

GREENWICH 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		
		YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)
		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.
1	Affiliate Description	
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	Corporation Service Company
11	CT Agent Company	Corporation Service Company
12	CT Agent Company Street Address	50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537
B. AFFILIATE NAME		
		900 KING STREET ASSOCIATES, LLC
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	Norman G. Roth
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 -
C. AFFILIATE NAME		
		CVW BODY DESIGN CENTER - STAMFORD, LLC
1	Affiliate Description	A Joint Venture between CVW Body Design Center and Greenwich Hospital. Greenwich Hospital holds a 15% interest.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	2001 West Main Street, Suite 155
5	Town	Stamford
6	State	Connecticut
7	Zip Code	06902 -
8	CEO Name	Timothy R. Estes
9	CEO Title	Cheif Executive Officer & President
10	CT Agent Name	Leif O. Nordberg, MD
11	CT Agent Company	CVW Body Design Centers of America
12	CT Agent Company Street Address	2001 West Main Street, Suite 155
13	CT Agent Town	Stamford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06902 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D. AFFILIATE NAME GH REALTY, LLC		
		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).
1	Affiliate Description	
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	Norman G. Roth
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 -
E. AFFILIATE NAME GREENWICH AMBULATORY SURGERY CENTER, LLC		
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	Norman G. Roth
9	CEO Title	President
10	CT Agent Name	Corporate Service Co.
11	CT Agent Company	Corporation Service Company
12	CT Agent Company Street Address	50 Weston Street, 50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537
F. AFFILIATE NAME GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
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	Norman G. Roth
9	CEO Title	President
10	CT Agent Name	Corporation Service 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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.		
	AFFILIATE NAME	GREENWICH FERTILITY AND IVF CENTER, P.C.
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	Herbert Archer, MD
9	CEO Title	President
10	CT Agent Name	Corporation Service Company
11	CT Agent Company	Corporation Service Company Company
12	CT Agent Company Street Address	50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537
H.		
	AFFILIATE NAME	GREENWICH HEALTH CARE SERVICES, INC.
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	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	Norman G. Roth
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 -
I.		
	AFFILIATE NAME	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.
1	Affiliate Description	Physician practice - serves business and international travel. New Jersey P.C.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.
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	Herbert Archer M.D.
9	CEO Title	President
10	CT Agent Name	Corporation Service Company
11	CT Agent Company	Corporation Service Company
12	CT Agent Company Street Address	80 State Street
13	CT Agent Town	Albany
14	CT Agent State	New York
15	CT Agent Zip Code	12207 - 2543
K.	AFFILIATE NAME	GREENWICH PATHOLOGY ASSOCIATES, LLC
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	Norman G. Roth
9	CEO Title	President
10	CT Agent Name	Corporation Service 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
L.	AFFILIATE NAME	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC
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	Norman G. Roth
9	CEO Title	President
10	CT Agent Name	Corporation Service 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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
M.	AFFILIATE NAME	PERRYRIDGE CORPORATION
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	Norman G. Roth
9	CEO Title	PRESIDENT
10	CT Agent Name	Corporation Service 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
N.	AFFILIATE NAME	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION
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 -
8	CEO Name	Norman G. Roth
9	CEO Title	President & CEO
10	CT Agent Name	Corporation Service 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

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

**GREENWICH HOSPITAL
ANNUAL REPORTING
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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 . GREENWICH HOSPITAL			
1		Unrestricted	\$336,168,000
2		Temporarily Restricted by Donor	\$44,533,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$23,899,000
5		Intercompany Eliminations	\$0
		Total:	\$404,600,000
B . YALE NEW HAVEN HEALTH SERVICES CORP (YNHSC)			
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
C . 900 KING STREET ASSOCIATES, 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
D . CVW BODY DESIGN CENTER - STAMFORD, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E . GH REALTY, 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
F . GREENWICH AMBULATORY SURGERY CENTER, LLC			
1		Unrestricted	\$154,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$55,000)
		Total:	\$99,000
G . GREENWICH CLINICAL PATHOLOGY ASSOCIATES, 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

