## **ANNUAL REPORTING**

## **FISCAL YEAR 2013**

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

(1)	(2)				
LINE	DESCRIPTION	AFFILIATE INFORMATION			
A.	AFFILIATE NAME	GREENWICH HEALTH CARE SERVICES, INC.			
		TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, AND UPHOLD,			
1	Affiliate Description	PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE GREENWICH HOSPITAL ASSOCIATION, OF GREENWICH, CT.			
2	Affiliate type of service	Parent Corporation			
3	Tax Status	Not for Profit			
4	Street Address	5 PERRYRIDGE RD.			
5	Town	Greenwich			
6	State	Connecticut			
7	Zip Code	06830 -			
8	CEO Name	FRANK CORVINO			
9	CEO Title	PRESIDENT			
	CT Agent Name	Deborah Hodys			
	CT Agent Company	Greenwich Hospital			
	CT Agent Company Street Address	5 PERRYRIDGE RD.			
	CT Agent Town	Greenwich			
	CT Agent State	Connecticut			
15	CT Agent Zip Code	06830 -			
	.==	COAS MAIN CTREET LLC			
B.	AFFILIATE NAME	2015 MAIN STREET LLC   2015 MAIN STREET LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES,			
		THIS ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY			
1	Affiliate Description	PERRYRIDGE CORPORATION, ITS SOLE MEMBER(OWNER).			
2	Affiliate type of service	Real Estate			
3	Tax Status	Not for Profit			
4	Street Address	5 Perryridge Rd.			
5	Town	Greenwich			
6	State	Connecticut			
7	Zip Code	06830 -			
8	CEO Name	Frank Corvino			
9	CEO Title	President			
	CT Agent Name	Frank Corvino			
	CT Agent Company	Greenwich Hospital			
	CT Agent Company Street Address	5 Perryridge Rd.			
	CT Agent Town	Greenwich			
	CT Agent State	Connecticut 06830 -			
15	CT Agent Zip Code	00030 -			
C.	AFFILIATE NAME	900 KING STREET ASSOCIATES, LLC			
С.	AFFILIATE NAME	300 KING STREET ASSOCIATES, EEC			
1	Affiliate Description	Realty Holding Company			
2	Affiliate type of service	Affilate Support Services			
3	Tax Status	For Profit			
4	Street Address	5 Perryridge Road			
5	Town	Greenwich			
6	State	Connecticut			
	Zip Code	06830 -			
	CEO Name	Frank Corvino			
9	CEO Title	President			
	CT Agent Name	Deborah Hodys			
11	CT Agent Company	Greenwich Health Care Services, Inc			

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## **ANNUAL REPORTING**

## **FISCAL YEAR 2013**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	5 Perryridge Rd	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
D.	AFFILIATE NAME	GH REALTY, LLC	
D.	AFFILIATE NAME	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	
1	Affiliate Description	PERRYRIDGE CORPORATION, ITS SOLE MEMBER (OWNER).	
	Affiliate type of service	Real Estate	
3	Tax Status	Not for Profit	
4	Street Address	5 Perryridge Rd.	
5	Town	Greenwich	
6	State	Connecticut	
7	Zip Code	06830 -	
8	CEO Name	Frank Corvino	
	CEO Title	President	
10	CT Agent Name	Deborah A. Hodys	
	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	
I 1	Affiliate Description	Outpatient surgery center	
	Affiliate Description Affiliate type of service	Outpatient surgery center.  Ambulatory/OP Surgery Center	
2	Affiliate type of service	Ambulatory/OP Surgery Center	
3	Affiliate type of service Tax Status	Ambulatory/OP Surgery Center For Profit	
2 3 4	Affiliate type of service Tax Status Street Address	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road	
2 3 4 5	Affiliate type of service Tax Status Street Address Town	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut	
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 -	
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Frank Corvino President	
2 3 4 5 6 7 8 9	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys	
2 3 4 5 6 7 8 9 10	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc	
2 3 4 5 6 7 8 9 10 11	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys	
2 3 4 5 6 7 8 9 10 11 12	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road  Greenwich	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town  CT Agent State	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road  Greenwich  Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town  CT Agent State	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road  Greenwich  Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town  CT Agent State	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road  Greenwich  Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road  Greenwich  Connecticut  06830 -	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service  Tax Status  Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code  AFFILIATE NAME	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service  Tax Status  Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Frank Corvino  President  Deborah Hodys  Greenwich Healthcare Services, Inc  5 Perryridge Road  Greenwich  Connecticut  06830 -  GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC  Billing for clinical pathology services	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service  Tax Status  Street Address Town  State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  Frank Covino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC  Billing for clinical pathology services Affilate Support Services	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town  CT Agent State  CT Agent State  CT Agent Zip Code  AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC  Billing for clinical pathology services Affilate Support Services Not for Profit	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC  Billing for clinical pathology services Affilate Support Services Not for Profit 5 Perryridge Rd	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address  CT Agent Town  CT Agent State  CT Agent State  CT Agent Zip Code  AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  Frank Corvino President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC  Billing for clinical pathology services Affilate Support Services Not for Profit	

## **ANNUAL REPORTING**

## **FISCAL YEAR 2013**

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

	ESCRIPTION		
		AFFILIATE INFORMATION	
	p Code	06830 -	
	EO Name	Frank Corvino	
	EO Title	President	
	Γ Agent Name	Deborah Hodys	
	Γ Agent Company	Greenwich Healthcare Services, Inc	
	F Agent Company Street Address	5 Perryridge Rd	
	F Agent Town	Greenwich	
	Γ Agent State	Connecticut	
15 CT	Γ Agent Clate Γ Agent Zip Code	06830 -	
10 01	Agent Zip Gode		
G.	AFFILIATE NAME	GREENWICH ENDOSCOPY CENTER LLC	
	filiate Description	Company was set up but there has never been activity.	
	filiate type of service	Physicians Services	
	ax Status	Not for Profit	
	reet Address	5 Perryridge Road	
	own	Greenwich	
	ate	Connecticut	
	p Code	06830 -	
8 CE	EO Name	NA	
9 CE	EO Title	NA	
10 CT	Γ Agent Name	Michael Pych	
11 CT	Γ Agent Company	Wiggin & Dana LLP	
	Γ Agent Company Street Address	265 Church St	
13 CT	Γ Agent Town	New Haven	
	Γ Agent State	Connecticut	
15 CT	Γ Agent Zip Code	06510 -	
Н.	AFFILIATE NAME	GREENWICH FERTILITY AND IVF CENTER, P.C.	
1 Affi	filiate Description	Physician Practice - Professional Billing	
	filiate type of service	Medical Practices	
	ax Status	For Profit	
	reet Address	5 Perryridge Road	
	own	Greenwich	
6 Sta		Connecticut	
	p Code	06830 -	
	EO Name	Brian Doran MD	
	EO Title	President	
	Γ Agent Name	Deborah Hodys	
	Γ Agent Company	Greenwich Healthcare Services, Inc	
	Γ Agent Company Street Address	5 Perryridge Road	
	Γ Agent Town	Greenwich	
	Γ Agent State	Connecticut	
	Γ Agent Zip Code	06830 -	
l.	AFFILIATE NAME	GREENWICH HEALTH SERVICES, INC.	
		PROVIDE MANAGEMENT SERVICES TO MEDICAL/PROFESSIONAL CORP. IN DARIEN, RIVERSIDE, &	
1 Affi	filiate Description	RYE	

## **ANNUAL REPORTING**

## **FISCAL YEAR 2013**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
2	Affiliate type of service	Medical Practices	
3	Tax Status	For Profit	
4	Street Address	5 PERRYRIDGE RD.	
5	Town	Greenwich	
	State	Connecticut	
	Zip Code	06830 -	
	CEO Name	NANCY LEVITT-ROSENTHAL	
	CEO Title	PRESIDENT	
	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company Street Address	5 PERRYRIDGE RD.	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
J.	AFFILIATE NAME	GREENWICH INTEGRATIVE MEDICINE, P. C.	
J.	AFFILIATE NAME	GREENWICH INTEGRATIVE MEDICINE, F. C.	
1	Affiliate Description	Physician practice, providing non-traditional medicine and related services	
2	Affiliate type of service	Medical Practices	
3	Tax Status	For Profit	
4	Street Address	5 Perryridge Rd	
5	Town	Greenwich	
6	State	Connecticut	
7	Zip Code	06830 -	
8	CEO Name	Frank A. Corvino	
9	CEO Title	President	
10	CT Agent Name	Deborah A. Hodys	
11	CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company Street Address	5 Perryridge Rd	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
K.	AFFILIATE NAME	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.	
1	Affiliate Description	Physician practice - serves business and international tavel. New Jersey P.C.	
	Affiliate type of service	Physicians Services	
	Tax Status	For Profit	
4	Street Address	5 Perryridge Raod	
5	Town	Greenwich	
	State	Connecticut	
	Zip Code	06830 - 4697	
	CEO Name	Servando G. De Los Angeles II	
	CEO Title	President	
	CT Agent Name	National Corporate Research LTD	
	CT Agent Name CT Agent Company	National Corporate Research Ltd.	
	CT Agent Company Street Address	14 Scenic Drive	
	CT Agent Company Street Address  CT Agent Town	Dayton Dayton	
	CT Agent Fown	New York	
	CT Agent State CT Agent Zip Code	08810 -	

