ANNUAL REPORTING

FISCAL YEAR 2010

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
	IE DESCRIPTION AFEIL LATE INFORMATION			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
Α.	AFFILIATE NAME	YNH NETWORK CORPORATION		
		YNH NETWORK CORP. IS THE PARENT CORPORATION TO YALE-NEW HAVEN		
		HOSP., YALE-NEW HAVEN AMBULATORY SERVICES CORP., YORK		
		ENTERPRISES, INC., COMMUNITY HEALTH CARE PHYSICIANS (CHCP), AND		
	Affiliate Description	QUINNIPIAC MEDICAL PC.		
	Affiliate type of service Tax Status	Parent Corporation Not for Profit		
	Street Address	789 Howard Avenue, New Haven, Connecticut		
5	Town	New Haven		
6	State	Connecticut		
7	Zip Code	06519 -		
	CEO Name	Marna P. Borgstrom		
	CEO Title CT Agent Name	President William J. Aseltyne		
	CT Agent Name CT Agent Company	Yale-New Haven Health Services Corporation		
		789 Howard Ave, CB 230, Legal and Risk Services Dept		
13	CT Agent Town	New Haven		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06519 -		
В.	AFFILIATE NAME	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
В.	AFFILIATE NAME	CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT		
		RECEIVABLE COLLECTIONS IN WHICH YORK ENTERPRISES OWNS A 47.6%		
1	Affiliate Description	INTEREST.		
	Affiliate type of service	Collection Agency		
	Tax Status	For Profit		
4	Street Address	23 Maiden Lane		
5	Town	North Haven		
6	State	Connecticut		
	Zip Code CEO Name	06473 - John Skelly		
	CEO Title	Chairman of Board		
	CT Agent Name	Steven Markesich		
	CT Agent Company	Century Financial Services		
12	CT Agent Company Street Address	23 Maiden Lane		
13	CT Agent Town	North Haven		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06473 -		
C.	AFFILIATE NAME	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)		
		A CONNECTICUT STOCK, FOR-PROFIT, PROFESSIONAL CORPORATION		
		FORMED IN 1996. ALL STOCK OF CHCP IS OWNED BY THE CHIEF OF STAFF OF		
		YALE-NEW HAVEN HOSPITAL. ORGANIZATION HOLDS LEASE AT A FACILITY IN		
	Affiliate Description	NEW HAVEN.		
2	Affiliate type of service	For Profit Services (Specify)		
3	Tax Status	For Profit		
4 5	Street Address Town	789 Howard Avenue New Haven		
6	State	Connecticut		
	Zip Code 06519 -			
8	CEO Name			
9	CEO Title	President		
	CT Agent Name William J Aseltyne			
	CT Agent Company			
	CT Agent Company Street Address 789 Howard Avenue, CB230, Legal & Risk Services Dept			
13 14	CT Agent Town CT Agent State	New Haven Connecticut		
14	OT Agent State	CONTRECTION		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
		AFFILIATE INFORMATION		
	DESCRIPTION	AFFILIATE INFORMATION		
15	CT Agent Zip Code	06519 -		
D.	AFFILIATE NAME	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.		
D.	AFFILIATE NAME	MEDICAL CENTER PHARMACY IS A WHOLLY OWNED SUBSIDIARY OF YORK		
		ENTERPRISES, INC. IT OPERATES A RETAIL PHARMACY WITH MULTIPLE		
		LOCATIONS. CURRENTLY INACTIVE IN PROVIDING HOME IV INFUSION		
1	Affiliate Description	SERVICES.		
	Affiliate type of service	Pharmacy		
3	Tax Status	For Profit		
	Street Address	50 York Street		
	Town	New Haven		
6	State	Connecticut		
7	Zip Code	06511 -		
8	CEO Name	Vincent Tammaro		
9	CEO Title	President		
	CT Agent Name	William J Aseltyne		
11	CT Agent Company CT Agent Company Street Address	Yale New Haven Hospital		
	CT Agent Company Street Address CT Agent Town	20 York Street, CB-230 New Haven		
	CT Agent Town CT Agent State	Connecticut		
15	CT Agent State CT Agent Zip Code	06505 -		
-10	7 rigent zip eede			
E.	AFFILIATE NAME	MEDICAL CENTER REALTY, INC.		
		MEDICAL CENTER REALTY, INC. IS A WHOLLY OWNED SUBSIDIARY OF YORK		
	Affiliate Description	ENTERPRISES, INC.		
	Affiliate type of service	Real Estate		
	Tax Status	For Profit		
4	Street Address	50 York Street		
5	Town	New Haven		
6 7	State Zip Code	Connecticut 06511 -		
	CEO Name	Vincent Tammaro		
9	CEO Title	President		
	CT Agent Name	William J Aseltyne		
11	CT Agent Company	Yale-New Haven Health Services Corporation		
12	CT Agent Company Street Address	789 Howard Ave, CB230, Legal & Risk Services Dept		
	CT Agent Town	New Haven		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06519 -		
F.	AFFILIATE NAME	NORTHEAST MEDICAL GROUP, INC.		
H		Physician related services, such as patient care, medical education, and research and		
1	Affiliate Description	administration to YNHH, BH, GH and the community.		
	Affiliate type of service	Physicians Services		
3	Tax Status	Not for Profit		
4	Street Address	226 Mill Hill Avenue		
5	Town	Bridgeport		
	State	Connecticut		
7	Zip Code	06610 -		
8	CEO Name	Bruce McDonald Chairman of the Board		
9 10	CEO Title CT Agent Name	Karen Dalev		
11	CT Agent Name CT Agent Company	Bridgeport Hospital		
12				
	CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06610 -		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
G.	AFFILIATE NAME	QUINNIPIAC MEDICAL P.C. (QMPC)	
<u> </u>	AFFILIATE NAIVIE	A CONNECTICUT STOCK, FOR-PROFIT, PROFESSIONAL CORPORATION	
		FORMED IN 1994 AND EMPLOYS PRIMARY CARE HOSPITALIST PHYSICIANS.	
1	Affiliate Description	ALL STOCK IS OWNED BY THE CHIEF OF STAFF OF YALE-NEW HAVEN	
2	Affiliate type of service	For Profit Services (Specify)	
3	Tax Status	For Profit	
4	Street Address	789 Howard Avenue	
5 6	Town State	New Haven Connecticut	
	Zip Code	06519 -	
	CEO Name	Peter Herbert, M.D.	
9	CEO Title	President	
10	CT Agent Name	Merton G. Gollaher, Jr.	
11	CT Agent Company	Wiggin & Dana LLP	
12	CT Agent Company Street Address	1 Century Tower, 195 Church St	
	CT Agent Town CT Agent State	New Haven Connecticut	
15	CT Agent State CT Agent Zip Code	06508 -	
H.	AFFILIATE NAME	SHORELINE SURGERY CENTER, LLC	
		SHORELINE SURGERY CENTER LLC IS A LIMITED LIABLITY COMPANY AND IS A	
		PARTNERSHIP BETWEEN CGC ENDOSCOPY, LLC, UNRELATED THIRD PARTY	
	A 600 1	AND YALE-NEW HAVEN AMBULATORY SERVICES CORP WHICH HAS A 51%	
	Affiliate Description	INTEREST.	
3	Affiliate type of service Tax Status	Ambulatory/OP Surgery Center Not for Profit	
4	Street Address	789 Howard Avenue	
5	Town	New Haven	
6	State	Connecticut	
	Zip Code	06504 -	
	CEO Name	Gayle L. Capozzalo	
	CEO Title CT Agent Name	Member Merton G. Gollaher, Jr	
11	CT Agent Name CT Agent Company	Wiggin & Dana LLP	
12	CT Agent Company Street Address	1 Century Tower, 195 Church St	
13	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06508 -	
ı.	AFFILIATE NAME	SSC II, LLC	
<u> </u>		SSC II, LLC IS A LIMITED LIABILITY COMPANY AND IS A SUBSIDIARY OF	
		SHORELINE SURGERY CENTER, LLC. SSC II, LLC IS AN ENDOSCOPY SURGERY	
	Affiliate Description	CENTER	
2	Affiliate type of service	Ambulatory/OP Surgery Center	
3	Tax Status	Not for Profit	
4	Street Address	11 GOOSE LANE	
5 6	Town State	GUILFORD Connecticut	
	Zip Code	06437 -	
8	CEO Name	GAYLE CAPOZZALO	
9	CEO Title	MEMBER	
	CT Agent Name	MERTONG. GOLLAHER, JR	
11	CT Agent Company	WIGGIN & DANA LLP	
		1 CENTURY TOWER, 195 CHURCH STREET	
	CT Agent Town CT Agent State	NEW HAVEN Connecticut	
	CT Agent State CT Agent Zip Code	06510 -	

