1,132.00
430	Endowed Bed & Room Fund	\$1,093.00
431	Endowed Bed & Room Fund	\$235.00
432	Endowed Bed & Room Fund	\$600.00

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
433	Endowed Bed & Room Fund	\$750.00
434	Endowed Bed & Room Fund	\$3,913.47
435	Endowed Bed & Room Fund	\$1,476.25
436	Endowed Bed & Room Fund	\$364.44
437	Endowed Bed & Room Fund	\$248.40
438	Endowed Bed & Room Fund	\$581.30
439	Endowed Bed & Room Fund	\$430.00
440	Endowed Bed & Room Fund	\$875.00
441	Endowed Bed & Room Fund	\$1,051.16
442	Endowed Bed & Room Fund	\$1,226.53
443	Endowed Bed & Room Fund	\$5,607.32
444	Endowed Bed & Room Fund	\$5,517.53
445	Endowed Bed & Room Fund	\$1,169.75
446	Endowed Bed & Room Fund	\$387.24
447	Endowed Bed & Room Fund	\$300.00
448	Endowed Bed & Room Fund	\$1,155.97
449	Endowed Bed & Room Fund	\$1,200.00
450	Endowed Bed & Room Fund	\$1,528.80
451	Free Bed Fund	\$1,400.00
452	Free Bed Fund	\$1,357.91
453	Free Bed Fund	\$2,617.40
454	Free Bed Fund	\$2,966.36
455	Free Bed Fund	\$2,691.25
456	Free Bed Fund	\$2,594.73
457	Free Bed Fund	\$1,054.06
458	Free Bed Fund	\$2,017.55
459	Free Bed Fund	\$515.15
460	Free Bed Fund	\$171.66
461	Free Bed Fund	\$2,033.00
462	Free Bed Fund	\$2,191.06
463	Free Bed Fund	\$1,662.01
464	Free Bed Fund	\$17,486.81
465	Free Bed Fund	\$1,351.92
466	Free Bed Fund	\$3,517.89
467	Free Bed Fund	\$1,648.76
468	Free Bed Fund	\$7,002.03
469	Free Bed Fund	\$3,425.68
470	Free Bed Fund	\$4,455.45
471	Free Bed Fund	\$5,870.73
472	Free Bed Fund	\$2,330.63
473	Free Bed Fund	\$161.16
474	Free Bed Fund	\$3,432.39
475	Free Bed Fund	\$2,022.20
476	Free Bed Fund	\$1,100.72
477	Free Bed Fund	\$2,096.93
478	Free Bed Fund	\$2,500.52
479	Free Bed Fund	\$1,669.72
480	Free Bed Fund	\$1,432.74
481	Free Bed Fund	\$3,733.34
482	Free Bed Fund	\$1,008.57
483	Free Bed Fund	\$2,365.26
484	Free Bed Fund	\$3,158.00
485	Free Bed Fund	\$1,408.80
486	Free Bed Fund	\$2,344.37