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## **ANNUAL REPORTING**

## **FISCAL YEAR 2013**

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

(1)	(2)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
L.	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	Brian Doran MD		
	CEO Title	CEO		
	CT Agent Name	A. Michael Marino M.D.		
	CT Agent Company	The Corporation		
	CT Agent Company Street Address	150 Purchase Street, Suite 13		
	CT Agent Town	Rye		
	CT Agent State	New York		
15	CT Agent Zip Code	10580 -		
	AFEILIATE NAME	CREENIMICH BATHOLOGY ASSOCIATES 11 C		
M.	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	Frank Corvino		
9	CEO Title	President		
10	CT Agent Name	Deborah A. Hodys		
11	CT Agent Company	Greenwich Healthcare Services, Inc		
12	CT Agent Company Street Address	5 Perryridge Raod		
	CT Agent Town	Greenwich		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06830 -		
N.	AFFILIATE NAME	GREENWICH PEDIATRIC SERVICES, 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 Rd		
5	Town	Greenwich		
6	State	Connecticut		
	Zip Code	06830 -		
	CEO Name	Frank A. Corvino		
	CEO Title	President		
	CT Agent Name	Deborah Hodys		
	CT Agent Company	Greenwich Healthcare Services, Inc		
	CT Agent Company Street Address	5 Perryridge Road		
	5. Agont Company Office Addition	/g 1000		

## **ANNUAL REPORTING**

## **FISCAL YEAR 2013**

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
О.	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	
	Zip Code	06830 -	
	CEO Name	Frank Corvino	
	CEO Title	President	
	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Hospital	
	CT Agent Company Street Address	5 Perryridge Road	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
P.	AFFILIATE NAME	PERRYRIDGE CORPORATION	
l .			
1	Affiliate Description	REAL ESTATE MANAGEMENT SERVICES.	
3	Affiliate type of service Tax Status	Real Estate	
4	Street Address	Not for Profit 5 PERRYRIDGE RD.	
5	Town	Greenwich	
6	State	Connecticut	
7	Zip Code	06830 -	
8	CEO Name	FRANK CORVINO	
9	CEO Title	PRESIDENT	
	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company Street Address	5 PERRYRIDGE RD.	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
Q.	AFFILIATE NAME	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION	
		MANAGE AND ADMINISTED ENDOWMENT ELINDS AND DISDURSS TO OR FOR THE REVISE!T OF	
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 -	
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## **ANNUAL REPORTING**

## FISCAL YEAR 2013

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

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

<sup>\*</sup> 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)
(')	(2)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
LINE	AFFILIATE NAME	FUND FUNFUSE	9/30/2013
Α.	GREENWICH HOSPITAL		
1		Unrestricted	\$318,845,000
2		Temporarily Restricted by Donor	\$36,543,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$22,236,000
5		Intercompany Eliminations	\$0
		Total:	\$377,624,000
В.	GREENWICH HEALTH CARE SERVICES, INC.		
1		Unrestricted	\$614,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$614,000
			<b>401.1,000</b>
C.	2015 MAIN STREET LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
			\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
		Total:	\$0
D.	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
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
		i otai.	\$0
F.	CREENIMICH AMPLII ATORY SURCERY CENTER 110		
	GREENWICH AMBULATORY SURGERY CENTER, LLC	I love atviate d	£407.000
1		Unrestricted	\$427,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0 (\$427,000)
5		Intercompany Eliminations	(\$427,000)
		Total:	\$0
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

## **REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
,		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
		Total:	\$0
		Total.	Ψ
Н.	GREENWICH ENDOSCOPY CENTER LLC		
1	CREENWIGH ENDOSCOLL CENTER EEG	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		Total.	40
Ι.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
1	ORELITY AND IN CERTER, 1.0.	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		Total.	ΨΟ
J.	GREENWICH HEALTH SERVICES, INC.		
1	ONLERWICH HEALTH SERVICES, INC.	Unrestricted	\$354,000
2		Temporarily Restricted by Donor	\$354,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$354,000)
١		Total:	\$0
		Total.	\$0
- V	CDEENWICH INTECDATIVE MEDICINE D. C		
Κ.	GREENWICH INTEGRATIVE MEDICINE, P. C.	Hannat Rata d	ro.
1		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor	\$0 \$0
4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		l Otal:	\$0
	ODEENWANDLI OOGUDATIONAL LIEALTII OEDVIOEG OE NEW		
١.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW		
<b>_</b>	JERSEY, P.C.		0.0
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			•
		Total:	\$0
l	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW		
М.	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
Ν.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0

## **REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
` ,		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Ο.	GREENWICH PEDIATRIC SERVICES, 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
Р.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH,		
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
		1000	40
Q.	PERRYRIDGE CORPORATION		
1	I EMMINDE OF MICHIGA	Unrestricted	\$31,900,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$31,900,000
		Total.	ψ31,300,000
R.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
1		Unrestricted	\$43,011,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,378,000
5		Intercompany Eliminations	(\$56,389,000)
		Total:	\$0
			+,
S.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
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
		1 0 0 0 0	Ψ
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$467,308,000
	Intercompany Eliminations		(\$57,170,000)
	Total of all Affiliates	Fund Balance:	\$410,138,000

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	GREENWICH HEALTH CARE SERVICES, INC.			
Α.	GREENWICH HEALTH CARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Clinical Services	09/30/2013	\$1,269,283
2		Transfer of Cash	09/30/2013	\$8,700,000
3		Fund Balance Transfer	09/30/2013	(\$9,969,283)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
В.	2015 MAIN STREET LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
C.	900 KING STREET ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/00/0040	\$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
D.	GH REALTY, LLC			
<u> </u>	011 KE/LE11, 220			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	¢o
		Nothing to Report	9/30/2012	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$ <b>0</b>
		Enanty enconcendence intercompany balance.	3/30/2013	<del>V°</del>
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
G.	GREENWICH ENDOSCOPY CENTER LLC			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Н.	GREENWICH FERTILITY AND IVF CENTER, P.C.			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2012	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
I.	GREENWICH HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$0)
1		Management Fees	09/30/2013	\$17,141
2		Fund Balance Transfer	09/30/2013	
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$0)
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 <b>\$0</b>
		Ending Onconsolidated Intercompany Balance.	3/30/2013	ΨΟ
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 <b>\$0</b>
			5,53,2310	<b>4</b> 5
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC			