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
J.	AFFILIATE NAME	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)	
٠.	ALLIER E NAME	NCPD is a CT non-profit, non-stock corporation created to provide support for the	
		development of clinical programs and services that will enhance the rendering of	
1	Affiliate Description	patient care at Yale University and Yale-New Haven Hospital.	
2	Affiliate type of service	Other HealthCare Svcs(Specify)	
	Tax Status	Not for Profit	
4	Street Address	789 Howard Avenue	
5	Town	New Haven	
6 7	State Zip Code	Connecticut 06519 -	
	CEO Name	Gayle Capozzalo	
	CEO Title	President	
	CT Agent Name	D. Terence Jones	
11	CT Agent Company	Wiggin and Dana	
12	CT Agent Company Street Address		
	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06508 - 1832	
K.	AFFILIATE NAME	YALE-NEW HAVEN AMBULATORY SERVICES CORP.	
17.	ALTICIATE NAME	YALE-NEW HAVEN AMBULATORY SERVICES CORP. IS A WHOLLY OWNED	
		SUBSIDIARY OF YNH NETWORK CORP. IT OPERATES A RECOVERY CARE	
		CENTER. IN FY04, IT ACQUIRED A 51% INTEREST IN YALE-NEW HAVEN	
1	Affiliate Description	SHORELINE SURGERY CENTER LLC.	
	Affiliate type of service	Ambulatory/OP Surgery Center	
	Tax Status	Not for Profit	
	Street Address	60 Temple Street	
	Town	New Haven	
	State	Connecticut	
	Zip Code CEO Name	06510 - Richard D`Aquila	
	CEO Name CEO Title	President	
	CT Agent Name	William J Aseltyne	
	CT Agent Company	Yale New Haven Hospital	
12	CT Agent Company Street Address		
13	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06510 -	
١.	AFFILIATE NAME	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	
L.	AFFILIATE NAME	YNHHSC IS THE PARENT CORPORATION OF YNH NETWORK CORP., YNHHS	
		MSO INC. WHICH ARE AFFILIATED WITH YALE-NEW HAVEN HOSP.,	
1	Affiliate Description	BRIDGEPORT VERTICAL NETWORK, AND GREENWICH VERTICAL NETWORK.	
	Affiliate type of service	Parent Corporation	
	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 William I Apoltyno	
	CT Agent Name	William J Aseltyne	
11 12	CT Agent Company CT Agent Company Street Address	Yale New Haven Hospital ess 20 York Street, CB230, Legal & Risk Services Dept	
	CT Agent Company Street Address CT Agent Town	New Haven	
	CT Agent Town CT Agent State	Connecticut	
15	CT Agent Zip Code	06510 -	

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
М.	AFFILIATE NAME	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)	
IVI.	AFFILIATE NAME	A TAX-EXEMPT NONPROFIT ORGANIZATION WITH THE PRIMARY PURPOSE TO	
		COORDINATE ACTIVITIES OF YALE-NEW HAVEN HOSPITAL, INC. AND YALE	
		UNIVERSITY-SCHOOLS OF MEDICINE AND NURSING IN AREAS OF MUTUAL	
		CONCERN AND TO CONDUCT LONG-RANGE PLANNING FOR THE HOSPITAL'S	
1	Affiliate Description	MED	
	Affiliate type of service	Affilate Support Services	
3	Tax Status Street Address	Not for Profit 20 York Street, Suite T-102	
5	Town	New Haven	
6	State	Connecticut	
7	Zip Code	06504 -	
	CEO Name	Steve Merz	
9	CEO Title	President	
10 11	CT Agent Name CT Agent Company	William J Aseltyne Yale-New Haven Health Services Corporation	
12	CT Agent Company Street Address	789 Howard Avenue, CB230, Legal & Risk Services Dept	
	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06519 -	
N.	AFFILIATE NAME	YNH GERIATRIC SERVICES, P.C.	
	ALLEGIE NOME	Provides elder care services for Nursing Home Practices in the community. P.C.	
		employed physicians and physician assistants visit patients in Practice affiliated nursing	
1	Affiliate Description	facilities, in their homes in affiliated retirement communities and in office setting	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	789 Howard Avenue	
5 6	Town State	New Haven Connecticut	
7	Zip Code	06519 -	
8	CEO Name	Peter Herbert	
9	CEO Title	President	
10	CT Agent Name	Merton G. Gollaher	
11 12	CT Agent Company CT Agent Company Street Address	Wiggin & Dana One Century Tower, P.O. Box 1832	
13	CT Agent Company Street Address CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06508 - 1832	
	AFFILIATE NAME	YNH MEDICAL SERVICES, P.C.	
0.	AFFILIATE NAME	Known as the Hospitalist Service, provides inpatient care supporting the community	
1	Affiliate Description	physicians from direct referrals as well as any overflow patients.	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	20 York Street, CB 2041	
5	Town	New Haven	
6	State Zin Code	Connecticut 06510 -	
7 8	Zip Code CEO Name	Peter Herbert	
9	CEO Title	President	
10	CT Agent Name	Merton G. Gollaher	
11	CT Agent Company	Wiggin & Dana	
12	CT Agent Company Street Address		
13	CT Agent Town CT Agent State	New Haven	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06508 - 1832	
-13	O F A GOIN ZIP GOOD		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
P.	AFFILIATE NAME	YNHH-PHYSICIANS CORPORATION	
 ' '	ALLIERTE NAME	PHYSICIAN HOSPITAL ORGANIZATION IS A MANAGED CARE CONTRACTING	
		ORGANIZATION. YNHH DOES NOT CONSIDER THE PHO AN AFFILIATE BECAUSE	
		IT IS NOT CONTROLLED BY OR UNDER COMMON CONTROL OR OWNERSHIP	
	Affiliate Description	WITH YNHH OR YNHH AFFILIATES.	
	Affiliate type of service Tax Status	Physicians Hospital Org. (PHO)	
3	Street Address	For Profit 789 Howard Avenue	
5	Town	New Haven	
6	State	Connecticut	
	Zip Code	06519 -	
	CEO Name	Dr. Michael Berman	
	CEO Title CT Agent Name	President and Chairman of the Board Irving S. Schloss Esq.	
	CT Agent Name CT Agent Company	Tyler Cooper & Alcorn LLP	
12	CT Agent Company Street Address	205 Church St.	
13	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06509 -	
Q.	AFFILIATE NAME	YNHHS-MSO, INC.	
		YNNH-MSO, INC. WAS ORIGINALLY FORMED TO MANAGE PHYSICIAN	
		PRACTICES AND PROVIDE THIRD PARTY ADMINISTRATIVE SERVICES ON	
	Affiliate Description	CERTAIN MANAGED CARE CONTRACTS.	
	Affiliate type of service	Managed Services Org. (MSO)	
3	Tax Status Street Address	For Profit 789 Howard Avenue	
5	Town	New Haven	
6	State	Connecticut	
	Zip Code	06519 -	
	CEO Name	Gayle Capozzalo	
	CEO Title CT Agent Name	Chairperson Merton G. Gollaher, JR.	
11	CT Agent Name CT Agent Company	Wiggin & Dana LLP	
12	CT Agent Company Street Address	1 Century Tower, 195 Church St	
13	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06508 - 1832	
R.	AFFILIATE NAME	YORK ENTERPRISES, INC.	
		YORK ENTERPRISES, INC. IS A WHOLLY OWNED SUBSIDIARY OF YNH	
		NETWORK CORP. YORK ENTERPRISES INC IS THE PARENT CORPORATION OF	
		MEDICAL CENTER REALTY INC AND MEDICAL CENTER PHARMACY AND HOME	
	Affiliate Description	CARE CENTER INC.	
3	Affiliate type of service Tax Status	Affilate Support Services For Profit	
4	Street Address	50 York Street	
5	Town	New Haven	
6	State	Connecticut	
	Zip Code	06511 - 1 T	
	CEO Name CEO Title	Vincent Tammmaro President	
	CT Agent Name	William J Aseltyne	
	CT Agent Name CT Agent Company	Yale New Haven Hospital	
12	CT Agent Company Street Address	20 York Street, CB-230	
	CT Agent Town	New Haven	
	CT Agent State	Connecticut 06510 -	
15	CT Agent Zip Code	00010 -	