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
487	Free Bed Fund	\$94.70
488	Free Bed Fund	\$3,023.00
489	Free Bed Fund	\$377.33
490	Free Bed Fund	\$1,988.93
491	Free Bed Fund	\$5,322.71
492	Free Bed Fund	\$5,623.01
493	Free Bed Fund	\$4,215.78
494	Free Bed Fund	\$2,775.45
495	Free Bed Fund	\$2,343.53
496	Free Bed Fund	\$3,126.82
497	Free Bed Fund	\$1,486.81
498	Free Bed Fund	\$748.13
499	Free Bed Fund	\$2,489.20
500	Free Bed Fund	\$9,359.70
501	Free Bed Fund	\$841.14
502	Free Bed Fund	\$492.93
503	Free Bed Fund	\$1,758.20
504	Free Bed Fund	\$1,450.90
505	Free Bed Fund	\$7,154.97
506	Free Bed Fund	\$245.45
507	Free Bed Fund	\$1,600.50
508	Free Bed Fund	\$2,925.39
509	Free Bed Fund	\$8,305.35
510	Free Bed Fund	\$1,703.45
511	Free Bed Fund	\$2,109.46
512	Free Bed Fund	\$10,191.92
513	Free Bed Fund	\$1,480.54
514	Free Bed Fund	\$3,648.41
515	Free Bed Fund	\$1,940.26
516	Free Bed Fund	\$4,372.97
517	Free Bed Fund	\$1,502.73
518	Free Bed Fund	\$5,795.41
519	Free Bed Fund	\$1,206.35
520	Free Bed Fund	\$4,083.72
521	Free Bed Fund	\$1,243.32
522	Free Bed Fund	\$14,223.38
523	Free Bed Fund	\$2,221.54
524	Free Bed Fund	\$5,364.72
525	Free Bed Fund	\$2,303.27
526	Free Bed Fund	\$2,436.27
527	Free Bed Fund	\$3,005.85
528	Free Bed Fund	\$2,185.99
529	Free Bed Fund	\$6,660.22
530	Free Bed Fund	\$8,116.67
531	Free Bed Fund	\$1,038.61
532	Free Bed Fund	\$1,164.19
533	Free Bed Fund	\$2,707.87
534	Free Bed Fund	\$3,045.17
535	Free Bed Fund	\$2,938.83
536	Free Bed Fund	\$4,002.01
537	Free Bed Fund	\$3,162.28
538	Free Bed Fund	\$3,486.80
539	Free Bed Fund	\$977.15
540	Free Bed Fund	\$2,266.41

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
541	Free Bed Fund	\$2,663.09
542	Free Bed Fund	\$6,505.59
543	Free Bed Fund	\$1,943.99
544	Free Bed Fund	\$2,656.76
545	Free Bed Fund	\$2,213.52
546	Free Bed Fund	\$2,510.65
547	Free Bed Fund	\$2,755.15
548	Free Bed Fund	\$10,605.23
549	Free Bed Fund	\$1,484.89
550	Free Bed Fund	\$3,873.35
551	Free Bed Fund	\$1,911.08
552	Free Bed Fund	\$1,963.80
553	Free Bed Fund	\$3,223.18
554	Free Bed Fund	\$1,917.22
555	Free Bed Fund	\$1,491.40
556	Free Bed Fund	\$2,037.03
557	Free Bed Fund	\$1,523.22
558	Free Bed Fund	\$6,280.78
559	Free Bed Fund	\$1,222.97
560	Free Bed Fund	\$2,656.23
561	Free Bed Fund	\$1,969.25
562	Free Bed Fund	\$4,419.15
563	Free Bed Fund	\$9,689.92
564	Free Bed Fund	\$2,803.72
565	Free Bed Fund	\$12,164.21
566	Free Bed Fund	\$1,689.62
567	Free Bed Fund	\$2,797.35
568	Free Bed Fund	\$2,495.03
569	Free Bed Fund	\$3,048.57
570	Free Bed Fund	\$3,221.75
571	Free Bed Fund	\$744.26
572	Free Bed Fund	\$2,945.95
573	Free Bed Fund	\$1,288.47
574	Free Bed Fund	\$632.91
575	Free Bed Fund	\$4,927.53
576	Free Bed Fund	\$8,353.26
577	Free Bed Fund	\$4,112.34
578	Free Bed Fund	\$4,810.45
579	Free Bed Fund	\$1,023.84
580	Free Bed Fund	\$2,290.36
581	Free Bed Fund	\$2,806.02
582	Free Bed Fund	\$7,051.30
583	Free Bed Fund	\$3,119.60
584	Free Bed Fund	\$132.60
585	Free Bed Fund	\$2,918.77
586	Free Bed Fund	\$3,326.25
587	Free Bed Fund	\$6,746.00
588	Free Bed Fund	\$2,134.29
589	Free Bed Fund	\$3,329.32
590	Free Bed Fund	\$344.04
591	Free Bed Fund	\$1,204.99
592	Free Bed Fund	\$500.00
593	Free Bed Fund	\$7,881.15
594	Free Bed Fund	\$1,920.57



GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
595	Free Bed Fund	\$2,188.55
596	Free Bed Fund	\$2,203.17
597	Free Bed Fund	\$1,344.95
598	Free Bed Fund	\$3,125.78
599	Free Bed Fund	\$2,002.91
600	Free Bed Fund	\$8,030.05
601	Free Bed Fund	\$3,584.45
602	Free Bed Fund	\$1,623.73
603	Free Bed Fund	\$3,008.70
604	Free Bed Fund	\$2,294.35
605	Free Bed Fund	\$7,753.57
606	Free Bed Fund	\$3,162.45
607	Free Bed Fund	\$6,339.00
608	Free Bed Fund	\$10,501.71
609	Free Bed Fund	\$6,055.73
610	Free Bed Fund	\$3,951.98
611	Free Bed Fund	\$6,671.34
612	Free Bed Fund	\$3,544.54
613	Free Bed Fund	\$1,178.31
614	Free Bed Fund	\$700.40
615	Free Bed Fund	\$2,361.19
616	Free Bed Fund	\$8,073.46
617	Free Bed Fund	\$695.53
618	Free Bed Fund	\$4,093.68
619	Free Bed Fund	\$2,660.93
620	Free Bed Fund	\$3,609.25
621	Free Bed Fund	\$204.68
622	Free Bed Fund	\$1,490.77
623	Free Bed Fund	\$4,503.39
624	Free Bed Fund	\$9,639.34
625	Free Bed Fund	\$28,382.29
626	Free Bed Fund	\$8,213.84
627	Free Bed Fund	\$2,509.32
628	Free Bed Fund	\$1,216.39
629	Free Bed Fund	\$5,719.93
630	Free Bed Fund	\$4,676.95
631	Free Bed Fund	\$1,827.15
632	Free Bed Fund	\$7,654.14
633	Free Bed Fund	\$1,395.83
634	Free Bed Fund	\$1,597.67
635	Free Bed Fund	\$4,032.60
636	Free Bed Fund	\$2,963.24
637	Free Bed Fund	\$2,440.85
638	Free Bed Fund	\$13,790.02
639	Free Bed Fund	\$1,636.16
640	Free Bed Fund	\$1,199.55
641	Free Bed Fund	\$27,398.20
642	Free Bed Fund	\$1,673.07
643	Free Bed Fund	\$4,467.25
644	Free Bed Fund	\$1,646.23
645	Free Bed Fund	\$872.15
646	Free Bed Fund	\$939.29
647	Free Bed Fund	\$7,020.23
648	Free Bed Fund	\$955.65