LINE AFFILIATE NAME  Beginning Unconsolidated Intercompany Balance:  Nothing to Report  Ending Unconsolidated Intercompany Balance:  9/30/2012  Nothing to Report  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Nothing to Report  Ending Unconsolidated Intercompany Balance:  9/30/2013  Nothing to Report  Ending Unconsolidated Intercompany Balance:  9/30/2013  OCCUPATION OF TRANSFER  DATE  HOSPITAL  Beginning Unconsolidated Intercompany Balance:  9/30/2013  P. PERRYRIDGE ORPORATION  Beginning Unconsolidated Intercompany Balance:  9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Beginning Unconsolidated Intercompany Balance:  9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Segundated Intercompany Balanc	(1)	(2)	(3)	(4)	(5)
LINE AFFILIATE NAME  Beginning Unconsolidated Intercompany Balance:  Nothing to Report  Ending Unconsolidated Intercompany Balance:  9/30/2012  Nothing to Report  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Nothing to Report  Ending Unconsolidated Intercompany Balance:  9/30/2013  Nothing to Report  Ending Unconsolidated Intercompany Balance:  9/30/2013  OCCUPATION OF TRANSFER  DATE  HOSPITAL  Beginning Unconsolidated Intercompany Balance:  9/30/2013  P. PERRYRIDGE ORPORATION  Beginning Unconsolidated Intercompany Balance:  9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Beginning Unconsolidated Intercompany Balance:  9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Beginning Unconsolidated Intercompany Balance:  9/30/2013  Segundated Intercompany Balanc					
Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Friding Unconsolidated Intercompany Balance: 9/30/2013  N. GREENWICH PEDIATRIC SERVICES, P. C.  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2012  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  Insurance 9/30/2013  Anant 9/30/2013  Insurance 9/30/2013  Rent 9/30/2013 (\$1.1  Tranfer of Funds 9/30/2013 (\$1.1  The GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY O, GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$11,  Distribution 9/30/2013 (\$2.2  Other Fees 9/30/2013 \$2.2  Other Fees 9/30/2013 \$3.3  Ending Unconsolidated Intercompany Balance: 9/30/2013 \$2.2  Other Fees 9/30/2013 \$3.3  Ending Unconsolidated Intercompany Balance: 9/30/2013 \$3.3  Ending Unconsolidated Intercompan		APPH IATE MARKE	DESCRIPTION OF TRANSFER	D. 4.T.F.	TRANSFER TO / FROM
Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  N. GREENWICH PEDIATRIC SERVICES, P. C.  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC  Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  1 Management Fee 09/30/2013  1 Management Fee 09/30/2013  1 Tranfer of Funds 09/30/2013  1 Tranfer of Funds 09/30/2013  THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY O. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2012  THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY O. Other Fees 09/30/2013  Beginning Unconsolidated Intercompany Balance: 9/30/2012  S11.  O. Distribution 09/30/2013  Ending Unconsolidated Intercompany Balance: 9/30/2013  S2.  Ending Unconsolidated Intercompany Balance: 9/30/2013  S2.  Beginning Unconsolidated Intercompany Balance: 9/30/2013  S2.  Ending Unconsolidated Intercompany Balance: 9/30/2013  S3.  R. YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)  Beginning Unconsolidated Intercompany Balance: 9/30/2013  S3.  Salany & Benefits  O. 9/30/2013  S4.	LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  N. GREENWICH PEDIATRIC SERVICES, P. C.  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC  Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  1 Management Fee 09/30/2013  1 Management Fee 09/30/2013  1 Tranfer of Funds 09/30/2013  1 Tranfer of Funds 09/30/2013  THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY O. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2012  THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY O. Other Fees 09/30/2013  Beginning Unconsolidated Intercompany Balance: 9/30/2012  S11.  O. Distribution 09/30/2013  Ending Unconsolidated Intercompany Balance: 9/30/2013  S2.  Ending Unconsolidated Intercompany Balance: 9/30/2013  S2.  Beginning Unconsolidated Intercompany Balance: 9/30/2013  S2.  Ending Unconsolidated Intercompany Balance: 9/30/2013  S3.  R. YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)  Beginning Unconsolidated Intercompany Balance: 9/30/2013  S3.  Salany & Benefits  O. 9/30/2013  S4.					
Ending Unconsolidated Intercompany Balance: 9/30/2013  N. GREENWICH PEDIATRIC SERVICES, P. C.  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  Amanagement Fee 09/30/2013  Amanagement Fee 09/30/2013  Insurance 09/30/2013  Rent 09/30/2013  Rent 09/30/2013  Substitution Offunds 09/30/2013  Tranfer of Funds 09/30/2013  Miscellaneous Cash 09/30/2013  Ending Unconsolidated Intercompany Balance: 9/30/2013  THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY O. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  Substitution 09/30/2013  Substitution 09/30/			Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
N. GREENWICH PEDIATRIC SERVICES, P. C.  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION Beginning Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION Beginning Unconsolidated Intercompany Balance: 9/30/2013  A Beginning Unconsolidated Intercompany Balance: 9/30/2013  Rent 9/30/2013 (\$1.1  Tranfer of Funds 9/30/2013 (\$1.1  Tranfer of Funds 9/30/2013 (\$1.1  Miscellaneous Cash 9/30/2013 (\$1.1  THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY Q. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$1.1  Distribution 9/30/2013 (\$1.1  Ending Unconsolidated Intercompany Balance: 9/30/2013 (\$1.1  Distribution 9/30/20			Nothing to Report	0/20/2042	\$0 <b>\$0</b>
Beginning Unconsolidated Intercompany Balance: 9/30/2012			Ending Onconsolidated Intercompany Balance:	9/30/2013	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2012					
Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  Insurance 9/30/2013 (\$1,1)  Rent 9/30/2013 (\$1,1)  Transfer of Funds 9/30/2013 (\$1,1)  Transfer of Funds 9/30/2013 (\$1,1)  Transfer of Funds 9/30/2013 (\$1,1)  The GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY Q. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)  Ending Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)  The GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY Q. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)  Ending Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)	N.	GREENWICH PEDIATRIC SERVICES, P. C.			
Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC  Beginning Unconsolidated Intercompany Balance: 9/30/2012 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013  P. PERRYRIDGE CORPORATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013  Insurance 9/30/2013 (\$1,1)  Rent 9/30/2013 (\$1,1)  Transfer of Funds 9/30/2013 (\$1,1)  Transfer of Funds 9/30/2013 (\$1,1)  Transfer of Funds 9/30/2013 (\$1,1)  The GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY Q. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)  Ending Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)  The GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY Q. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)  Ending Unconsolidated Intercompany Balance: 9/30/2013 (\$1,1)			Designing Hyperpolidated Intercomment Delever	0/20/2042	***
Ending Unconsolidated Intercompany Balance: 9/30/2013			Nething to Depart	9/30/2012	<b>\$0</b>
O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC   Beginning Unconsolidated Intercompany Balance: 9/30/2012   Nothing to Report			Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2012     Nothing to Report			Ending officonsolidated intercompany balance.	3/30/2013	40
Beginning Unconsolidated Intercompany Balance: 9/30/2012     Nothing to Report		ORTHODAEDIC & NEUROSURGERY CENTER OF GREENWICH LLC			
Nothing to Report   Ending Unconsolidated Intercompany Balance: 9/30/2013	<u> </u>	OKTHOPALDIC & NEUROSUNGERT CENTER OF GREENWICH, LEC			
Nothing to Report   Ending Unconsolidated Intercompany Balance: 9/30/2013			Reginning Unconsolidated Intercompany Ralance:	9/30/2012	\$0
P.   PERRYRIDGE CORPORATION   Beginning Unconsolidated Intercompany Balance: 9/30/2012   (§ Management Fee				3/30/2012	\$0
P.   PERRYRIDGE CORPORATION	-		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2012   (\$   Management Fee				3,23,23,2	· ·
Beginning Unconsolidated Intercompany Balance: 9/30/2012   (\$   Management Fee	P.	PERRYRIDGE CORPORATION			
Management Fee					
Management Fee			Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$83,886)
Insurance	1				
Tranfer of Funds   09/30/2013   \$1,	2				
Miscellaneous Cash   09/30/2013   (\$1   Ending Unconsolidated Intercompany Balance: 9/30/2013   (\$1   Ending Unconsolidated Intercompany Balance: 9/30/2013   (\$1   Ending Unconsolidated Intercompany Balance: 9/30/2013   (\$1   Ending Unconsolidated Intercompany Balance: 9/30/2012   (\$11, 1   Distribution	3				
Ending Unconsolidated Intercompany Balance: 9/30/2013   (\$1   THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY   GREENWICH FOUNDATION   Beginning Unconsolidated Intercompany Balance: 9/30/2012   \$11,					
THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY Q. GREENWICH FOUNDATION  Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$11,  Distribution 09/30/2013 \$2,  Other Fees 09/30/2013 \$13,  Ending Unconsolidated Intercompany Balance: 9/30/2013 \$13,  R. YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)  Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$33,  1 Salary & Benefits 09/30/2013 \$4,	5				( )
Q.         GREENWICH FOUNDATION         Beginning Unconsolidated Intercompany Balance:         9/30/2012         \$11,00           1         Distribution         09/30/2013         \$2,00           2         Other Fees         09/30/2013         \$13,00           R.         YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)         Feding Unconsolidated Intercompany Balance:         9/30/2012         \$33,00           1         Salary & Benefits         09/30/2013         \$4,00			Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$124,658)
Q.         GREENWICH FOUNDATION         Beginning Unconsolidated Intercompany Balance:         9/30/2012         \$11,00           1         Distribution         09/30/2013         \$2,00           2         Other Fees         09/30/2013         \$13,00           R.         YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)         Feding Unconsolidated Intercompany Balance:         9/30/2012         \$33,00           1         Salary & Benefits         09/30/2013         \$4,00					
Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$11,   1					
Distribution   09/30/2013   \$2,	Q.	GREENWICH FOUNDATION			
Distribution   09/30/2013   \$2,				0/00/00/0	
Other Fees   09/30/2013					\$11,407,675
R. YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)  Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$33,000 \$33,0	1				
R. YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)  Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$33,000 \$30,0					\$13,870,175
Beginning Unconsolidated Intercompany Balance:         9/30/2012         \$33,           1         Salary & Benefits         09/30/2013         \$4,			Lituing Officonsolidated intercompany Balance.	3/30/2013	\$13,070,173
Beginning Unconsolidated Intercompany Balance:         9/30/2012         \$33,           1         Salary & Benefits         09/30/2013         \$4,	P	VALE-NEW HAVE HEALTH SERVICES CORD (VALUESC)			
1 Salary & Benefits 09/30/2013 \$4,	K.	TALL-NEW HAVE REALTH SERVICES CORF (TNRHSC)			
1 Salary & Benefits 09/30/2013 \$4,			Reginning Unconsolidated Intercompany Balance:	0/30/2012	\$33,936,581
	1		Salary & Renefits		
Support Services 09/30/2013 \$19.0			Support Services	09/30/2013	