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

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

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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(-/	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
		. 5.12 . 5.11 552	0,00,2010
Α.	YALE-NEW HAVEN HOSPITAL		
1	TALE-NEW HAVEN HOSI HAE	Unrestricted	\$567,531,000
2		Temporarily Restricted by Donor	\$48,525,000
3		Temporarily Restricted by Board	\$48,323,000
4		Permanently Restricted by Donor	\$26,256,000
5		Intercompany Eliminations	\$20,230,000
Ů		Total:	\$642,312,000
		. 510	40 12,012,000
В.	YNH NETWORK CORPORATION		
1	THINE TWO KING OKATION	Unrestricted	\$13,350,000
2		Temporarily Restricted by Donor	\$13,330,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$12,361,000)
_		Total:	\$989,000
			\$333,300
	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY		
C.	(CENTURY)		
1	(CENTORT)	Llaractriated	£4 COE 000
2		Unrestricted Temporarily Restricted by Donor	\$1,605,000 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,605,000)
		Total:	\$0
		Total.	+ + + + + + + + + + + + + + + + + + + +
_	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)		
D.	COMMONITY HEALTH CARE PHYSICIANS (CHCP)	Lipupatriata d	£40,000
1		Unrestricted	\$18,000
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$18,000
		Total.	\$10,000
	MEDICAL CENTER PHARMACY AND HOME CARE CENTER,		
E.	INC.		
	ING.	Unrestricted	£4.440.400
2		Temporarily Restricted by Donor	\$4,118,492
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
٣		Total:	\$4,118,492
		- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	ψ.,
F.	MEDICAL CENTER REALTY, INC.		
	MILDIOAL CENTER REALTT, INC.	Unrestricted	(\$700 000)
2		Unrestricted Temporarily Restricted by Donor	(\$788,000) \$0
3		Temporarily Restricted by Board	\$0
		Permanently Restricted by Board	\$0
1		prominently restricted by Dollol	\$0
<u>4</u> 5		Intercompany Fliminations	
5		Intercompany Eliminations Total:	
		Intercompany Eliminations Total:	(\$788,000)
5	NORTHEAST MEDICAL CROUP, INC.		
5 G.	NORTHEAST MEDICAL GROUP, INC.	Total:	(\$788,000)
G.	NORTHEAST MEDICAL GROUP, INC.	Total: Unrestricted	(\$788,000) \$91,000
5 G . 1	NORTHEAST MEDICAL GROUP, INC.	Unrestricted Temporarily Restricted by Donor	(\$788,000) \$91,000 \$0
5 G. 1 2 3	NORTHEAST MEDICAL GROUP, INC.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$91,000 \$0 \$0
5 G. 1 2 3 4	NORTHEAST MEDICAL GROUP, INC.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$91,000 \$0 \$0
5 G. 1 2 3	NORTHEAST MEDICAL GROUP, INC.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$91,000 \$0 \$0

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
	OLUMBURIAC MEDICAL D.C. (OMDC)		
	QUINNIPIAC MEDICAL P.C. (QMPC)	Unrestricted	(¢1 215 000)
2		Temporarily Restricted by Donor	(\$1,315,000) \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$1,315,000)
I.	SHORELINE SURGERY CENTER, LLC		
1	SHOKELINE SONGERT CENTER, LEC	Unrestricted	\$1,956,000
2		Temporarily Restricted by Donor	\$1,936,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,956,000)
		Total:	\$0
	220 11 11 0		
J.	SSC II, LLC	Unrestricted	¢2 404 000
2		Unrestricted Temporarily Restricted by Donor	\$2,191,000 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,191,000)
		Total:	\$0
	THE NEW CLINICAL DEVELOPMENT PROGRAM		
	CORPORATION (NCPD)		
1		Unrestricted	\$7,743,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$1,445,000
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 (\$9,188,000)
		Total:	(\$9,186,000) \$0
L.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		
1		Unrestricted	\$4,530,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
		Total:	\$4,530,000
M.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		
1		Unrestricted	\$95,861,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
Ŭ		Total:	\$95,861,000
N.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)		
1	,	Unrestricted	\$3,390,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
I		Total:	\$3,390,000

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
0.	YNH GERIATRIC SERVICES, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$0
		Total.	\$
P.	YNH MEDICAL SERVICES, P.C.		
1		Unrestricted	(\$111,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$111,000)
Q.	YNHH-PHYSICIANS CORPORATION		
1	THIRP-FIT SICIANS CORFORATION	Unrestricted	\$84,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$84,000)
		Total:	\$0
R.	YNHHS-MSO, INC.	Unrestricted	\$1,611,000
2		Temporarily Restricted by Donor	\$1,611,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,611,000
S.	YORK ENTERPRISES, INC.		A = A = (· · · · ·
1		Unrestricted	\$7,058,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
5		Total:	(\$3,331,000) \$3,727,000
		i Otai.	φ3,121,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$785,149,492
	Intercompany Eliminations		(\$30,716,000)
	Total of all Affiliates	Fund Balance:	\$754,433,492

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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
Α.	YNH NETWORK CORPORATION			
<u> </u>	THIT RETWORK CORT CRATION	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	3/30/2003	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
		<u> </u>	0,00,2010	·
В.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENT	URY)		
	(0	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Collection Agency Fees	09/30/2010	\$649,048
2		Net Payments	09/30/2010	(\$649,048)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$314,524
1		Sales/Purchases of Services	09/30/2010	(\$138,943)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$175,581
_				
E.	MEDICAL CENTER REALTY, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$52,976)
1		Sales/Purchases of Services	09/30/2010	\$64,479
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$11,503
F.	NORTHEAST MEDICAL GROUP, INC.			
H'-	NOTTHEAST WEDICAL GROUP, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Payment to Hospital	09/30/2010	\$245,000
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$245,000 \$245,000
			3/30/2010	ΨΔ-70,000
G.	QUINNIPIAC MEDICAL P.C. (QMPC)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
Н.	SHORELINE SURGERY CENTER, LLC			

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
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	0/00/2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
I.	SSC II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION	(NCPD)		
<u></u> − 0.	THE NEW CEINICAL DEVELOPMENT PROGRAM CORPORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	3/30/2003	\$0
-		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			3/30/2010	***
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$800,263
1		Payment to Hospital	09/30/2010	(\$22,968)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$777,295
L.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)			(00.045.040)
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$8,915,210)
1		System Support Fee	09/30/2010	(\$16,078,041)
2		Information System Contract Fee	09/30/2010	(\$17,432,550)
3		System Business Office Contract Fee	09/30/2010	(\$14,213,666)
4		Professional General Liability Insurance	09/30/2010	(\$21,380,317)
5		Other Fees	09/30/2010	(\$29,990,230)
6		Facilities Rental	09/30/2010	\$2,672,000
7		Other Fees	09/30/2010 09/30/2010	\$2,136,000 \$19,000,000
8 9		Transfer of Cash	09/30/2010	(\$19,000,000)
10		Transfer of Net Assets Net Payments	09/30/2010	\$91,824,014
10		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$11,378,000)
		3	0,00,2010	(, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
М.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)		
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$68,721)
1		Sales/Purchases of Services	09/30/2010	\$62,617
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$6,104)

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
N.	YNH GERIATRIC SERVICES, P.C.			4050
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$359
1		Sales/Purchases of Services	09/30/2010	(\$359)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
0.	YNH MEDICAL SERVICES, P.C.			
<u> </u>	TINH MEDICAL SERVICES, P.C.	Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$1,809,301)
1		Payments to Y-NHH	09/30/2010	\$1,615,884
- '		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$193,417)
		Ending officonsolidated intercompany balance.	9/30/2010	(\$195,417)
P.	YNHH-PHYSICIANS CORPORATION			
F.	TNNN-PHISICIANS CORPORATION	De nin nin u Horana ali data di Interna non Balana a	0/00/0000	*0
-		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	2/22/22/2	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
Q.	VAULUO MOO INIO			
Q.	YNHHS-MSO, INC.	Designing the energidated interesponding Delener	0/20/2000	*0
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	2/22/22/2	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
R.	VODY ENTERPRISES INC			
K.	YORK ENTERPRISES, INC.	Desiration Hospital Hater deleters and D. J.	0/00/0000	*
-		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0 \$0
		Nothing to Report		\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0