**GREENWICH 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
	H . GREENWICH FERTILITY AND IVF CENTER, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	I . GREENWICH HEALTH CARE SERVICES, 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
	J . GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	K . GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	L . GREENWICH PATHOLOGY ASSOCIATES, 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
	M . ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, 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
	N . PERRYRIDGE CORPORATION		
1		Unrestricted	\$34,773,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$34,773,000

**GREENWICH HOSPITAL
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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
O .	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
1		Unrestricted	\$44,743,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,633,000
5		Intercompany Eliminations	(\$58,376,000)
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$497,903,000
	Intercompany Eliminations		(\$58,431,000)
	Total of all Affiliates	Fund Balance:	\$439,472,000

**GREENWICH HOSPITAL
ANNUAL REPORTING
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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. YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$3,683,033
1		System Support Fee	09/30/2016	\$4,281,960
2		Management Fees	09/30/2016	\$31,799,007
3		Information services	09/30/2016	\$15,208,486
4		Malpractice Insurance	09/30/2016	\$5,477,338
5		EPIC Shared Projects	09/30/2016	\$2,096,827
6		Voluntary Employee Benefits Association	09/30/2016	\$210,530
7		Vendor Rebates	09/30/2016	(\$1,368,623)
8		Greenwich Hospital Accounts Payable to YNHHSC	09/30/2016	\$82,192
9		Total Payments - Monthly inter-company billings	09/30/2016	(\$55,595,097)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$5,875,653
B. 900 KING STREET ASSOCIATES, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
C. CVW BODY DESIGN CENTER - STAMFORD, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
D. GH REALTY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
E. GREENWICH AMBULATORY SURGERY CENTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC				

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H.	GREENWICH HEALTH CARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Cash Transfer	09/30/2016	\$7,700,000
2		Fund Balance Transfer	09/30/2016	(\$7,700,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC			

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
M.	PERRYRIDGE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$179,231)
1		Management Fee	09/30/2016	\$38,562
2		Insurance	09/30/2016	\$51,480
3		Rent	09/30/2016	(\$1,690,798)
4		General Expenses	09/30/2016	\$561,013
5		Transfer of Funds	09/30/2016	\$3,647
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$1,215,327)
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$20,599,585
1		Distribution from Endowment Fund	09/30/2016	\$2,916,050
2		Investment Income	09/30/2016	\$945,204
3		Unrealized Gains and Losses	09/30/2016	\$809,673
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$25,270,512
			Grand Total:	\$29,930,838

**GREENWICH HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2015	\$0
A.	YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)		Nothing to Report		\$0
			Total:	9/30/2016	\$0
B.	900 KING STREET ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
C.	CVW BODY DESIGN CENTER - STAMFORD, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	GH REALTY, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	GREENWICH HEALTH CARE SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		Nothing to Report		\$0
			Total:	9/30/2016	\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
M.	PERRYRIDGE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2016	\$0
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$0

**GREENWICH HOSPITAL
ANNUAL REPORTING
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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. YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	B. 900 KING STREET ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	C. CVW BODY DESIGN CENTER - STAMFORD, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	D. GH REALTY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	E. GREENWICH AMBULATORY SURGERY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	F. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	G. GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	H. GREENWICH HEALTH CARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	I. GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	J. GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	K. GREENWICH PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	L. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	M. PERRYRIDGE CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	N. THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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.	YALE NEW HAVEN HEALTH SERVICES CORP (YNHSC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	900 KING STREET ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CVW BODY DESIGN CENTER - STAMFORD, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	GH REALTY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	GREENWICH HEALTH CARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	PERRYRIDGE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 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	\$9,886,727.00	\$13,950,732.00	\$4,064,005.00	41%
1	Donations	\$1,182,000.00	\$494,076.00	(\$687,924.00)	-58%
2	Income	\$1,019,488.00	\$560,545.00	(\$458,943.00)	-45%
3	Expenditures	\$920,000.00	\$1,726,907.00	\$806,907.00	88%
4	Unrealized Gains and Losses	\$2,782,517.00	\$453,601.00	(\$2,328,916.00)	-84%
	Ending Balance	\$13,950,732.00	\$13,732,047.00	(\$218,685.00)	-2%
5	Projected Interest Income	\$400,000.00	\$180,000.00	(\$220,000.00)	-55%
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%