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
4		Executive Retirement expense	09/30/2013	\$232,797
5		no compete insurance	09/30/2013	\$242,200
6		rebates from vendors	09/30/2013	(\$1,009,956)
7		Workers Compensation	09/30/2013	\$46,426
8		HIPPA expense	09/30/2013	\$377,881
9		EPIC Meaningful Use Shared Expense	09/30/2013	\$8,825,368
10		Services Purchased	09/30/2013	\$10,335,049
11		Performance Incentive Payment Expense	09/30/2013	\$277,761
12		reverse prior years balance	09/30/2013	(\$33,936,581)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$43,518,213
			Grand Total:	\$57,263,730

(1)	(2)	(3)	(4)	(5)	(6)
	· ·				, ,
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2012	\$0
Α.	GREENWICH HEALTH CARE SERVICES, INC.		Nothing to Depart		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			Total.	9/30/2013	\$0
В.	2015 MAIN STREET LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	900 KING STREET ASSOCIATES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
D.	GH REALTY, LLC				
<u>Б.</u>	GH REALTT, LLC		Nothing to Report		\$0
1			Total:	9/30/2013	\$0
				0,00,2010	**
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
_					
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		Nothing to Depart		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			Total.	9/30/2013	\$0
G.	GREENWICH ENDOSCOPY CENTER LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.				
			Nothing to Report	0/00/00/10	\$0
			Total:	9/30/2013	\$0
I.	GREENWICH HEALTH SERVICES, INC.				
<del>- ''</del>	ONLEMMON NEALTH SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$ <b>0</b>
					**
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
۱,,	ODEENIMICH OCCUPATIONAL HEALTH OFFINIOSO OF MENT ISSUES.				
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.				

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
N.	GREENWICH PEDIATRIC SERVICES, P. C.		Nothing to Depart		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			i otai.	9/30/2013	<u>\$0</u>
0.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
P.	PERRYRIDGE CORPORATION		Nulli to D		
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			i otai:	9/30/2013	\$0
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION				
Q.	CREENWOIT CONDATION		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					<u> </u>
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$0
			intercompany balance	9/30/2013	*

#### 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.	GREENWICH HEALTH CARE SERVICES, INC.			
0	Nothing to Report	Total	\$0	0/00/0040
		Total:	\$0	9/30/2013
В.	2015 MAIN STREET LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
<b>C</b> .	900 KING STREET ASSOCIATES, LLC  Nothing to Report		00	
-	Nothing to Report	Total:	\$0 \$0	9/30/2013
			40	0/00/2010
D.	GH REALTY, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
_	CREENWICH AMPHI ATORY CURCERY CENTER 11.0			
<b>E.</b>	GREENWICH AMBULATORY SURGERY CENTER, LLC  Nothing to Report		\$0	
	Troubling to Propert	Total:	\$0	9/30/2013
			·	
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
G.	GREENWICH ENDOSCOPY CENTER LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.			
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
		rotar.	φυ	9/30/2013
I.	GREENWICH HEALTH SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	ODEENING UNITED ATIVE MEDICINE D. O.			
<b>J</b> .	GREENWICH INTEGRATIVE MEDICINE, P. C.  Nothing to Report		\$0	
	Nothing to Keport	Total:	\$0	9/30/2013
			·	
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
0	Nothing to Report		\$0	- / /
		Total:	\$0	9/30/2013
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC			
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
		i Otal.	\$0	9/30/2013
N.	GREENWICH PEDIATRIC SERVICES, P. C.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
0.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC			

#### 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
1	DEPRECIATION	\$1,070,000	09/30/2013
	Total:	\$1,070,000	9/30/2013
P.	PERRYRIDGE CORPORATION		
1	DEPRECIATION	\$1,070,000	09/30/2013
2	RENTAL INCOME	\$2,833,901	09/30/2013
	Total:	\$3,903,901	9/30/2013
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	Grand Total:	\$4,973,901	9/30/2013

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#### REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
_			
<b>A.</b>	GREENWICH HEALTH CARE SERVICES, INC.  Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	Ů
	Total.	***	
В.	2015 MAIN STREET LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	900 KING STREET ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	GH REALTY, LLC	¢0	0
0	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	l Otal:	\$0	
E.	CREENWICH AMPHI ATORY SURCERY CENTER 11 C		
0 0	GREENWICH AMBULATORY SURGERY CENTER, LLC  Nothing to Report	\$0	0
	Total:	\$0	Ü
		· ·	
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	GREENWICH ENDOSCOPY CENTER LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>H.</b>	GREENWICH FERTILITY AND IVF CENTER, P.C.  Nothing to Report	\$0	
	Total:	* 1	0
	i otai.	40	
I.	GREENWICH HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:		
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
0	Nothing to Report	\$0	0

#### 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
	Total:	\$0	
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	GREENWICH PEDIATRIC SERVICES, P. C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	PERRYRIDGE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION	60	0
0	Nothing to Report	\$0	0
	Total:	\$0	
	VALE VENTUAL TURED VICES CORP. (VALUES)		
<b>R.</b>	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)  Nothing to Report	\$0	0
U	Notifing to Report  Total:	\$0 \$0	0
	Iotal:	\$0	
	Grand Total:	\$0	
	Grand Total:	\$0	

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# REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