			Grand Total:	(\$10,368,142)

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	10/01/2009	\$482,702
A.	YNH NETWORK CORPORATION				
1		YNH NETWORK CORPORATION	Management Services	09/30/2010	\$3,727
2		YNH NETWORK CORPORATION	System Support Fee	09/30/2010	\$1,099
3		YNH NETWORK CORPORATION	Payments/Adjustments	09/30/2010	\$23,883
			Total:	9/30/2010	\$28,709
B.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)				
1		YNH NETWORK CORPORATION	Management Services	09/30/2010	\$79,676
2		YNH NETWORK CORPORATION	Payments/Adjustments	09/30/2010	(\$42,555)
			Total:	9/30/2010	\$37,121
					·
C.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
					·
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.				
1		YNH NETWORK CORPORATION	System Support Fee	09/30/2010	\$344,228
2		YNH NETWORK CORPORATION	Payments	09/30/2010	(\$244,514)
3		YNH NETWORK CORPORATION	Allocated Expenses	09/30/2010	(\$79,366)
			Total:	9/30/2010	\$20,348
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+==,==
E.	MEDICAL CENTER REALTY, INC.				
1	, -	YNH NETWORK CORPORATION	Allocated Expenses	09/30/2010	(\$106,586)
			Total:	9/30/2010	(\$106,586)
			. Ottaii	0/00/2010	(\$100,000)
F.	NORTHEAST MEDICAL GROUP, INC.				
	NORTHEAUT MEDICAL GROOT, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			i Otal.	3/30/2010	40
G.	QUINNIPIAC MEDICAL P.C. (QMPC)				
1	WONTH IN MEDICAL I.O. (WIIII O)	YNH NETWORK CORPORATION	Management Services	09/30/2010	(\$9,337)
- '		THITTIET WORK GORE GRATION	Total:	9/30/2010	
			lotai:	9/30/2010	(\$9,337)
ш	SHORELINE SURGERY CENTER, LLC				
H.	SHUKELINE SUKBERT CENTER, LLC	YNH NETWORK CORPORATION	Dovmente/Adjustments	00/00/0040	C40 504
1		THE I WORK CORPORATION	Payments/Adjustments	09/30/2010	\$16,521

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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
			Total:	9/30/2010	\$16,521
I.	SSC II, LLC		N. d. i		•
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)				
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Total.	9/30/2010	φ0
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.				
1		YNH NETWORK CORPORATION	System Support Fee	09/30/2010	\$47,547
2		YNH NETWORK CORPORATION	Management Services	09/30/2010	\$276,874
3		YNH NETWORK CORPORATION	Payments	09/30/2010	(\$243,533)
			Total:	9/30/2010	\$80,888
L.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
М.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)	VALUETING DIV CORRODATION			***
1		YNH NETWORK CORPORATION	Payments/Adjustments	09/30/2010	\$20,056
			Total:	9/30/2010	\$20,056
N.	YNH GERIATRIC SERVICES, P.C.				
1	THE GERIATRIC SERVICES, F.C.	YNH NETWORK CORPORATION	Payments/Adjustments	09/30/2010	\$36,807
		THITTIET WORK CORE CRATION	Total:	9/30/2010	\$36,807
			Total.	3/30/2010	ψ30,00 <i>1</i>
0.	YNH MEDICAL SERVICES, P.C.				
1		YNH NETWORK CORPORATION	Payments/Adjustments	09/30/2010	\$3,828
			Total:	9/30/2010	\$3,828
					, , , = -
P.	YNHH-PHYSICIANS CORPORATION				
1		YNH NETWORK CORPORATION	Management Services	09/30/2010	\$2,295
			Total:	9/30/2010	\$2,295

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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
Q.	YNHHS-MSO, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
R.	YORK ENTERPRISES, INC.				
1		YNH NETWORK CORPORATION	Management Services	09/30/2010	\$90,712
2		YNH NETWORK CORPORATION	System Support Fee	09/30/2010	(\$29)
3		YNH NETWORK CORPORATION	Payments/Adjustments	09/30/2010	(\$147,138)
			Total:	9/30/2010	(\$56,455)
			Ending Unconsolidated		
			Intercompany Balance	9/30/2010	\$556,897

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME &	AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	YNH NETWORK CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
В.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
C.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.		
0	Nothing to Report	\$0	
	l otal:	\$0	9/30/2010
E.	MEDICAL CENTER REALTY, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
F	NODTHEAST MEDICAL CROUD INC		
F.	NORTHEAST MEDICAL GROUP, INC. Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	CUINNIBIAO MEDIOAL D.O. (CMDO)		
G .	QUINNIPIAC MEDICAL P.C. (QMPC) Nothing to Report	\$0	
	Total:	\$0	9/30/2010
H.	SHORELINE SURGERY CENTER, LLC Nothing to Report	\$0	
	Total:	\$0	9/30/2010
I. 0	SSC II, LLC	¢o.	
	Nothing to Report Total:	\$0 \$0	9/30/2010
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)	¢o.	
	Nothing to Report Total:	\$0 \$0	9/30/2010
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.	40	
0	Nothing to Report Total:	\$0 \$0	9/30/2010
		**	3,00,2010
	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		
0	Nothing to Report Total:	\$0 \$0	9/30/2010
	1000	40	3/30/2010
М.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)		
0	Nothing to Report Total:	\$0 \$0	9/30/2010
	Total.	\$0	3/30/2010
N.	YNH GERIATRIC SERVICES, P.C.		
0	Nothing to Report Total:	\$0	0/00/0040
	i otai:	\$0	9/30/2010
Ο.	YNH MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
P.	YNHH-PHYSICIANS CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
Q.	YNHHS-MSO, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
		AWOUT	DAIL
R.	YORK ENTERPRISES, INC.	0.0	
U	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

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.	YNH NETWORK CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	CENTURY FINANCIAL CERVICES INC. AND CURSINARY (CENTURY)		
0	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY) Nothing to Report	\$0	0
	Total:	\$0	-
C.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)		
0	Nothing to Report	\$0	0
	Total:	\$0	
	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.	ma	
0	Nothing to Report	\$0	0
	Total:	\$0	
_	MEDICAL OFFITED DEALTY INC		
E .	MEDICAL CENTER REALTY, INC. Nothing to Report	\$0	0
	Total:	\$0	o de la companya de
F.	NORTHEAST MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	QUINNIPIAC MEDICAL P.C. (QMPC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SHORELINE SURGERY CENTER, LLC Nothing to Report	60	
0	Nothing to Report Total:	\$0 \$0	0
	ı Otal.	φυ	
l.	SSC II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		

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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
0	Nothing to Report	\$0	
	Total:	\$0	
L.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
M .	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER) Nothing to Report	\$0	0
	Total:	\$0	Ů
	Total.	\$0	
N.	VALLE OFFICE OFFICE OF O		
N. 0	YNH GERIATRIC SERVICES, P.C. Nothing to Report	\$0	0
	Total:	\$0	
0.	YNH MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	YNHH-PHYSICIANS CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	YNHHS-MSO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	YORK ENTERPRISES, INC.	60	
0	Nothing to Report Total:	\$0 \$0	0
	I Oldi.	\$0	
	Grand Total:	\$0	
	Grand Total.	Ψ	

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YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOÚNT 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%
В.	Free Beds				
	Beginning Balance	\$11,321,005.00	\$9,993,532.00	(\$1,327,473.00)	-12%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	(\$1,110,739.00)	\$475,429.00	\$1,586,168.00	-143%
3	Expenditures	\$813,615.00	\$834,500.00	\$20,885.00	3%
4	Unrealized Gains and Losses	\$596,881.00	\$196,674.00	(\$400,207.00)	-67%
	Ending Balance	\$9,993,532.00	\$9,831,135.00	(\$162,397.00)	-2%
5	Projected Interest Income	\$100,000.00	\$90,000.00	(\$10,000.00)	-10%
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%