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
649	Free Bed Fund	\$91.54
650	Free Bed Fund	\$1,547.30
651	Free Bed Fund	\$1,470.16
652	Free Bed Fund	\$7,043.10
653	Free Bed Fund	\$9,147.06
654	Free Bed Fund	\$8,067.26
655	Free Bed Fund	\$3,486.30
656	Free Bed Fund	\$1,534.71
657	Free Bed Fund	\$2,525.45
658	Free Bed Fund	\$7,982.61
659	Free Bed Fund	\$2,243.91
660	Free Bed Fund	\$1,344.63
661	Free Bed Fund	\$2,615.36
662	Free Bed Fund	\$3,234.15
663	Free Bed Fund	\$5,304.81
664	Free Bed Fund	\$102.34
665	Free Bed Fund	\$3,623.24
666	Free Bed Fund	\$3,004.11
667	Free Bed Fund	\$4,285.36
668	Free Bed Fund	\$662.72
669	Free Bed Fund	\$2,463.53
670	Free Bed Fund	\$1,341.84
671	Free Bed Fund	\$7,311.11
672	Free Bed Fund	\$4,660.99
673	Free Bed Fund	\$2,085.02
674	Free Bed Fund	\$787.74
675	Free Bed Fund	\$977.54
676	Free Bed Fund	\$1,465.30
677	Free Bed Fund	\$3,789.00
678	Free Bed Fund	\$2,661.10
679	Free Bed Fund	\$1,113.45
680	Free Bed Fund	\$1,808.45
681	Free Bed Fund	\$2,005.81
682	Free Bed Fund	\$2,127.59
683	Free Bed Fund	\$3,032.27
684	Free Bed Fund	\$1,171.90
685	Free Bed Fund	\$1,111.78
686	Free Bed Fund	\$3,812.15
687	Free Bed Fund	\$7,008.23
688	Free Bed Fund	\$3,212.66
689	Free Bed Fund	\$2,048.33
690	Free Bed Fund	\$7,229.75
691	Free Bed Fund	\$4,774.58
692	Free Bed Fund	\$6,412.65
693	Free Bed Fund	\$3,183.12
694	Free Bed Fund	\$1,824.69
695	Free Bed Fund	\$5,447.05
696	Free Bed Fund	\$3,379.44
697	Free Bed Fund	\$138.17
698	Free Bed Fund	\$3,229.10
699	Free Bed Fund	\$5,285.79
700	Free Bed Fund	\$2,160.10
701	Free Bed Fund	\$7,546.85
702	Free Bed Fund	\$5,797.18

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		780
2. A. Number of Patients receiving Hospital Bed Fund Grants		749
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$576,393.00
703	Free Bed Fund	\$1,869.85
704	Free Bed Fund	\$8,561.15
705	Free Bed Fund	\$7,637.75
706	Free Bed Fund	\$2,242.85
707	Free Bed Fund	\$1,800.74
708	Free Bed Fund	\$4,495.30
709	Free Bed Fund	\$3,538.51
710	Free Bed Fund	\$4,981.04
711	Free Bed Fund	\$11,352.82
712	Free Bed Fund	\$7,477.96
713	Free Bed Fund	\$4,234.05
714	Free Bed Fund	\$3,137.02
715	Free Bed Fund	\$2,836.87
716	Free Bed Fund	\$1,754.19
717	Free Bed Fund	\$2,867.90
718	Free Bed Fund	\$2,282.65
719	Free Bed Fund	\$3,063.65
720	Free Bed Fund	\$9,054.83
721	Free Bed Fund	\$10,401.36
722	Free Bed Fund	\$69,435.38
723	Free Bed Fund	\$2,858.14
724	Free Bed Fund	\$15,391.74
725	Free Bed Fund	\$6,049.78
726	Free Bed Fund	\$179.66
727	Free Bed Fund	\$2,437.77
728	Free Bed Fund	\$10,148.55
729	Free Bed Fund	\$14,925.28
730	Free Bed Fund	\$17,976.06
731	Free Bed Fund	\$31,916.36
732	Free Bed Fund	\$26,788.77
733	Free Bed Fund	\$31,646.12
734	Free Bed Fund	\$6,524.19
735	Free Bed Fund	\$5,931.65
736	Free Bed Fund	\$9,703.37
737	Free Bed Fund	\$13,865.89
738	Kennedy-Duncan Fund	\$250.00
739	Kennedy-Duncan Fund	\$1,839.00
740	Kennedy-Duncan Fund	\$210.00
741	Kennedy-Duncan Fund	\$515.62
742	Kennedy-Duncan Fund	\$3,350.81
743	Kennedy-Duncan Fund	\$823.00
744	Kennedy-Duncan Fund	\$1,050.00
745	Kennedy-Duncan Fund	\$641.00
746	Margaret Yaeger Fund	\$710.00
747	Margaret Yaeger Fund	\$421.00
748	Margaret Yaeger Fund	\$750.00
749	Margaret Yaeger Fund	\$1,027.88
749	Free Care Funded by Operations	(\$2,071,023.72)
Grand Total		\$576,393.00