1   Donations   \$0.00   \$0.0	(1)	(2)	(3)	(4)	(5)	(6)
A. Indigent Care   S0.00   \$			FY 2012	FY 2013		
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1   Donations   \$0.00   \$0.0	Α.	Indigent Care				
2   Income		Beginning Balance				0%
Separatitures   Source   Sou	1	Donations				0%
4   Unrealized Gains and Losses   \$0.00   \$0	2	Income		\$0.00		0%
Ending Balance   \$0.00   \$0.	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
5         Projected Interest Income         \$0.00         \$0.00         \$0.00           B.         Free Beds           Beginning Balance         \$1,121,553.00         \$1,233,220.00         \$111,667.00         10           1         Donations         \$545,369.00         \$450,679.00         (\$94,690.00)         -17           2         Income         \$142,691.00         \$475,955.00         \$33,264.00         234           3         Expenditures         \$576,393.00         \$443,829.00         (\$132,564.00)         -23           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00         0           Ending Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00         39           5         Projected Interest Income         \$143,000.00         \$282,000.00         \$139,000.00         97           C.         Other         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           Beginning Balance         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         <	4					0%
B .         Free Beds           Beginning Balance         \$1,121,553.00         \$1,233,220.00         \$111,667.00         10           1 Donations         \$545,369.00         \$450,679.00         (\$94,690.00)         -17           2 Income         \$142,691.00         \$475,955.00         \$333,264.00         234           3 Expenditures         \$576,393.00         \$443,829.00         (\$132,564.00)         -23           4 Unrealized Gains and Losses         \$0.00 <td></td> <td>Ending Balance</td> <td></td> <td></td> <td></td> <td>0%</td>		Ending Balance				0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1         Donations         \$545,369.00         \$450,679.00         (\$94,690.00)         -17           2         Income         \$142,691.00         \$475,955.00         \$333,264.00         234           3         Expenditures         \$576,393.00         \$443,829.00         (\$132,564.00)         -23           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00         0           Ending Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00         39           5         Projected Interest Income         \$143,000.00         \$282,000.00         \$139,000.00         97           C         Other         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         90           1         Donations         \$0.00         \$0.00         \$0.00         \$0.00         90         0           2         Income         \$0.00         \$0.00         \$0.00         \$0.00         <	В.	Free Beds				
2         Income         \$142,691.00         \$475,955.00         \$333,264.00         234           3         Expenditures         \$576,393.00         \$443,829.00         (\$132,564.00)         -23           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00         0           Ending Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00         39           5         Projected Interest Income         \$143,000.00         \$282,000.00         \$139,000.00         97           C         Other         \$0.00         \$0.00         \$0.00         \$0.00         97           Donations         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         90 <td< td=""><td></td><td>Beginning Balance</td><td></td><td></td><td></td><td>10%</td></td<>		Beginning Balance				10%
Sexpenditures   Sexpenditure	1	Donations	•			-17%
4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00         0           Ending Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00         39           5         Projected Interest Income         \$143,000.00         \$282,000.00         \$139,000.00         97           C .         Other         \$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         \$0.00         0						234%
Ending Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00         39           5         Projected Interest Income         \$143,000.00         \$282,000.00         \$139,000.00         97           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         \$0.00         0						-23%
5         Projected Interest Income         \$143,000.00         \$282,000.00         \$139,000.00         97           C .         Other         Sound         \$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	4					0%
C . Other         \$0.00         \$0.00         \$0.00         0           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		Ending Balance	\$1,233,220.00		\$482,805.00	39%
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	\$143,000.00	\$282,000.00	\$139,000.00	97%
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						
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	С.	Other				
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		Beginning Balance	\$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	1		\$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	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00 0	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
	4	Unrealized Gains and Losses				0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00		Ending Balance	\$0.00	\$0.00	\$0.00	0%
	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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GREENWICH HOSPITAL					
	ANNUAL REPORTING FISCAL YEAR 2013				
RI	EPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY	Y THE HOSPITAL			
A Detient Activity					
A. Patient Activity (1)	(2)	(3)			
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount			
1. Number of Application	ns for Hospital Bed Funds	669			
	ceiving Hospital Bed Fund Grants	545			
2. B. The Actual Total Dolla	ar Amount provided to all patients from Hospital Bed Funds:	\$443,829.00			
1	Belding & Blackford Fund	\$2,580.00			
2	Belding & Blackford Fund	\$2,300.00 \$211,777.20			
3	Belding & Blackford Fund	\$8,931.37			
<u>4</u> 5	Belding & Blackford Fund Belding & Blackford Fund	\$12,510.25 \$34,261.03			
6	Belding & Blackford Fund	\$19,232.22			
7	Belding & Blackford Fund	\$10,293.02			
9	Belding & Blackford Fund Belding & Blackford Fund	\$46,006.70 \$69,299.84			
10	Belding & Blackford Fund	\$44,106.23			
11 12	Belding & Blackford Fund	\$11,624.03 \$15,666.00			
13	Belding & Blackford Fund Belding & Blackford Fund	\$15,666.00 \$56,166.96			
14	Belding & Blackford Fund	\$27,049.71			
15 16	Belding & Blackford Fund Belding & Blackford Fund	\$16,229.25 \$11,805.64			
17	Belding & Blackford Fund	\$11,895.64 \$12,149.22			
18	Belding & Blackford Fund	\$12,902.97			
19 20	Belding & Blackford Fund Belding & Blackford Fund	\$1,788.43 \$3,143.80			
21	Belding & Blackford Fund	\$3,142.89 \$4,546.50			
22	Belding & Blackford Fund	\$4,591.13			
23 24	Belding & Blackford Fund Belding & Blackford Fund	\$6,609.34 \$5,765.53			
25	Belding & Blackford Fund	\$5,765.53 \$8,510.11			
26	Belding & Blackford Fund	\$5,379.60			
27 28	Belding & Blackford Fund Belding & Blackford Fund	\$2,663.80 \$2,240.90			
29	Belding & Blackford Fund	\$3,907.90			
30	Belding & Blackford Fund	\$8,351.33			
31 32	Belding & Blackford Fund Belding & Blackford Fund	\$144,300.33 \$6,996.08			
33	Belding & Blackford Fund	\$4,878.56			
34	Belding & Blackford Fund	\$3,730.46			
35 36	Belding & Blackford Fund Belding & Blackford Fund	\$12,676.72 \$13,283.12			
37	Belding & Blackford Fund	\$8,242.31			
38 39	Belding & Blackford Fund Belding & Blackford Fund	\$8,724.13 \$4,097.03			
40	Belding & Blackford Fund	\$4,987.92 \$15,027.94			
41	Belding & Blackford Fund	\$4,546.63			
42 43	Belding & Blackford Fund Belding & Blackford Fund	\$8,284.58 \$22,295.44			
44	Belding & Blackford Fund	\$22,295.44 \$6,154.39			
45	Belding & Blackford Fund	\$5,474.36			
46 47	Belding & Blackford Fund Belding & Blackford Fund	\$7,651.40 \$6,147.37			
48	Belding & Blackford Fund	\$0,147.37 \$1,630.49			
49	Belding & Blackford Fund	\$12,240.20			
50 51	Belding & Blackford Fund Belding & Blackford Fund	\$13,781.93 \$13,460.64			
52	Belding & Blackford Fund	\$6,495.15			
53	Belding & Blackford Fund	\$10,113.70 \$6,475.25			
54 55	Belding & Blackford Fund Belding & Blackford Fund	\$6,175.25 \$4,161.00			
56	Belding & Blackford Fund	\$4,959.86			
57 59	Endowed Bed & Room Fund	\$2,860.00 \$4,060.00			
58 59	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,060.00 \$1,863.90			
60	Endowed Bed & Room Fund	\$200.57			
61	Endowed Bed & Room Fund	\$1,156.00 \$1,135.00			
62 63	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,125.00 \$356.00			
64	Endowed Bed & Room Fund	\$1,028.43			
65 66	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$770.03 \$2,000.00			
67	Endowed Bed & Room Fund	\$2,000.00 \$500.00			
68	Endowed Bed & Room Fund	\$1,161.40			
69	Endowed Bed & Room Fund	\$61.95			

	GREENWICH HOSPITAL				
	ANNUAL REPORTING FISCAL YEAR 2013				
REPOR	RT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED B	BY THE HOSPITAL			
A. Patient Activity					
(1)	(2)	(3)			
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount			
Number of Applications for		669			
2. A. Number of Patients receivi	ing Hospital Bed Fund Grants	545			
2. B. The Actual Total Dollar Am	nount provided to all patients from Hospital Bed Funds:	\$443,829.00			
70	Endowed Bed & Room Fund	\$2,829.43			
71	Endowed Bed & Room Fund	\$600.00			
72	Endowed Bed & Room Fund	\$1,395.00			
73 74	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,800.00 \$3,679.57			
75	Endowed Bed & Room Fund	\$1,950.00			
76	Endowed Bed & Room Fund	\$1,153.14			
77 78	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$362.80 \$250.00			
79	Endowed Bed & Room Fund	\$1,155.97			
80 81	Endowed Bed & Room Fund	\$3,180.00 \$3,180.60			
81 82	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,180.60 \$1,425.36			
83	Endowed Bed & Room Fund	\$300.05			
84 85	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,320.00 \$1,363.17			
86	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,263.17 \$567.60			
87	Endowed Bed & Room Fund	\$720.00			
88 89	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$413.20 \$825.00			
90	Endowed Bed & Room Fund	\$825.00 \$1,320.41			
91	Endowed Bed & Room Fund	\$1,500.00			
92 93	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,720.00 \$1,200.70			
94	Endowed Bed & Room Fund	\$1,200.79 \$525.00			
95	Endowed Bed & Room Fund	\$1,159.60			
96 97	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$804.40 \$1,159.60			
98	Endowed Bed & Room Fund	\$1,139.00			
99	Endowed Bed & Room Fund	\$800.00			
100 101	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,688.31 \$300.00			
102	Endowed Bed & Room Fund	\$1,000.00			
103	Endowed Bed & Room Fund	\$1,125.00			
104 105	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$593.65 \$1,108.93			
106	Endowed Bed & Room Fund	\$444.24			
107 108	Endowed Bed & Room Fund	\$357.88 \$750.00			
109	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$750.00 \$542.39			
110	Endowed Bed & Room Fund	\$200.00			
111 112	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,800.00 \$1,575.40			
113	Endowed Bed & Room Fund	\$1,575.40			
114	Endowed Bed & Room Fund	\$405.99			
115 116	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,081.88 \$2,175.33			
117	Endowed Bed & Room Fund	\$2,173.33 \$1,500.00			
118	Endowed Bed & Room Fund	\$1,000.80			
119 120	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,375.00 \$2,845.80			
121	Endowed Bed & Room Fund	\$1,159.60			
122	Endowed Bed & Room Fund	\$1,000.00			
123 124	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$372.35 \$220.47			
125	Endowed Bed & Room Fund	(\$25.00)			
126 127	Endowed Bed & Room Fund	\$963.50 \$3.050.48			
128	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,050.18 \$2,440.25			
129	Endowed Bed & Room Fund	\$1,040.49			
130 131	Endowed Bed & Room Fund	\$150.00 \$2,020.28			
132	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$3,930.28 \$2,493.30			
133	Endowed Bed & Room Fund	\$189.77			
134 135	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$390.67 \$150.00			
136	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$150.00 \$5,202.40			
137	Endowed Bed & Room Fund	\$721.48			
138	Endowed Bed & Room Fund	\$150.00			