GREENWICH 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	199
2. A.	Number of Patients receiving Hospital Bed Fund Grants	199
2. B.	The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:	\$1,726,907.16
1	ENDOWED BED FUND	\$471.87
2	ENDOWED BED FUND	\$1,699.56
3	ENDOWED BED FUND	\$10.00
4	ENDOWED BED FUND	\$569.28
5	ENDOWED BED FUND	\$2,089.73
6	ENDOWED BED FUND	\$182.03
7	ENDOWED BED FUND	\$1,043.46
8	ENDOWED BED FUND	\$1,658.98
9	ENDOWED BED FUND	\$836.27
10	ENDOWED BED FUND	\$909.50
11	ENDOWED BED FUND	\$604.03
12	ENDOWED BED FUND	\$3,124.42
13	ENDOWED BED FUND	\$1,752.45
14	ENDOWED BED FUND	\$659.00
15	ENDOWED BED FUND	\$1,282.00
16	ENDOWED BED FUND	\$37.48
17	ENDOWED BED FUND	\$57.04
18	ENDOWED BED FUND	\$3,561.23
19	ENDOWED BED FUND	\$251.79
20	ENDOWED BED FUND	\$4,973.00
21	ENDOWED BED FUND	\$699.02
22	ENDOWED BED FUND	\$2,224.64
23	ENDOWED BED FUND	\$751.83
24	ENDOWED BED FUND	\$416.49
25	ENDOWED BED FUND	\$150.00
26	ENDOWED BED FUND	\$158.56
27	ENDOWED BED FUND	\$1,664.24
28	ENDOWED BED FUND	\$218.02
29	ENDOWED BED FUND	\$725.00
30	ENDOWED BED FUND	\$938.68
31	ENDOWED BED FUND	\$907.53
32	ENDOWED BED FUND	\$704.25
33	ENDOWED BED FUND	\$510.19
34	ENDOWED BED FUND	\$334.00
35	ENDOWED BED FUND	\$2,771.66
36	ENDOWED BED FUND	\$1,368.43
37	ENDOWED BED FUND	\$364.78
38	ENDOWED BED FUND	\$1,282.00
39	ENDOWED BED FUND	\$2,627.35
40	ENDOWED BED FUND	\$1,525.00
41	ENDOWED BED FUND	\$1,705.50
42	ENDOWED BED FUND	\$2,256.21
43	ENDOWED BED FUND	\$519.73
44	ENDOWED BED FUND	\$1,404.60
45	ENDOWED BED FUND	\$707.02
46	ENDOWED BED FUND	\$651.12
47	ENDOWED BED FUND	\$912.44
48	ENDOWED BED FUND	\$4,096.01
49	ENDOWED BED FUND	\$3,565.00
50	ENDOWED BED FUND	\$593.30
51	ENDOWED BED FUND	\$255.06
52	ENDOWED BED FUND	\$192.35
53	ENDOWED BED FUND	\$240.66
54	ENDOWED BED FUND	\$166.00
55	ENDOWED BED FUND	\$3,209.79
56	ENDOWED BED FUND	\$3,620.00
57	ENDOWED BED FUND	\$25.69
58	ENDOWED BED FUND	\$1,680.22
59	ENDOWED BED FUND	\$202.13
60	ENDOWED BED FUND	\$861.03
61	ENDOWED BED FUND	\$429.64
62	ENDOWED BED FUND	\$1,314.64
63	ENDOWED BED FUND	\$518.64
64	ENDOWED BED FUND	\$3,625.12
65	ENDOWED BED FUND	\$2,761.12
66	ENDOWED BED FUND	\$1,384.87
67	ENDOWED BED FUND	\$2,514.26
68	ENDOWED BED FUND	\$934.71
69	ENDOWED BED FUND	\$650.34
70	ENDOWED BED FUND	\$165.00
71	ENDOWED BED FUND	\$747.38