GREENWICH HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Endowed Bed & Room Endowment	\$211,000.00	\$65,000.00	\$21,000.00	\$44,000.00
	Homecare Fund	\$13,000.00	(\$100.00)	\$0.00	\$0.00
	Mary Fund for Cancer	\$2,800.00	\$1,700.00	\$1,600.00	\$0.00
	Pediatric Fund	\$88,000.00	\$14,700.00	\$14,700.00	\$0.00
	The May Day Fund	\$22,000.00	\$0.00	\$0.00	\$0.00
	Genevieve & George Funston Endowment	\$52,000.00	\$3,000.00	\$2,000.00	\$0.00
	Kennedy-Duncan Fund	\$347,000.00	\$19,000.00	\$16,000.00	\$3,000.00
	Margaret Yeager Fund	\$200.00	(\$300.00)	\$0.00	\$0.00
	Mary & Martin Weinmann Endowment	\$48,000.00	\$4,700.00	\$4,700.00	\$0.00
	Munitalp Foundation Endowment	\$5,500.00	\$2,400.00	\$2,400.00	\$0.00
	Wood Fund for Hospice Endowment	\$227,000.00	\$4,000.00	\$4,000.00	\$0.00
	Belding Endowment	\$10,507,000.00	\$1,137,000.00	\$608,000.00	\$529,000.00
	Aids Fund	\$20,500.00	(\$500.00)	\$0.00	\$0.00
	Arthritis Fund	\$125,000.00	(\$1,000.00)	\$0.00	\$0.00
	Financial Assistance Fund	\$4,500.00	(\$100.00)	\$0.00	\$0.00
	Adolescent Medicine Free Care Fund	\$49,600.00	(\$400.00)	\$0.00	\$0.00
	Outpatient Department Fund	\$17,900.00	(\$100.00)	\$0.00	\$0.00
	<b>Total Bed Funds :</b>	<b>\$11,741,000.00</b>	<b>\$1,249,000.00</b>	<b>\$674,400.00</b>	<b>\$576,000.00</b>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	When each self-pay account reaches the end of the 120-day billing cycle, and a payment arrangement has not been established, and the account is not being considered for Free Bed Funds, it is referred to the outside primary collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Monthly or bi-monthly statements are received from the collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and hospital cuts a check to the agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	10.20%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	Century Financial Services, Inc
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	When each self-pay account reaches the end of the 120-day billing cycle, and a payment arrangement has not been established, and the account is not being considered for Free Bed Funds, it is referred to the outside primary collection agency.
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.	Monthly or bi-monthly statements are received from the collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and hospital cuts a check to the agency.

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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.	10.20%

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$1,362,136	\$168,493	\$1,530,629
2.	Executive VP & COO	\$725,388	\$65,697	\$791,085
3.	Senior VP & CFO	\$513,636	\$203,263	\$716,899
4.	Director, Pathology	\$547,390	\$55,435	\$602,825
5.	Pathologist	\$529,964	\$62,086	\$592,050
6.	Pathologist	\$519,771	\$48,192	\$567,963
7.	VP YNHH/COO Greenwich	\$510,091	\$36,212	\$546,303
8.	Pathologist	\$491,193	\$47,279	\$538,472
9.	Chief Quality Officer	\$468,488	\$37,572	\$506,060
10.	SVP- Health System Development	\$378,745	\$125,784	\$504,529
	<b>Grand Total:</b>	<b>\$6,046,802</b>	<b>\$850,013</b>	<b>\$6,896,815</b>