GREENWICH HOSPITAL ANNUAL REPORTING					
	FISCAL YEAR 2013				
REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
A. Patient Activity	(0)	(0)			
(1) Patient	(2) Name of Hospital Bed Fund (FULL NAME)	(3) Amount			
Number of Applications for H		669			
2. A. Number of Patients receiving	Hospital Bed Fund Grants	545			
2. B. The Actual Total Dollar Amou	int provided to all patients from Hospital Bed Funds:	\$443,829.00			
139	Endowed Bed & Room Fund	\$303.57			
140 141	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$200.00 \$5.00			
142	Endowed Bed & Room Fund	\$823.80			
143 144	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$50.00 \$330.16			
145	Endowed Bed & Room Fund	\$250.00			
146 147	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,028.36 \$4,066.10			
148	Endowed Bed & Room Fund	\$7,396.34			
149 150	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$660.00 \$1,009.40			
151	Endowed Bed & Room Fund	\$1,009.40 \$55.54			
152 153	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$409.40 \$1.599.86			
154	Endowed Bed & Room Fund	\$1,599.86			
155 156	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$25.86 \$1.045.00			
157	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,045.00 \$272.07			
158	Endowed Bed & Room Fund	\$2,390.47			
159 160	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,418.03 \$317.72			
161	Endowed Bed & Room Fund	\$138.75			
162 163	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$406.00 \$5,116.74			
164	Endowed Bed & Room Fund	\$1,820.70			
165 166	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,522.01 \$2,757.98			
167	Endowed Bed & Room Fund	\$907.47			
168 169	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$3,080.32 \$150.00			
170	Endowed Bed & Room Fund	\$602.00			
171 172	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,485.00 \$370.88			
173	Endowed Bed & Room Fund	\$370.00 \$1,664.20			
174 175	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$452.62 \$4.320.65			
176	Endowed Bed & Room Fund	\$222.26			
177 178	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,000.00			
178	Endowed Bed & Room Fund	\$150.00 \$664.00			
180 181	Endowed Bed & Room Fund	\$1,614.79			
182	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$50.00 \$2,589.43			
183	Endowed Bed & Room Fund	\$382.65			
184 185	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$361.27 \$3,009.66			
186	Endowed Bed & Room Fund	\$7,877.00			
187 188	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,132.00 \$900.00			
189	Endowed Bed & Room Fund	\$182.82			
190 191	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$646.19 \$682.00			
192	Endowed Bed & Room Fund	\$463.46			
193 194	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$948.30 \$449.72			
195	Endowed Bed & Room Fund	\$642.20			
196 197	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$717.06 \$9,983.75			
198	Endowed Bed & Room Fund	\$5,742.11			
199 200	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,095.00 \$347.33			
201	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$347.33 \$788.89			
202	Endowed Bed & Room Fund	\$150.00			
203 204	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,353.30 \$390.62			
205	Endowed Bed & Room Fund	\$18.59			
206 207	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,188.00 \$150.00			
		Ţ.30100			

GREENWICH HOSPITAL ANNUAL REPORTING						
	FISCAL YEAR 2013					
REPORT	17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	U BY THE HOSPITAL				
A. Patient Activity	•					
(1) Patient	(2) Name of Hospital Bed Fund (FULL NAME)	(3) Amount				
Number of Applications for H		669				
2. A. Number of Patients receiving	. A. Number of Patients receiving Hospital Bed Fund Grants . B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds: \$443,82					
		V 110,020.00				
208	Endowed Bed & Room Fund	\$152.22				
209 210	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,228.43 \$2,671.34				
211	Endowed Bed & Room Fund	\$56.81				
212 213	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,204.69 \$255.64				
214	Endowed Bed & Room Fund	\$349.16				
215 216	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$283.53 \$187.66				
217	Endowed Bed & Room Fund	\$1,744.36				
218	Endowed Bed & Room Fund	\$1,346.22 \$345.56				
219 220	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$345.56 \$150.00				
221	Endowed Bed & Room Fund	\$1,405.57				
222 223	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$10.50 \$2,216.80				
224	Endowed Bed & Room Fund	\$487.09				
225 226	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$544.36 \$2,450.00				
227	Endowed Bed & Room Fund	\$2,632.38				
228 229	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,143.00 \$898.11				
230	Endowed Bed & Room Fund	\$94.37				
231	Endowed Bed & Room Fund	\$800.00				
232 233	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,359.37 \$1,575.00				
234	Endowed Bed & Room Fund	\$180.00				
235 236	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,975.80 \$2,232.77				
237	Endowed Bed & Room Fund	\$1,341.77				
238 239	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$530.95 \$941.16				
240	Endowed Bed & Room Fund	\$1,540.00				
241	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$50.00				
242 243	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,750.00 \$71.60				
244	Endowed Bed & Room Fund	\$1,163.75				
245 246	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,186.97 \$663.53				
247	Endowed Bed & Room Fund	\$130.99				
248 249	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$4,334.25 \$3,663.70				
250	Endowed Bed & Room Fund	\$3,003.70 \$1,785.23				
251 252	Endowed Bed & Room Fund	\$862.91 \$73.64				
252 253	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$73.64 \$1,410.77				
254	Endowed Bed & Room Fund	\$325.14				
255 256	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,019.97 \$1,634.49				
257	Endowed Bed & Room Fund	\$2,500.00				
258 259	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$1,582.22 \$2,218.24				
260	Endowed Bed & Room Fund	\$123.17				
261 262	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$316.53 \$150.00				
263	Endowed Bed & Room Fund	\$150.00 \$555.00				
264 265	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$340.62 \$240.43				
265 266	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$240.12 \$150.00				
267	Endowed Bed & Room Fund	\$279.85				
268 269	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$3,380.09 \$315.84				
270	Endowed Bed & Room Fund	\$50.00				
271 272	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$3,931.93 \$742.71				
273	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$742.71 \$150.00				
274	Endowed Bed & Room Fund	\$101.50				
275 276	Endowed Bed & Room Fund Endowed Bed & Room Fund	\$2,750.00 \$411.06				
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GREENWICH HOSPITAL ANNUAL REPORTING					
DEDORT 4	FISCAL YEAR 2013				
	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL			
A. Patient Activity (1)	(2)	(3)			
Patient ( ' )	Name of Hospital Bed Fund (FULL NAME)	Amount			
Number of Applications for Health		669			
Number of Patients receiving     The Actual Total Dollar Amount	Hospital Bed Fund Grants nt provided to all patients from Hospital Bed Funds:	545 \$443,829.00			
277	Endowed Bed & Room Fund	\$700.00			
278 279	Endowed Bed & Room Fund Free Bed Fund	\$2,100.00 \$1,805.33			
280	Free Bed Fund	\$14,009.30			
281 282	Free Bed Fund Free Bed Fund	\$30,133.17 \$17,531.61			
283	Free Bed Fund	\$3,973.30			
284 285	Free Bed Fund Free Bed Fund	\$6,747.54 \$5,883.08			
286	Free Bed Fund	\$2,763.85			
287 288	Free Bed Fund Free Bed Fund	\$1,486.69 \$3,787.57			
289 290	Free Bed Fund Free Bed Fund	\$2,539.75			
291	Free Bed Fund	\$3,542.50 \$13,605.83			
292 293	Free Bed Fund Free Bed Fund	\$222.24			
294	Free Bed Fund	\$2,732.14 \$3,998.99			
295 296	Free Bed Fund Free Bed Fund	\$4,711.33 \$222.17			
297	Free Bed Fund	\$222.17 \$1,558.03			
298 299	Free Bed Fund Free Bed Fund	\$6,258.36 \$1,911.03			
300	Free Bed Fund	\$1,911.03			
301 302	Free Bed Fund Free Bed Fund	\$3,258.51 \$4,169.63			
303	Free Bed Fund	\$5,728.78			
304 305	Free Bed Fund Free Bed Fund	\$1,368.73 \$2,586.41			
306	Free Bed Fund	\$4,337.05			
307 308	Free Bed Fund	\$2,670.33 \$893.10			
309	Free Bed Fund	\$1,593.03			
310 311	Free Bed Fund Free Bed Fund	\$255.85 \$1,181.90			
312	Free Bed Fund	\$3,209.13			
313 314	Free Bed Fund Free Bed Fund	\$4,812.40 \$5,753.02			
315	Free Bed Fund	\$5,865.68			
316 317	Free Bed Fund Free Bed Fund	\$532.60 \$36,207.48			
318	Free Bed Fund	\$1,902.51			
319 320	Free Bed Fund Free Bed Fund	\$8,989.90 \$11,660.84			
321	Free Bed Fund	\$1,912.35			
322 323	Free Bed Fund Free Bed Fund	\$1,324.65 \$4,661.60			
324	Free Bed Fund	\$2,380.53			
325 326	Free Bed Fund Free Bed Fund	\$32,699.75 \$3,909.75			
327	Free Bed Fund	\$3,395.00			
328 329	Free Bed Fund Free Bed Fund	\$1,855.90 \$5,290.18			
330 331	Free Bed Fund Free Bed Fund	\$2,032.24 \$3,605.45			
332	Free Bed Fund	\$3,695.15 \$2,951.59			
333 334	Free Bed Fund Free Bed Fund	\$2,652.40 \$5,326.87			
335	Free Bed Fund	\$3,749.40			
336 337	Free Bed Fund Free Bed Fund	\$1,635.95 \$7,613.14			
338	Free Bed Fund	\$7,613.14 \$2,465.20			
339 340	Free Bed Fund Free Bed Fund	\$5,300.50 \$1,696.80			
341	Free Bed Fund	\$1,696.80 \$4,622.58			
342 343	Free Bed Fund Free Bed Fund	\$2,382.43 \$9,862.70			
344	Free Bed Fund	\$7,799.03			
345	Free Bed Fund	\$6,331.17			