GREENWICH 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	199
2. A.	Number of Patients receiving Hospital Bed Fund Grants	199
2. B.	The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:	\$1,726,907.16
72	ENDOWED BED FUND	\$1,205.05
73	ENDOWED BED FUND	\$1,273.70
74	ENDOWED BED FUND	\$100.00
75	ENDOWED BED FUND	\$188.83
76	ENDOWED BED FUND	\$2,511.75
77	ENDOWED BED FUND	\$2,879.50
78	ENDOWED BED FUND	\$130.00
79	ENDOWED BED FUND	\$451.42
80	ENDOWED BED FUND	\$1,750.00
81	ENDOWED BED FUND	\$1,510.95
82	ENDOWED BED FUND	\$265.00
83	ENDOWED BED FUND	\$1,875.25
84	ENDOWED BED FUND	\$3,720.76
85	ENDOWED BED FUND	\$4,279.15
86	ENDOWED BED FUND	\$1,425.91
87	ENDOWED BED FUND	\$3,754.14
88	ENDOWED BED FUND	\$851.65
89	ENDOWED BED FUND	\$586.70
90	ENDOWED BED FUND	\$40.00
91	ENDOWED BED FUND	\$1,682.45
92	ENDOWED BED FUND	\$519.73
93	ENDOWED BED FUND	\$497.78
94	ENDOWED BED FUND	\$177,225.20
95	ENDOWED BED FUND	\$2,999.06
96	ENDOWED BED FUND	\$1,679.93
97	ENDOWED BED FUND	\$1,154.00
98	ENDOWED BED FUND	\$2,000.00
99	ENDOWED BED FUND	\$258.09
100	ENDOWED BED FUND	\$650.00
101	ENDOWED BED FUND	\$449.78
102	ENDOWED BED FUND	\$1,793.00
103	ENDOWED BED FUND	\$1,470.59
104	ENDOWED BED FUND	\$949.94
105	ENDOWED BED FUND	\$1,720.97
106	ENDOWED BED FUND	\$150.00
107	ENDOWED BED FUND	\$810.85
108	ENDOWED BED FUND	\$1,258.49
109	ENDOWED BED FUND	\$877.31
110	ENDOWED BED FUND	\$612.57
111	ENDOWED BED FUND	\$114.00
112	ENDOWED BED FUND	\$3,898.82
113	ENDOWED BED FUND	\$300.00
114	ENDOWED BED FUND	\$1,454.37
115	ENDOWED BED FUND	\$235.82
116	ENDOWED BED FUND	\$225.00
117	ENDOWED BED FUND	\$2,704.80
118	ENDOWED BED FUND	\$74.67
119	ENDOWED BED FUND	\$3,815.77
120	ENDOWED BED FUND	\$500.00
121	ENDOWED BED FUND	\$345.00
122	ENDOWED BED FUND	\$1,525.58
123	ENDOWED BED FUND	\$643.48
124	ENDOWED BED FUND	\$1,919.60
125	ENDOWED BED FUND	\$562.18
126	ENDOWED BED FUND	\$336.98
127	ENDOWED BED FUND	\$240.32
128	ENDOWED BED FUND	\$302.65
129	ENDOWED BED FUND	\$1,620.20
130	ENDOWED BED FUND	\$135.90
131	ENDOWED BED FUND	\$20.00
132	ENDOWED BED FUND	\$429.88
133	ENDOWED BED FUND	\$3,528.03
134	ENDOWED BED FUND	\$1,573.26
135	ENDOWED BED FUND	\$669.25
136	ENDOWED BED FUND	\$2,821.77
137	ENDOWED BED FUND	\$634.09
138	ENDOWED BED FUND	\$767.00
139	ENDOWED BED FUND	\$951.32
140	ENDOWED BED FUND	\$1,264.96
141	ENDOWED BED FUND	\$2,390.74
142	ENDOWED BED FUND	\$1,283.26
143	ENDOWED BED FUND	\$9,763.12