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YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
T		FY 2009	FY 2010	AMOUNT	a/ DITTE NAT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

	YALE-NEW HAVEN HOSPITAL	
	ANNUAL REPORTING FISCAL YEAR 2010	
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hos	•	90
2. A. Number of Patients receiving		90
2. B. The Actual Total Dollar Ame	ount provided to all patients from Hospital Bed F	\$834,500.00
1	Julia Alling Hospital Bed Fund	\$6,080.93
1	Charles Amos Baldwin Hospital Bed Fund	\$8,804.82
2	Charles Amos Baldwin Hospital Bed Fund	\$6,788.66
2	Deane Hospital Bed Fund	\$12,038.66
3	Deane Hospital Bed Fund	\$2,394.37
3	Ellen M. Gifford Hospital Bed Fund	\$605.63
4	Ellen M. Gifford Hospital Bed Fund	\$2,668.51
5 5	Ellen M. Gifford Hospital Bed Fund Wyllys Atwater Hospital Bed Fund	\$4,413.81 \$5,892.87
6	Wyllys Atwater Hospital Bed Fund	\$5,892.87 \$936.28
7	Wyllys Atwater Hospital Bed Fund	\$8,570.75
7	Dwight Place Church Hospital Bed Fund	\$3,849.97
7	William Townsend Hayes Hospital Bed Fund	\$10,651.85
8	William Townsend Hayes Hospital Bed Fund	\$4,748.05
8	Dr. Thomas Wells Hospital Bed Fund	\$1,633.26
9	Dr. Thomas Wells Hospital Bed Fund	\$6,066.69
9	Armstrong Hospital Bed Fund	\$3,833.11
10 11	Armstrong Hospital Bed Fund Armstrong Hospital Bed Fund	\$5,661.86
	Frank Walter Benedict Hospital Bed Fund	\$916.91 \$1,202.88
12	Frank Walter Benedict Hospital Bed Fund	\$526.22
13	Frank Walter Benedict Hospital Bed Fund	\$1,984.54
	Frank Walter Benedict Hospital Bed Fund	\$1,095.73
	Frank Walter Benedict Hospital Bed Fund	\$10,566.60
	Henry Walter Benedict Hospital Bed Fund	\$5,076.78
	Henry Walter Benedict Hospital Bed Fund	\$10,299.19
	Helen & John T. Mason Hospital Bed Fund	\$6,080.81
18	Helen & John T. Mason Hospital Bed Fund Helen & John T. Mason Hospital Bed Fund	\$3,155.19
18	Frank L. Hunt Hospital Bed Fund	\$12,798.06 \$46,646.77
19	Frank L. Hunt Hospital Bed Fund	\$13,343.91
20	Frank L. Hunt Hospital Bed Fund	\$8,727.48
21	Frank L. Hunt Hospital Bed Fund	\$2,839.00
22	Frank L. Hunt Hospital Bed Fund	\$117.58
	Frank L. Hunt Hospital Bed Fund	\$575.00
	Frank L. Hunt Hospital Bed Fund	\$623.39
	Frank L. Hunt Hospital Bed Fund	\$3,524.14
26 27	Frank L. Hunt Hospital Bed Fund Frank L. Hunt Hospital Bed Fund	\$17,760.90 \$450.00
	Frank L. Hunt Hospital Bed Fund	\$450.00 \$5,555.99
	Evelina J. Jones Hospital Bed Fund	\$2,415.23
29	Evelina J. Jones Hospital Bed Fund	\$5,593.07
29	Elizabeth Hotchkiss Hospital Bed Fund	\$3,606.43
	Elizabeth Hotchkiss Hospital Bed Fund	\$4,401.87
	Mary Lamb Hospital Bed Fund	\$392.86
30	Bassett Bed #2 Hospital Bed Fund	\$2,766.83
	Bassett Bed #2 Hospital Bed Fund	\$3,702.02
	Bassett Bed #2 Hospital Bed Fund Bassett Bed #2 Hospital Bed Fund	\$6,159.57
	Fannie Keyes Hospital Bed Fund	\$3,403.29 \$12,966.09
	Fannie Keyes Hospital Bed Fund	\$12,986.09
35	Fannie Keyes Hospital Bed Fund	\$2,049.47
35	Leete Hospital Bed Fund	\$24,232.11
	George T. Newhall & Julia Leete Hospital Bed	
35	Fund	\$15,501.84

YALE-NEW HAVEN HOSPITAL				
ANNUAL REPORTING				
	FISCAL YEAR 2010			
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 I	Hospital Bed Funds	90		
	iving Hospital Bed Fund Grants	90		
2. B. The Actual Total Dollar A	Amount provided to all patients from Hospital Bed F	\$834,500.00		
26	George T. Newhall & Julia Leete Hospital Bed	2500.50		
36	Fund George T. Newhall & Julia Leete Hospital Bed	\$539.58		
37	Fund	\$2,135.00		
	George T. Newhall & Julia Leete Hospital Bed	V =,100.00		
38	Fund	\$2,838.81		
	George T. Newhall & Julia Leete Hospital Bed			
39	Fund	\$389.00		
40	George T. Newhall & Julia Leete Hospital Bed	*****		
40	Fund George T. Newhall & Julia Leete Hospital Bed	\$900.00		
41	Fund	\$5,173.56		
41	Stiles Hospital Bed Fund	\$44,028.75		
42	Stiles Hospital Bed Fund	\$14,106.61		
43	Stiles Hospital Bed Fund	\$1,513.95		
44	Stiles Hospital Bed Fund	\$162.44		
45	Stiles Hospital Bed Fund	\$1,979.89		
46	Stiles Hospital Bed Fund	\$10,275.48		
47	Stiles Hospital Bed Fund	\$13,685.66		
48	Stiles Hospital Bed Fund	\$20,370.02		
49	Stiles Hospital Bed Fund	\$1,256.22		
50	Stiles Hospital Bed Fund	\$150.00		
51 52	Stiles Hospital Bed Fund	\$51,008.55		
53	Stiles Hospital Bed Fund Stiles Hospital Bed Fund	\$1,068.00		
54	Stiles Hospital Bed Fund	\$14,448.64 \$3,355.08		
55	Stiles Hospital Bed Fund	\$150.00		
56	Stiles Hospital Bed Fund	\$500.00		
57	Stiles Hospital Bed Fund	\$316.03		
58	Stiles Hospital Bed Fund	\$5,009.28		
59	Stiles Hospital Bed Fund	\$16,719.27		
60	Stiles Hospital Bed Fund	\$1,736.00		
61	Stiles Hospital Bed Fund	\$11,248.81		
62	Stiles Hospital Bed Fund	\$40,817.47		
63	Stiles Hospital Bed Fund	\$2,383.15		
64	Stiles Hospital Bed Fund	\$12,679.67		
65	Stiles Hospital Bed Fund	\$3,380.06		
66 67	Stiles Hospital Bed Fund Stiles Hospital Bed Fund	\$4,528.26		
68	Stiles Hospital Bed Fund Stiles Hospital Bed Fund	\$11,237.35 \$2,100.00		
69	Stiles Hospital Bed Fund	\$2,190.00 \$7,700.68		
70	Stiles Hospital Bed Fund	\$8,318.25		
71	Stiles Hospital Bed Fund	\$21,790.86		
72	Stiles Hospital Bed Fund	\$6,792.48		
73	Stiles Hospital Bed Fund	\$14,363.12		
74	Stiles Hospital Bed Fund	\$7,683.73		
75	Stiles Hospital Bed Fund	\$19,937.48		
75	Rose Porter Hospital Bed Fund	\$10,411.88		
75	Lucy Hall Boardman Hospital Bed Fund	\$10,486.33		
76	Lucy Hall Boardman Hospital Bed Fund	\$1,013.15		
76	Ellen M. Gifford Executors Hospital Bed Fund	\$8,046.93		
76	Nathan Howell Sanford Hospital Bed Fund	\$1,179.72		
77	Nathan Howell Sanford Hospital Bed Fund	\$14,917.30		
77 77	Arthur Herbert Trowbridge Hospital Bed Fund	\$8,535.30		
<i>(1)</i>	Edwin Harrison Beebe Hospital Bed Fund	\$11,304.41		