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . GREENWICH HEALTH CARE SERVICES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . 2015 MAIN STREET 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>C . 900 KING STREET ASSOCIATES, 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 . GH REALTY, 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 . GREENWICH AMBULATORY SURGERY CENTER, 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>F . GREENWICH CLINICAL PATHOLOGY ASSOCIATES, 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>G . GREENWICH ENDOSCOPY CENTER 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 . GREENWICH FERTILITY AND IVF CENTER, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>I . GREENWICH HEALTH SERVICES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>J . GREENWICH INTEGRATIVE MEDICINE, P. C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>K . GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>L . GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>M . GREENWICH PATHOLOGY ASSOCIATES, 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>N . GREENWICH PEDIATRIC SERVICES, P. C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>O . ORTHOPAEDIC &amp; NEUROSURGERY CENTER OF GREENWICH, 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>P . PERRYRIDGE CORPORATION</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



**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
	<b>THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION</b>			
Q .				
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>YALE-NEW HAVE HEALTH SERVICES CORP (YNHSC)</b>			
R .				
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.

**GREENWICH HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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 2012
<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

GREENWICH HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	2,844	1,704	(1,140)	-40%
2.	Number of Approved Applicants	2,844	1,704	(1,140)	-40%
3.	Total Charges (A)	\$21,664,651	\$21,299,600	(\$365,051)	-2%
	<b>Average Charges</b>	<b>\$7,618</b>	<b>\$12,500</b>	<b>\$4,882</b>	<b>64%</b>
4.	Ratio of Cost to Charges (RCC)	0.3113	0.316874	0.005574	2%
	<b>Total Cost</b>	<b>\$6,744,206</b>	<b>\$6,749,289</b>	<b>\$5,084</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$2,371</b>	<b>\$3,961</b>	<b>\$1,589</b>	<b>67%</b>
5.	Charity Care - Inpatient Charges	\$4,378,687	\$3,334,090	(\$1,044,597)	-24%
6.	Charity Care - Outpatient Emergency Department Charges	7,743,583	6,793,032	(950,551)	-12%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	9,542,381	11,172,478	1,630,097	17%
	<b>Total Charges (A)</b>	<b>\$21,664,651</b>	<b>\$21,299,600</b>	<b>(\$365,051)</b>	<b>-2%</b>
8.	Charity Care - Number of Patient Days	2,049	1,290	(759)	-37%
9.	Charity Care - Number of Discharges	618	361	(257)	-42%
10.	Charity Care - Number of Outpatient ED Visits	5,466	2,559	(2,907)	-53%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	15,183	11,730	(3,453)	-23%
<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	1,257	780	(477)	-38%
2.	Number of Approved Applicants	1,134	749	(385)	-34%
3.	Total Charges (B)	\$632,893	\$576,393	(\$56,500)	-9%
	<b>Average Charges</b>	<b>\$558</b>	<b>\$770</b>	<b>\$211</b>	<b>38%</b>
4.	Ratio of Cost to Charges (RCC)	0.3113	0.316874	0.005574	2%
	<b>Total Cost</b>	<b>\$197,020</b>	<b>\$182,644</b>	<b>(\$14,376)</b>	<b>-7%</b>
	<b>Average Cost</b>	<b>\$174</b>	<b>\$244</b>	<b>\$70</b>	<b>40%</b>
5.	Bed Funds - Inpatient Charges	\$298,987	\$210,203	(\$88,784)	-30%
6.	Bed Funds - Outpatient Emergency Department Charges	186,700	260,939	74,239	40%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	147,206	105,251	(41,955)	-29%
	<b>Total Charges (B)</b>	<b>\$632,893</b>	<b>\$576,393</b>	<b>(\$56,500)</b>	<b>-9%</b>
8.	Bed Funds - Number of Patient Days	585	664	79	14%
9.	Bed Funds - Number of Discharges	176	148	(28)	-16%
10.	Bed Funds - Number of Outpatient ED Visits	476	449	(27)	-6%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	590	640	50	8%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					