GREENWICH 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	199
2. A.	Number of Patients receiving Hospital Bed Fund Grants	199
2. B.	The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:	\$1,726,907.16
144	ENDOWED BED FUND	\$465.96
145	ENDOWED BED FUND	\$270.65
146	ENDOWED BED FUND	\$153.06
147	ENDOWED BED FUND	\$118.15
148	ENDOWED BED FUND	\$707.58
149	ENDOWED BED FUND	\$1,339.50
150	ENDOWED BED FUND	\$996.94
151	ENDOWED BED FUND	\$151.00
152	ENDOWED BED FUND	\$613,803.15
153	BELDING & BLACKFORD FUND	\$13,737.58
154	BELDING & BLACKFORD FUND	\$4,121.99
155	BELDING & BLACKFORD FUND	\$37,592.03
156	BELDING & BLACKFORD FUND	\$21,029.59
157	BELDING & BLACKFORD FUND	\$6,242.59
158	BELDING & BLACKFORD FUND	\$4,159.19
159	BELDING & BLACKFORD FUND	\$14,717.30
160	BELDING & BLACKFORD FUND	\$9,387.24
161	BELDING & BLACKFORD FUND	\$14,956.01
162	BELDING & BLACKFORD FUND	\$6,357.87
163	BELDING & BLACKFORD FUND	\$4,836.63
164	BELDING & BLACKFORD FUND	\$5,074.57
165	BELDING & BLACKFORD FUND	\$9,586.60
166	BELDING & BLACKFORD FUND	\$59,758.86
167	BELDING & BLACKFORD FUND	\$10,898.26
168	BELDING & BLACKFORD FUND	\$12,106.96
169	BELDING & BLACKFORD FUND	\$15,312.75
170	BELDING & BLACKFORD FUND	\$5,059.65
171	BELDING & BLACKFORD FUND	\$9,763.12
172	BELDING & BLACKFORD FUND	\$31,092.57
173	BELDING & BLACKFORD FUND	\$7,681.46
174	BELDING & BLACKFORD FUND	\$15,163.19
175	BELDING & BLACKFORD FUND	\$4,319.77
176	BELDING & BLACKFORD FUND	\$9,845.51
177	BELDING & BLACKFORD FUND	\$5,019.40
178	BELDING & BLACKFORD FUND	\$4,912.45
179	BELDING & BLACKFORD FUND	\$53,751.28
180	BELDING & BLACKFORD FUND	\$2,776.34
181	BELDING & BLACKFORD FUND	\$34,460.88
182	BELDING & BLACKFORD FUND	\$35,134.48
183	BELDING & BLACKFORD FUND	\$13,733.63
184	BELDING & BLACKFORD FUND	\$7,602.90
185	BELDING & BLACKFORD FUND	\$25,044.77
186	BELDING & BLACKFORD FUND	\$64,216.79
187	BELDING & BLACKFORD FUND	\$19,682.25
188	BELDING & BLACKFORD FUND	\$18,279.68
189	BELDING & BLACKFORD FUND	\$9,693.92
190	BELDING & BLACKFORD FUND	\$12,600.62
191	BELDING & BLACKFORD FUND	\$18,851.51
192	BELDING & BLACKFORD FUND	\$30,451.06
193	BELDING & BLACKFORD FUND	\$4,282.43
194	BELDING & BLACKFORD FUND	\$10,461.93
195	BELDING & BLACKFORD FUND	\$4,687.09
196	BELDING & BLACKFORD FUND	\$19,978.26
197	BELDING & BLACKFORD FUND	\$4,033.44
198	BELDING & BLACKFORD FUND	\$13,602.08
199	BELDING & BLACKFORD FUND	\$207.00
Grand Total		\$1,726,907.16