	YALE-NEW HAVEN HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2010	
DEI	PORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY	THE HOSDITAL
INLI	FORT 17 - HOSFITAL BED TONDS TILLD OR ADMINISTERED BY	IIIE 1103FITAE
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applicatio	ns for Hospital Bed Funds	90
2. A. Number of Patien	ts receiving Hospital Bed Fund Grants	90
2. B. The Actual Total I	Dollar Amount provided to all patients from Hospital Bed F	\$834,500.00
77	Julia A. Leete Newhall Hospital Bed Fund	\$27,690.92
78	Julia A. Leete Newhall Hospital Bed Fund	\$6,028.81
79	Julia A. Leete Newhall Hospital Bed Fund	\$650.44
80	New Haven Grays Hospital Bed Fund	\$372.04
81	New Haven Grays Hospital Bed Fund	\$2,699.68
82	New Haven Grays Hospital Bed Fund	\$100.00
83	New Haven Grays Hospital Bed Fund	\$100.00
84	New Haven Grays Hospital Bed Fund	\$50.00
85	New Haven Grays Hospital Bed Fund	\$1,987.51
86	New Haven Grays Hospital Bed Fund	\$72.41
87	New Haven Grays Hospital Bed Fund	\$150.00
88	Trinity Church Hospital Bed Fund	\$100.00
89	Trinity Church Hospital Bed Fund	\$500.00
90	Adjustment Bed Fund	\$1,419.26
	Grand Total	\$834,500.00

		YALE-NEW HAVEN				
		ANNUAL REPO				
	REPORT 17 - HOSPITAL			BY THE HOSPITAL		
	KEI OKI II IIOGI IIAE	DED I ONDO NEED C	N ADMINIOTENED I	JI IIIE IIOOI IIAE		
B. B	ED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)	
		FMV of Principal	Actual Earnings	Earnings	Earnings	
Line	Name of Hospital Bed Fund			Reinvested	Available	
(3)	Fair Market Value of the Principal of ea	ach individual Hospi	tal Bed Fund, or the	Principal attributabl	e to each	
(4)	Total Actual Earnings for each Hospita	al Red Fund or the F	arnings attributable	to each Hospital Re	d Fund	
(4)	Total Actual Lamings for each mospita	a bear and or the La	arriirigs attributable	to each Hospital Del	u i uiiu.	
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	if any.			
\-'	<u> </u>	• •				
(6)	Actual Dollar Amount of Earnings avai	lable for Patient Car	e.			
	New Haven Grays Hospital Bed Fund	\$204,637.22	\$9,300.97	\$0.00	\$9,300.97	
	Thanksgiving Hospital Bed Fund	\$20,606.02	\$936.79	\$0.00	\$936.79	
	Trinity Church Hospital Bed Fund	\$100,688.05	\$4,456.72	\$0.00	\$4,456.72	
	Mary Wade Hospita Bed Fund	\$118,661.61	\$5,252.27	\$0.00	\$5,252.27	
<u> </u>	Erika Banhan Hospital Bed Fund Womens Seamans Friend Society of	\$43,027.88	\$1,903.16	\$0.00	\$1,903.16	
	Conn. Hospital Bed Fund	\$241,370.42	\$10,683.69	\$0.00	\$10,683.69	
	Adelaide Bushnell Curtis Hospital	\$241,370.42	\$10,003.09	\$0.00	\$10,003.09	
	Bed Fund	\$5,000.00	\$234.27	\$0.00	\$234.27	
		40,000.00	- - - - - - - - - - - -	Ψ0.00	V =0=.	
	Robert Dickerman Hospital Bed Fund	\$6,000.00	\$281.12	\$0.00	\$281.12	
	German Society Hospital Bed Fund	\$21,268.63	\$996.52	\$0.00	\$996.52	
	Walter Charles Goodrich Hospital					
	Bed Fund	\$25,222.87	\$1,181.79	\$0.00	\$1,181.79	
	Sarah Barney Harrison Hospital Bed	00.740.40	0.455.05	***	* 455.05	
	Fund Elret Stone Hospital Bed Fund	\$9,712.10	\$455.05 \$23.43	\$0.00	\$455.05	
	Alma DeBeust Streitein Hospital Bed	\$500.00	\$23.43	\$0.00	\$23.43	
	Fund	\$35,984.19	\$1,686.00	\$0.00	\$1,686.00	
	Mary Southgate Trowbridge Hospital	400,00 0	\$1,000.00	Ψ0.00	\$1,000.00	
	Bed Fund	\$5,000.00	\$234.27	\$0.00	\$234.27	
	Ellen Treadway Yeckley Hospital Bed					
	Fund	\$5,000.00	\$234.27	\$0.00	\$234.27	
	Marcellus B Wilcox Hospital Bed	*			*	
	Henry Baldwin Harrison Hospital Bed	\$10,000.00	\$468.54	\$0.00	\$468.54	
	Fund	\$9,712.11	\$454.97	\$0.00	\$454.97	
	Mrs. Henry Baldwin Harrison Hospital	Ψ3,712.11	φ 4 54.31	φ0.00	φ 4 54.91	
	Bed Fund	\$9,712.10	\$454.97	\$0.00	\$454.97	
	Home for the Friendliness Hospital	.,,		,	, , ,	
	Bed Fund	\$2,500.00	\$117.11	\$0.00	\$117.11	
	John H. Hopson Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23	
	Henry Hotchkiss Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23	
	Timothy A. Hunt Hospital Bed Fund	\$9,147.57	\$428.52	\$0.00	\$428.52	
	Abigail Bradley Hunt Hospital Bed	A0 447 57	A400 F5	**	# 400 F5	
	Fund Hoadley B. Ives Hospital Bed Fund	\$9,147.57	\$428.52 \$224.22	\$0.00 \$0.00	\$428.52 \$234.23	
	Mary E. Ives Hospital Bed Fund	\$5,000.00 \$5,000.00	\$234.23 \$234.23	\$0.00	\$234.23 \$234.23	
-	Robert E. Ives Hospital Bed Fund	\$10,000.00	\$468.46	\$0.00	\$234.23 \$468.46	
	Walter Judson Hospital Bed Fund	\$1,000.00	\$46.85	\$0.00	\$46.85	
	Charles Kohn Hospital Bed Fund	\$100.00	\$4.68	\$0.00	\$4.68	
	Lenhardt Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23	
	-	, ,		,	,	
	George W. Mallory Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23	
	Mary B. Mallory Hospital Bed Fund	\$4,000.00	\$187.38	\$0.00	\$187.38	
	John W. Mansfield Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23	
<u> </u>	Philip Marett Hospital Bed Fund Levy Morris Hospital Bed Fund	\$155,480.37	\$7,283.60	\$0.00	\$7,283.60	
	Levy Morris Hospital Bed Fund	\$11,938.49	\$559.27	\$0.00	\$559.27	

YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2010 REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
. ,	`,'	FMV of Principal	Actual Earnings	Earnings	Earnings
ine	Name of Hospital Bed Fund			Reinvested	Available
	Organized Charities Hospital Bed				
	Fund	\$10,000.00	\$468.46	\$0.00	\$468
	Paul Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234
	Maud Trowbridge Reynolds Hospital	A 4 A A A A A A A A B A A B A B A B A B A B B A B B B B B B B B B B	A	**	A.
	Bed Fund Leonard J.Sanford & Anna Cutter	\$46,508.19	\$2,178.71	\$0.00	\$2,178
	Hospital Bed Fund	¢0.720.00	\$455,34	\$0.00	¢455
	Julia Sanford Hospital Bed Fund	\$9,720.00 \$10,000.00	\$455.34 \$468.46	\$0.00 \$0.00	\$455 \$468
	Sargent Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$400 \$234
	Mark M. Selleck Hospital Bed Fund	\$10,000.00	\$468.46	\$0.00	\$468
	George Thomas Smith Hospital Bed	\$10,000.00	φ 4 00.40	φ0.00	φ400
	Fund	\$5,000.00	\$234.23	\$0.00	\$234
	Chris Tanuis Hospital Bed Fund	\$30.92	\$1.41	\$0.00	\$1
	Margarette Elford Dean Trowbridge	400.02	Ψ.11.	40.00	Ψ1
	Hospital Bed Fund	\$15,000.00	\$702.69	\$0.00	\$702
	Morton Warner Hospital Bed Fund	\$12,000.00	\$562.15	\$0.00	\$562
	Hermanus M. Welch Hospital Bed	, ,	,,,,,	,	*
	Fund	\$5,000.00	\$234.23	\$0.00	\$234
	Cynthia Ann Tracy Wetmore Hospital				
	Bed Fund	\$60,000.00	\$2,810.75	\$0.00	\$2,810
	Whitney Hospital Bed Fund	\$10,400.00	\$487.20	\$0.00	\$487
	Albert Aaron Williams Hospital Bed	*			
	Fund	\$27,033.83	\$1,266.42	\$0.00	\$1,266
	Ann Phillips Wurtenberg Hospital Bed Fund	67 440 54	\$30.4 FA	**	***
	Alfred Blakeslee Hospital Bed Fund	\$7,140.51	\$334.50	\$0.00	\$334 \$460
	Julia Alling Hospital Bed Fund	\$10,000.00 \$49,479.01	\$468.46 \$2,453.99	\$0.00 \$0.00	\$468 \$2.453
	Charles Amos Baldwin Hospital Bed	\$49,479.01	⊅∠,4 33.99	\$0.00	\$2,453
	Fund	\$126,880.19	\$6,292.83	\$0.00	\$6,292
	Deane Hospital Bed Fund	\$9,258.16	\$433.71	\$0.00	\$433
	Ellen M. Gifford Hospital Bed Fund	\$62,554.89	\$3,102.51	\$0.00	\$3,102
	Wyllys Atwater Hospital Bed Fund	\$125,305.10	\$6,214.71	\$0.00	\$6,214
	Dwight Place Church Hospital Bed	Ţ. <u>10,000.10</u>	+0,213111	\$5.55	Ψ V) = 1 ¬
	Fund	\$31,326.27	\$1,553.68	\$0.00	\$1,553
	William Townsend Hayes Hospital				· ·
	Bed Fund	\$125,305.10	\$6,214.71	\$0.00	\$6,214
	Dr. Thomas Wells Hospital Bed Fund	\$62,652.56	\$3,107.36	\$0.00	\$3,107
	Armstrong Hospital Bed Fund	\$84,718.85	\$4,201.77	\$0.00	\$4,201
	Frank Walter Benedict Hospital Bed		Ι . Τ	T	
	Fund	\$125,110.43	\$6,205.06	\$0.00	\$6,205
	Henry Walter Benedict Hospital Bed	#40F 440 45	***	***	#A AC=
	Fund Helen & John T. Mason Hospital Bed	\$125,110.43	\$6,205.06	\$0.00	\$6,205
	Fund	\$179,285.58	\$8,891.97	\$0.00	\$8,891
	Frank L. Hunt Hospital Bed Fund		\$40,421.80	\$0.00	
	Evelina J. Jones Hospital Bed Fund	\$815,010.50 \$65,161.52	\$3,231.79	\$0.00	\$40,421 \$3,231
	Elizabeth Hotchkiss Hospital Bed	φυυ, 101.52	φ3,231.19	φυ.υυ	मुठ,∠उ ।
	Fund	\$65,161.52	\$3,231.79	\$0.00	\$3,231
	Mary Lamb Hospital Bed Fund	\$3,196.60	\$158.54	\$0.00	\$158
	Bassett Bed #2 Hospital Bed Fund	\$130,445.94	\$6,469.68	\$0.00	\$6,469
	Fannie Keyes Hospital Bed Fund	\$131,281.92	\$6,511.14	\$0.00	\$6,511
	Leete Hospital Bed Fund	\$197,170.57	\$9,779.00	\$0.00	\$9,779
	George T. Newhall & Julia Leete	Ţ.37,110.01	+0,110100	Ψ0.00	Ψ0,
	Hospital Bed Fund	\$223,579.84	\$11,088.81	\$0.00	\$11,088
	Stiles Hospital Bed Fund	\$3,066,668.93	\$152,096.52	\$0.00	\$152,096
	Rose Porter Hospital Bed Fund	\$84,718.85	\$4,201.77	\$0.00	\$4,201
	Lucy Hall Boardman Hospital Bed		·	·	•
	Fund	\$93,568.40	\$4,640.68	\$0.00	\$4,640

YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2010 REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL

B. BED FUND ACTIVITY

	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Lina	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	·			Reinvested	Available
	Ellen M. Gifford Executors Hospital Bed Fund	\$65,475.87	\$3,247.38	\$0.00	\$3,247.38
	Nathan Howell Sanford Hospital Bed	\$05,475.6 <i>1</i>	\$3,24 <i>1</i> .36	Ф 0.00	\$3,24 <i>1</i> .36
	Fund	\$130,977.35	\$6,496.04	\$0.00	\$6,496.04
	Arthur Herbert Trowbridge Hospital	•		·	
	Bed Fund	\$69,449.60	\$3,444.47	\$0.00	\$3,444.47
	Edwin Harrison Beebe Hospital Bed	*******		• • • •	
	Fund Julia A. Leete Newhall Hospital Bed	\$91,981.11	\$4,561.96	\$0.00	\$4,561.96
	Fund	\$291,207.32	\$14,442.91	\$0.00	\$14,442.91
	Bassett Bed #1 Hospital Bed Fund	\$237,547.09	\$10,514.46	\$0.00	\$10,514.46
	Richard S Fellowes Hospital Bed	V =01,011100	***************************************	70.00	* • • • • • • • • • • • • • • • • • • •
	Fund	\$27,420.98	\$1,213.72	\$0.00	\$1,213.72
	Isaphene Hillhouse Hospital Bed				
	Fund	\$118,661.61	\$5,252.27	\$0.00	\$5,252.27
	Joseph T Mary L Hotchkiss Hospital Bed Fund	\$25C 422 5C	¢4	£0.00	¢45 770 04
	"Anna" Hospital Bed Fund	\$356,432.56 \$14,240.57	\$15,776.64 \$667.11	\$0.00 \$0.00	\$15,776.64 \$667.11
	Anna F. Ardenghi Hospital Bed Fund	\$10,136.21	\$468.46	\$0.00	\$468.46
	Strouse Adler Hospital Bed Fund	\$5,900.00	\$276.39	\$0.00	\$276.39
	Loring W. Andrews Hospital bed		42.0.00	V 0.00	
	Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Harriet Atwater Hospital Bed Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Mary E. Baldwin Hospital Bed Fund	\$22,422.89	\$1,050.42	\$0.00	\$1,050.42
	George Benedict Hospital Bed Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Bennett Hospital Bed Fund	\$12,000.00	\$562.15	\$0.00	\$562.15
	Edwin B. Bowditch Hospital Bed Fund	\$10,000,00	\$460.46	\$0.00	¢460 46
	Henry Bronson Hospital Bed Fund	\$10,000.00 \$10,000.00	\$468.46 \$468.46	\$0.00	\$468.46 \$468.46
	Susan Ellen Brown Hospital Bed	ψ10,000.00	ψ+00.+0	ψ0.00	Ψ-00τ0
	Fund	\$12,736.08	\$596.63	\$0.00	\$596.63
	Samuel Clifford Carlisle Hospital Bed				
	Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	William & Laura Carmalt Hospital Bed	405.000.00	64 474 44	20.00	A4 474 44
	Fund Joseph Cimerol, Jr. Hospital Bed	\$25,000.00	\$1,171.14	\$0.00	\$1,171.14
	Fund	\$4,233.09	\$187.45	\$0.00	\$187.45
	Charles Henry Collins Hospital Bed	ψ1,200.00	\$101110	ψ0.00	\$101110
	Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Idalina Darrow Hospital Bed Fund	\$7,307.61	\$342.33	\$0.00	\$342.33
	Deane Hospital Bed Fund	\$117,437.97	\$5,824.53	\$0.00	\$5,824.53
	George B. Dines, Jr. Hospital Bed				
	Fund	\$103.54	\$4.68	\$0.00	\$4.68
	Cora C.T. Dwight Hospital Bed Fund Dr. Jonathan Edwards Hospital Bed	\$5,000.00	\$234.23	\$0.00	\$234.23
	Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Henry Eld Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23
	Henry F. English Hospital Bed Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	James E. English Hospital Bed Fund	\$0.00	\$0.00	\$0.00	\$0.00
	Henry Farnum Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23
	William Fitch Hospital Bed Fund	\$5,000.00	\$234.23	\$0.00	\$234.23
	Edwin Foote Hospital Bed Fund	\$613,628.68	\$28,631.41	\$0.00	\$28,631.41
	Grace Salisbury Foote Hospital Bed	A.A.	A	** **	A
	Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Levi Goodell Fox Hospital Bed Fund Elizabeth Hamlin Fox Hospital Bed	\$10,000.00	\$468.46	\$0.00	\$468.46
	Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	Simeon & Arthur Ward Fox Hospital	Ψ10,000.00	ψ-10010	ψ0.00	ψ-100.40