	GREENWICH HOSPITAL						
	ANNUAL REPORTING FISCAL YEAR 2013						
REPORT	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL						
A. Patient Activity							
(1)	· · · · · · · · · · · · · · · · · · ·						
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
Number of Applications for H		669					
2. A. Number of Patients receiving 2. B. The Actual Total Dollar Amou	Hospital Bed Fund Grants Int provided to all patients from Hospital Bed Funds:	545 \$443,829.00					
		¥115,025.00					
346	Free Bed Fund	\$5,242.92					
347 348	Free Bed Fund	\$10,543.66 \$2,126.80					
349	Free Bed Fund	\$9,702.39					
350 351	Free Bed Fund	\$3,711.88 \$4,607.67					
352	Free Bed Fund	\$11,998.08					
353	Free Bed Fund	\$2,623.60					
354 355	Free Bed Fund	\$6,299.10 \$3,012.60					
356	Free Bed Fund	\$1,821.50					
357 358	Free Bed Fund	\$2,085.90 \$2,324.39					
359	Free Bed Fund	\$7,313.26					
360 361	Free Bed Fund Free Bed Fund	\$3,453.90 \$12,798.69					
362	Free Bed Fund	\$12,798.69 \$1,160.37					
363	Free Bed Fund	\$8,173.51					
364 365	Free Bed Fund	\$4,604.32 \$1,226.44					
366	Free Bed Fund	\$4,564.53					
367 368	Free Bed Fund	\$4,043.10 \$4,005.03					
369	Free Bed Fund	\$2,075.32					
370 371	Free Bed Fund Free Bed Fund	\$10,086.32 \$8,930.48					
372	Free Bed Fund	\$3,388.41					
373	Free Bed Fund	\$4,842.24					
374 375	Free Bed Fund	\$1,693.57 \$2,620.84					
376	Free Bed Fund	\$3,866.39					
377 378	Free Bed Fund	\$4,376.01 \$4,077.72					
379	Free Bed Fund	\$4,257.00					
380 381	Free Bed Fund	\$4,264.84 \$3,353.29					
382	Free Bed Fund	\$3,333.29 \$31,281.90					
383 384	Free Bed Fund Free Bed Fund	\$3,040.57 \$2,748.34					
385	Free Bed Fund	\$2,718.31 \$11,129.76					
386	Free Bed Fund	\$740.34					
387 388	Free Bed Fund	\$8,300.00 \$491.18					
389	Free Bed Fund	\$29,511.59					
390 391	Free Bed Fund	\$9,877.17 \$11,804.35					
392	Free Bed Fund	\$11,804.33					
393 394	Free Bed Fund Free Bed Fund	\$4,234.17 \$2,252.63					
394 395	Free Bed Fund	\$2,252.63 \$4,808.57					
396	Free Bed Fund	\$6,897.35					
397 398	Free Bed Fund	\$9,806.62 \$4,002.96					
399	Free Bed Fund	\$6,209.92					
400 401	Free Bed Fund	\$5,169.60 \$3,806.88					
402	Free Bed Fund	\$10,027.22					
403 404	Free Bed Fund Free Bed Fund	\$7,791.12 \$4,447.14					
405	Free Bed Fund	\$4,447.14 \$2,405.38					
406	Free Bed Fund	\$8,578.67					
407 408	Free Bed Fund	\$12,960.31 \$2,780.03					
409	Free Bed Fund	\$4,470.16					
410 411	Free Bed Fund Free Bed Fund	\$733.57 \$2.059.33					
412	Free Bed Fund	\$2,059.33 \$6,111.41					
413	Free Bed Fund	\$11,032.18					
414	Free Bed Fund	\$982.50					

	GREENWICH HOSPITAL					
	ANNUAL REPORTING FISCAL YEAR 2013					
REPOR	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 fo		669				
2. A. Number of Patients received	ng Hospital Bed Fund Grants ount provided to all patients from Hospital Bed Funds:	545 \$443,829.00				
2. B. The Adda Fotal Bollar All	isant provided to an patients from riespital Bea I ands.	Ψ440,023.00				
415	Free Bed Fund	\$3,912.57				
416 417	Free Bed Fund Free Bed Fund	\$3,416.38 \$5,979.57				
418	Free Bed Fund	\$3,979.37 \$8,565.15				
419	Free Bed Fund	\$5,502.01				
420 421	Free Bed Fund Free Bed Fund	\$2,706.64 \$8,939.14				
422	Free Bed Fund	\$1,405.19				
423 424	Free Bed Fund Free Bed Fund	\$4,025.57 \$7,197.64				
425	Free Bed Fund	\$717.41				
426 427	Free Bed Fund Free Bed Fund	\$5,312.11 \$4,881.29				
428	Free Bed Fund	\$2,729.31				
429 430	Free Bed Fund Free Bed Fund	\$3,417.01 \$12,132.62				
431	Free Bed Fund	\$12,132.62 \$5,789.12				
432	Free Bed Fund	\$2,498.09				
433 434	Free Bed Fund Free Bed Fund	\$1,284.03 \$4,006.57				
435	Free Bed Fund	\$2,504.64				
436 437	Free Bed Fund Free Bed Fund	\$2,918.75 \$4,945.58				
438	Free Bed Fund	\$4,633.13				
439 440	Free Bed Fund Free Bed Fund	\$7,802.27 \$2,678.25				
441	Free Bed Fund	\$2,076.25				
442	Free Bed Fund	\$4,069.26				
443 444	Free Bed Fund Free Bed Fund	\$6,099.47 \$4,939.40				
445	Free Bed Fund	\$1,774.03				
446 447	Free Bed Fund Free Bed Fund	\$1,980.73 \$8,549.18				
448	Free Bed Fund	\$1,560.85				
449 450	Free Bed Fund Free Bed Fund	\$4,024.32 \$2,853.40				
451	Free Bed Fund	\$2,833.40 \$3,360.57				
452	Free Bed Fund	\$8,128.01 \$2,040.55				
453 454	Free Bed Fund Free Bed Fund	\$3,248.55 \$2,390.55				
455	Free Bed Fund	\$4,816.82				
456 457	Free Bed Fund	\$2,099.34 \$4,040.91				
458	Free Bed Fund	\$4,677.80				
459 460	Free Bed Fund	\$674.80 \$2,746.68				
461	Free Bed Fund	\$2,746.68 \$5,129.68				
462	Free Bed Fund	\$2,085.53				
463 464	Free Bed Fund Free Bed Fund	\$9,733.95 \$3,348.96				
465	Free Bed Fund	\$3,154.19				
466 467	Free Bed Fund Free Bed Fund	\$3,616.91 \$188.69				
468	Free Bed Fund	\$7,761.97				
469 470	Free Bed Fund Free Bed Fund	\$3,733.76 \$9,568.47				
471	Free Bed Fund	\$9,366.47 \$2,999.55				
472 473	Free Bed Fund	\$12,792.28				
474	Free Bed Fund Free Bed Fund	\$0.00 \$3,752.58				
475	Free Bed Fund	\$2,934.93				
476 477	Free Bed Fund Free Bed Fund	\$7,327.35 \$1,702.90				
478	Free Bed Fund	\$14,754.11				
479	Free Bed Fund	\$4,521.54 \$0,506.52				
480 481	Free Bed Fund Free Bed Fund	\$9,506.52 \$6,117.75				
482	Free Bed Fund	\$7,504.52				
483	Free Bed Fund	\$4,830.23				

	GREENWICH HOSPITAL ANNUAL REPORTING					
REPORT 1	FISCAL YEAR 2013 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
A. Patient Activity	s. Patient Activity					
(1)	(2)	(3)				
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount				
<ol> <li>Number of Applications for H</li> </ol>	ospital Bed Funds	669				
2. A. Number of Patients receiving		545				
2. B. The Actual Total Dollar Amou	nt provided to all patients from Hospital Bed Funds:	\$443,829.00				
101	IFor Do I For I	440.404.45				
484 485	Free Bed Fund Free Bed Fund	\$10,161.17 \$2,416.55				
486	Free Bed Fund	\$3,717.79				
487	Free Bed Fund	\$443.05				
488	Free Bed Fund	\$2,569.69				
489 490	Free Bed Fund Free Bed Fund	\$3,961.02 \$6,552.79				
491	Free Bed Fund	\$7,748.26				
492	Free Bed Fund	\$9,881.07				
493	Free Bed Fund	\$2,984.33				
494 495	Free Bed Fund Free Bed Fund	\$3,897.58 \$3,758.82				
496	Free Bed Fund	\$5,736.82 \$6,435.70				
497	Free Bed Fund	\$9,752.51				
498 499	Free Bed Fund Free Bed Fund	\$10,323.19				
500	Free Bed Fund	\$2,577.17 \$2,538.77				
501	Free Bed Fund	\$4,493.90				
502	Free Bed Fund	\$2,223.00				
503	Free Bed Fund	\$3,669.57				
504 505	Free Bed Fund Free Bed Fund	\$3,938.48 \$3,503.90				
506	Free Bed Fund	\$3,503.90 \$15,188.90				
507	Free Bed Fund	\$4,122.64				
508	Free Bed Fund	\$1,865.03				
509	Free Bed Fund	\$9,788.50				
510 511	Free Bed Fund Free Bed Fund	\$3,097.17 \$1,694.21				
512	Free Bed Fund	\$912.70				
513	Free Bed Fund	\$5,715.47				
514	Free Bed Fund	\$18,314.93				
515 516	Free Bed Fund Free Bed Fund	\$359.97 \$17,410.29				
517	Free Bed Fund	\$3,425.90				
518	Free Bed Fund	\$1,373.25				
519	Free Bed Fund	\$2,010.03				
520 521	Free Bed Fund	\$12,598.63 \$7,435.62				
522	Free Bed Fund	\$9,033.52				
523	Free Bed Fund	\$38,566.12				
524	Free Bed Fund	\$35,277.97				
525 526	Free Bed Fund Free Bed Fund	\$4,079.48 \$1,067.37				
527	Free Bed Fund	\$1,067.37				
528	Free Bed Fund	\$3,894.97				
529	Free Bed Fund	\$3,195.38				
530 531	Free Bed Fund Free Bed Fund	\$4,865.30 \$5,706.13				
532	Free Bed Fund	\$5,796.12 \$7,517.00				
533	Free Bed Fund	\$17,468.70				
534	Free Bed Fund	\$904.70				
535 536	Free Bed Fund Free Bed Fund	\$9,043.89 \$474.00				
537	Free Bed Fund	\$474.00 \$7,106.46				
538	Free Bed Fund	\$1,114.18				
539	Free Bed Fund	\$8,861.82				
540	Free Bed Fund	\$942.90 \$4.030.50				
541 542	Free Bed Fund Free Bed Fund	\$1,939.50 \$2,579.45				
543	Free Bed Fund	\$4,176.89				
544	Kennedy-Duncan Fund	\$3,586.00				
545	Free Care Funded by operations	(\$2,355,004.28)				
	Grand Total	\$443,829.00				