GREENWICH HOSPITAL					
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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.				
	Adolescent Medicine Free Care Fund	\$48,956.00	(\$170.00)	\$0.00	(\$170.00)
	Free Bed Fund	\$99.00	(\$1.00)	\$0.00	(\$1.00)
	Endowed Bed & Room Endowment	\$8,872,902.00	\$383,518.00	\$0.00	\$383,518.00
	Homecare Fund	\$12,834.00	(\$44.00)	\$0.00	(\$44.00)
	Mary Fund for Cancer	\$4,472.00	(\$16.00)	\$0.00	(\$16.00)
	Pediatric Fund	\$104,371.00	(\$362.00)	\$0.00	(\$362.00)
	The May Day Fund	\$21,733.00	(\$75.00)	\$0.00	(\$75.00)
	Genevieve & George Funston Endowment	\$323,310.00	\$12,837.00	\$0.00	\$12,837.00
	Kennedy-Duncan Fund	\$2,539,494.00	\$100,832.00	\$0.00	\$100,832.00
	Margaret Yeager Fund	\$46,823.00	\$1,859.00	\$0.00	\$1,859.00
	Mary & Martin Weinmann Endowment	\$442,338.00	\$17,564.00	\$0.00	\$17,564.00
	Munitalp Foundation Endowment	\$190,821.00	\$7,576.00	\$0.00	\$7,576.00
	Wood Fund for Hospice Endowment	\$947,905.00	\$37,637.00	\$0.00	\$37,637.00
	Aids Fund	\$20,214.00	(\$70.00)	\$0.00	(\$70.00)
	Arthritis Fund	\$123,621.00	(\$429.00)	\$0.00	(\$429.00)
	Financial Assistance Fund	\$4,483.00	(\$16.00)	\$0.00	(\$16.00)
	Outpatient Department Fund	\$17,719.00	(\$61.00)	\$0.00	(\$61.00)
	Outpatient Clinic Free Care	\$9,953.00	(\$34.00)	\$0.00	(\$34.00)
	Belding & Blackford Fund	\$0.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$13,732,048.00	\$560,545.00	\$0.00	\$560,545.00

**GREENWICH 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	See Policies and Procedures for Billing and Collection as part of Annual Filing per sec 19a-643 et seq
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	16.80%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	Attorney 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.	See Policies and Procedures associated with Billing as part of Annual Filing per sec 19a-643 et seq
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.	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%
B	Collection Agent	
1	Collection Agent Name	Attorney Cipriano
2	Collection Agent Type	Attorney

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	See Policies and Procedures for Billing and Collection as part of Annual Filing per sec 19a-643 et seq
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.	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%
C	Collection Agent	
1	Collection Agent Name	Tobin, Carberry, OMallery, Riley, Sellinger P.C.
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	
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.	See Policies and Procedures for Billing and Collection as part of Annual Filing per sec 19a-643 et seq
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.	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%

**GREENWICH 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	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	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.	See Policies and Procedures for Billing and Collection as part of Annual Filing per sec 19a-643 et seq
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.	Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.80%

**GREENWICH 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.	Pathologist	Vicky Altemeyer	\$603,506	\$64,531	\$668,037
2.	Sr. VP, Medical Services & CMO	Marvin Lipschutz	\$538,248	\$39,399	\$577,647
3.	Sr. VP, Patient Services	Susan Brown	\$463,119	\$55,661	\$518,780
4.	Pathologist	Ileana Green	\$459,864	\$9,842	\$469,706
5.	Chief Safety Officer	Stephen Jones	\$385,975	\$61,293	\$447,268
6.	Director, Infectious Diseases	James Sabetta	\$368,226	\$78,217	\$446,443
7.	Director, Neonatology	Stylios Theofanidis	\$376,858	\$59,280	\$436,138
8.	Director, Medical Education	Charles Seelig	\$354,823	\$79,651	\$434,474
9.	Pathologist	Dana Jaggessarsingh	\$380,983	\$17,140	\$398,123
10.	Pathologist	Dorothy Blackmun	\$333,765	\$24,402	\$358,167
		Grand Total:	\$4,265,367	\$489,416	\$4,754,783