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
	Charles D. Hall Hospital Bed Fund	\$14,611.11	\$684.47	\$0.00	\$684.47
	Sylvia C. Hall Hospital Bed Fund	\$27,400.13	\$1,283.58	\$0.00	\$1,283.58
	Jessie A. Harmon Hospital Bed Fund	\$10,000.00	\$468.46	\$0.00	\$468.46
	James E. English Hospital Bed Fund	\$30,854.68	\$1,445.41	\$0.00	\$1,445.41
	Total Bed Funds :	\$9,831,135.09	\$475,429.53	\$0.00	\$475,429.53

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 associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
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	6.50%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
11.	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.	routou
		See Policies and Procedures associated with Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
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

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to	
	Collection Agent.	7.00%
	Collection Agent	
1	Collection Agent Name	Nair & Levin PC
	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
	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 Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
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
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to	
	Collection Agent.	5.60%
	O-Hardian Asset	
4	Collection Agent	Table Oak and OMallace Bits of DO
1	Collection Agent Name	Tobin, Carberry, OMallery, Riley, Selinger PC
	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
	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 Credit and Collections files as part of Annual Reporting Section 19(a)-167g-91(b)(22)

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	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
6		separately negotiated performance related contracts
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.10%

REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	SR VP, Chief of Staff(repr YNHH & YNHHS)	\$2,593,138	\$120,414	\$2,713,552
2.	President & CEO(repr YNHH & YNHHS)	\$1,876,356	\$671,343	\$2,547,699
3.	Exec VP, COO(repr YNHH & YNHHS)	\$1,191,678	\$452,318	\$1,643,996
4.	SR VP Finance, CFO(repr YNHH & YNHHS)	\$957,784	\$387,730	\$1,345,514
5.	Senior VP HR(repr YNHH & YNHHS)	\$689,598	\$264,748	\$954,346
6.	Senior VP Administration	\$672,802	\$251,529	\$924,331
7.	Senior VP, CIO(repr YNHH & YNHHS)	\$662,434	\$239,698	\$902,132
8.	VP of Legal Services	\$566,125	\$214,247	\$780,372
9.	VP Finance	\$514,304	\$212,455	\$726,759
10.	Senior VP Patient Services	\$619,542	\$105,035	\$724,577
	Grand Total:	\$10,343,761	\$2,919,517	\$13,263,278

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

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly	FRINGE BENEFITS ^A (Directly or	
LINE	DESCRIPTION	or Indirectly) ^C	Indirectly) ^C	TOTAL
Α.	YNH NETWORK CORPORATION	7		
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	CENTURY FINANCIAL CERVICES INC. AND SUBSIDIARY (CENTURY)	٦		
B .	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
	and by the recognition of the Emily Eleted ribere	+3	+ °	Ψ.0
С.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)			
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.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.	7		
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
Ε.	 MEDICAL CENTER REALTY, INC.	1		
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.	NORTHEAST MEDICAL GROUP, INC. 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 \$0
_	I did by the Hospital to Employees of the Emity Eleted Abore	Ψ0	Ψΰ	Ψΰ
G.	QUINNIPIAC MEDICAL P.C. (QMPC)			
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
Н.	SHORELINE SURGERY CENTER, LLC	7		
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
Ι.	SSC II, LLC	٦		
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
	THE NEW CLINICAL DEVELOPMENT PROCESM CORPORATION (NCPP)	7		
J . 1	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD) 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
			**	
Κ.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0 \$0	\$0 ©0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$2,310,036	\$545,596	\$2,855,632
2	Paid by the Hospital to Employees of the Entity Listed Above	\$45,163,247	\$14,661,462	\$59,824,709
М.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)			
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
Ν.	YNH GERIATRIC SERVICES, P.C.			
N .	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
			· · · · · · · · · · · · · · · · · · ·	
0.	YNH MEDICAL SERVICES, P.C.	00	#C	# C
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	φυ	Ψ	φυ
Ρ.	YNHH-PHYSICIANS CORPORATION			
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
Q.	YNHHS-MSO, INC.			
	;			

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
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
R.	YORK ENTERPRISES, INC.	1		
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.

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 2010
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
1.	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

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	YALE-NEW HA	VEN HOSPITAL			
	ANNUAL R	EPORTING			
		'EAR 2010			
	REPORT 23 - CHARITY CARE AND REDUCED (COST SERVICES	PROVIDED BY	THE HOSPITAL	
		(0)		(=)	(2)
(1)	(2)	(3) FY 2009	(4) FY 2010	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
	<u> </u>	74110 0141	7.1110-0111	DITTERCTOR	DITTERCENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
	Number of Applicants	30,997	27,829	(3,168)	-10%
2.	Number of Approved Applicants	29,434	26,347	(3,087)	-10%
3.	Total Charges (A)	\$72,686,385	\$61,771,500	(\$10,914,885)	-15%
	Average Charges	\$2,469	\$2,345	(\$125)	-5%
			•		
	Ratio of Cost to Charges (RCC)	0.331598	0.331552	(0.000046)	0%
	Total Cost	\$24,102,660	\$20,480,464	(\$3,622,196)	-15%
	Average Cost	\$819	\$777	(\$42)	-5%
	Objectity Occasions Objects	#05 000 050	#00.007.400	(\$E 00E 700)	4.50/
	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department Charges	\$35,332,852 30,884,445	\$30,027,126 26,246,710	(\$5,305,726) (4,637,735)	-15% -15%
7.	Charity Care - Outpatient Emergency Department Charges Charity Care - Outpatient Charges (Excludes ED Charges)	6,469,088	5,497,664	(971,424)	-15%
	Total Charges (A)	\$72,686,385	\$61,771,500	(\$10,914,885)	-15% -15%
	Total Charges (A)	φ12,000,303	φ01,771,300	(\$10,914,003)	-13/6
8.	Charity Care - Number of Patient Days	24,875	21,140	(3,735)	-15%
9.	Charity Care - Number of Discharges	5,396	4,586	(810)	-15%
	Charity Care - Number of Outpatient ED Visits	27,596	23,453	(4,143)	-15%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	5,784	4,916	(868)	-15%
(A) The	total amount must agree with the total amount listed in t	he Hospital Audi	ted Financial St	atement Notes.	
		·			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
	Number of Applicants	95	00	(E)	E0/
	Number of Approved Applicants	95	90	(5) (5)	-5% -5%
	Number of Approved Applicants	33	30	(5)	-570
3.	Total Charges (B)	\$813,615	\$834,500	\$20,885	3%
	Average Charges	\$8,564	\$9,272	\$708	8%
		·	·		
4.	Ratio of Cost to Charges (RCC)	0.331598	0.331552	(0.000046)	0%
	Total Cost	\$269,793	\$276,680	\$6,887	3%
	Average Cost	\$2,840	\$3,074	\$234	8%
	Bed Funds - Inpatient Charges	\$395,497	\$405,650	\$10,153	3%
	Bed Funds - Outpatient Emergency Department Charges	72,412	74,271	1,859	3%
	Bed Funds - Outpatient Charges (Excludes ED Charges)	345,706	354,579	8,873	3%
	Total Charges (B)	\$813,615	\$834,500	\$20,885	3%
8.	Bed Funds - Number of Patient Days	759	778	19	3%
	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	111	113	2	2%
	Bed Funds - Number of Outpatient ED Visits	1,343	1,375	32	2%
	Bed Funds - Number of Outpatient Visits (Excludes ED	,	,, ,		
	, ,	004	200	-	00/
11.	Visits)	204	209	5	2%
11.	visits) total amount must agree with the total amount listed on				

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