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)
ANNUAL REPORTING
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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	Marna Borgstrom, YNHH & YNHHSC	\$2,776,191	\$1,073,805	\$3,849,996
2.	Sr. VP, Payer Relations	William Gedge, YNHHSC	\$2,967,223	\$171,965	\$3,139,188
3.	Exec. VP	Richard D Aquila, YNHH & YNHHSC	\$1,925,928	\$629,156	\$2,555,084
4.	Exec. VP, COO	Christopher O Connor, YNHHSC	\$1,226,037	\$449,944	\$1,675,981
5.	Exec. VP	William Jennings, BH & YNHHSC	\$1,114,692	\$415,294	\$1,529,986
6.	VP, Compensation & Benefits	Michael Dimenstein, YNHHSC	\$1,430,494	\$90,984	\$1,521,478
7.	Exec. VP, Strategy & System Development	Gayle Capozzalo, YNHHSC	\$1,406,081	\$108,420	\$1,514,501
8.	Exec. VP	Norman Roth, GH & BH, & YNHHSC	\$1,183,931	\$110,706	\$1,294,637
9.	Sr. VP, General Counsel	William Aselyne, YNHH & YNHHSC	\$924,176	\$366,720	\$1,290,896
10.	Exec. VP, CFO	Vincent Tammaro, YNHH & YNHHSC	\$862,423	\$310,024	\$1,172,447
		Grand Total:	\$15,817,176	\$3,727,018	\$19,544,194

**GREENWICH HOSPITAL
ANNUAL REPORTING
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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.	Nothing to Report		\$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

**GREENWICH 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

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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 . YALE NEW HAVEN HEALTH SERVICES CORP (YNHHC)				
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 . 900 KING STREET ASSOCIATES, 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
C . CVW BODY DESIGN CENTER - STAMFORD, 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 . GH REALTY, 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
E . GREENWICH AMBULATORY SURGERY CENTER, 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
F . GREENWICH CLINICAL PATHOLOGY ASSOCIATES, 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 . GREENWICH FERTILITY AND IVF CENTER, P.C.				
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 . GREENWICH HEALTH CARE SERVICES, 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
I . GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.				
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
K . GREENWICH PATHOLOGY ASSOCIATES, 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
L . ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, 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
M . PERRYRIDGE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N .	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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
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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

GREENWICH 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	3,884	4,097	213	5%
2.	Number of Approved Applicants	3,884	4,097	213	5%
3.	Total Charges (A)	\$19,643,151	\$23,619,473	\$3,976,322	20%
	Average Charges	\$5,057	\$5,765	\$708	14%
4.	Ratio of Cost to Charges (RCC)	0.271931	0.276075	0.004144	2%
	Total Cost	\$5,341,582	\$6,520,746	\$1,179,164	22%
	Average Cost	\$1,375	\$1,592	\$216	16%
5.	Charity Care - Inpatient Charges	\$3,632,478	\$6,461,464	\$2,828,986	78%
6.	Charity Care - Outpatient Emergency Department Charges	6,879,146	6,928,064	48,918	1%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	9,131,527	10,229,945	1,098,418	12%
	Total Charges (A)	\$19,643,151	\$23,619,473	\$3,976,322	20%
8.	Charity Care - Number of Patient Days	918	1,823	905	99%
9.	Charity Care - Number of Discharges	331	248	(83)	-25%
10.	Charity Care - Number of Outpatient ED Visits	3,254	3,811	557	17%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	9,721	6,536	(3,185)	-33%
(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	69	199	130	188%
2.	Number of Approved Applicants	69	199	130	188%
3.	Total Charges (B)	\$920,000	\$1,726,907	\$806,907	88%
	Average Charges	\$13,333	\$8,678	(\$4,655)	-35%
4.	Ratio of Cost to Charges (RCC)	0.271931	0.276075	0.004144	2%
	Total Cost	\$250,177	\$476,756	\$226,579	91%
	Average Cost	\$3,626	\$2,396	(\$1,230)	-34%
5.	Bed Funds - Inpatient Charges	\$386,648	\$1,359,736	\$973,088	252%
6.	Bed Funds - Outpatient Emergency Department Charges	226,421	228,527	2,106	1%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	306,931	138,644	(168,287)	-55%
	Total Charges (B)	\$920,000	\$1,726,907	\$806,907	88%
8.	Bed Funds - Number of Patient Days	158	760	602	381%
9.	Bed Funds - Number of Discharges	45	51	6	13%
10.	Bed Funds - Number of Outpatient ED Visits	198	154	(44)	-22%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	335	253	(82)	-24%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

GREENWICH 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