#### GREENWICH HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2013** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (1) (2) (3) (4) (5) (6) FMV of Principal Earnings Reinvested Earnings Available **Actual Earnings** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. (6) Actual Dollar Amount of Earnings available for Patient Care. **Endowed Bed & Room Endowment** \$572,300.00 \$361,300.00 \$361,300.00 \$0.00 **Homecare Fund** \$0.00 \$0.00 \$0.00 \$13,000.00 Mary Fund for Cancer \$1,700.00 \$0.00 \$4,500.00 \$1,700.00 **Pediatric Fund** \$92,000.00 \$4,000.00 \$4,000.00 \$0.00 The May Day Fund \$21,900.00 (\$100.00) \$0.00 \$0.00 Genevieve & George Funston **Endowment** \$59,500.00 \$7,500.00 \$7,500.00 \$0.00 Kennedy-Duncan Fund \$418,400.00 \$71,400.00 \$71,400.00 \$0.00 **Margaret Yeager Fund** \$2,000.00 \$1,800.00 \$1,800.00 \$0.00 Mary & Martin Weinmann Endowment \$61,500.00 \$13,500.00 \$13,500.00 \$0.00 **Munitalp Foundation Endowment** \$0.00 \$13,500.00 \$8,000.00 \$8,000.00 **Wood Fund for Hospice Endowment** \$242,000.00 \$15,000.00 \$15,000.00 \$0.00 Belding Endowment \$443,829.00 \$10,410,000.00 (\$97,000.00) (\$540,829.00) **Aids Fund** \$20,300.00 (\$200.00) \$0.00 \$0.00 **Arthritis Fund** \$124,400.00 (\$600.00) \$0.00 \$0.00 **Financial Assistance Fund** \$4,500.00 \$0.00 \$0.00 \$0.00 **Outpatient Department Fund** \$17,800.00 (\$100.00) \$0.00 \$0.00 Adolescent Medicine Free Care Fund \$49,300.00 (\$300.00) \$0.00 \$0.00 Free Bed Fund \$100.00 \$100.00 \$0.00 \$0.00 Total Bed Funds : \$12,127,000.00 \$386,000.00 (\$56,629.00) \$443,829.00

## 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	
		When each self-pay account reaches the end of the 120 day billing cycle, and a payment arrangement has not been established, and the account is not being considered for Free Bed Funds, it is referred to the outside collection agency.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Monthly or bi-monthly statements are received from the collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangment: monies are setn to the hospital and the hospital cuts a check to the agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	15.10%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Century Financila Services, Inc
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	When each self-pay account reaches the end of the 120 day billing cycle, and a payment arrangement has not been established, and the account is not being considered for Free Bed Funds, it is referred to the outside collection agency.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monthly or bi-monthly statements are received from the collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangment: monies are setn to the hospital and the hospital cuts a check to the agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	15.10%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$1,298,345	\$224,938	\$1,523,283
2.	Senior VP & CFO	\$545,638	\$226,384	\$772,022
3.	Executive VP & COO	\$519,125	\$168,867	\$687,992
4.	Director, Pathology	\$537,246	\$57,063	\$594,309
5.	Pathologist	\$522,751	\$46,020	\$568,771
6.	Pathologist	\$487,509	\$56,421	\$543,930
7.	SVP- Health System Development	\$391,542	\$133,126	\$524,668
8.	Chief Quality Officer	\$480,243	\$33,158	\$513,401
9.	Pathologist	\$453,324	\$31,476	\$484,800
10.	Pathologist	\$424,850	\$8,420	\$433,270
	Grand Total:	\$5,660,573	\$985,873	\$6,646,446

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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	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
	DECOMI HON	municotiy)	y or maneotry)	TOTAL
Α.	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
		_		
В.	2015 MAIN STREET LLC			·
11	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 .	900 KING STREET ASSOCIATES, 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
_	and by the respirat to Employees or the Employees or the	¥-0	40	4.0
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
Ε.	GREENWICH AMBULATORY SURGERY CENTER, LLC	40	1 40	Φ0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	Φ0	\$0	Φ0
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC	$\neg$		
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 ENDOSCOPY CENTER LLC		<del> </del>	
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 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 \$0
	and by the morphism to Employees of the Emmiy Elector more	#*	40	4.0
١.	GREENWICH HEALTH 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
	ODEENWOOD INTEGRATIVE MEDICINE D. C.	_		
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.	ФО.		ФО
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	r aid by the Hospital to Employees of the Emity Listed Above	Φ0		φυ
	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW			
Κ.	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
	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW			
L.	YORK, P.C.		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
M .	GREENWICH PATHOLOGY ASSOCIATES, 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
	, and the same and an arrangement		+ -	T -"

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# GREENWICH HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
		•		
Ν.	GREENWICH PEDIATRIC SERVICES, 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
		_		
	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH,			
Ο.	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
		_		
Ρ.	PERRYRIDGE 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
	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC,			
Q.	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
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)			
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 2013
Α	Transfer of Assets or Operations	
	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	
1.	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
	Chilical of Noticinical Services of Functions.	IVA
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
0.	and change of control.	13// \
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	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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	GREENWIG	CH HOSPITAL			
		REPORTING			
		AL YEAR 2013		THE HOODITAL	
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2012	FY 2013	AMOUNT	(0) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
	DEGORITOR TO THE PROPERTY OF T	<u>/unoonti</u>	<u>/unoonti</u>	<u>DIFF ERRENGE</u>	DITTERCENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	1,704	2,919	1,215	71%
2.	Number of Approved Applicants	1,704	2,919	1,215	71%
		•			
3.	Total Charges (A)	\$21,299,600	\$15,406,870	(\$5,892,730)	-28%
	Average Charges	\$12,500	\$5,278	(\$7,222)	-58%
	Potio of Coat to Charges (PCC)	0.316874	0.313706	(0.003168)	-1%
4.	Ratio of Cost to Charges (RCC)  Total Cost	\$6,749,289	\$4,833,228	(\$1,916,062)	-1% -28%
	Average Cost	\$3,961	\$1,656	(\$2,305)	-58%
	r tronago oost	ΨΟ,ΟΟΙ	Ψ1,000	(ΨΣ,303)	-50 /0
5.	Charity Care - Inpatient Charges	\$3,334,090	\$1,525,978	(\$1,808,112)	-54%
	Charity Care - Outpatient Emergency Department	40,000,000	<del>+ 1,0=0,010</del>	(+1,000,110)	
6.	Charges	6,793,032	3,996,644	(2,796,388)	-41%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	11,172,478	9,884,248	(1,288,230)	-12%
	Total Charges (A)	\$21,299,600	\$15,406,870	(\$5,892,730)	-28%
		1.000		(10.1)	
8.	Charity Care - Number of Patient Days	1,290	799	(491)	-38%
9.	Charity Care - Number of Discharges	361	153	(208)	-58%
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	2,559	1,330	(1,229)	-48%
11.	Visits)	11,730	11,036	(694)	-6%
- ' ' '	Visitoj	11,700	11,000	(004)	070
(A) The	total amount must agree with the total amount listed in	n the Hospital Aud	dited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
	Ni mah an af Amaliaanta	700	000	(444)	4.40/
1. 2.	Number of Applicants Number of Approved Applicants	780 749	669 545	(111) (204)	-14% <b>-27%</b>
<u>Z.</u>	Number of Approved Applicants	749	343	(204)	-21 /0
3.	Total Charges (B)	\$576,393	\$443,829	(\$132,564)	-23%
<u> </u>	Average Charges	\$770	\$814	\$45	6%
		Ţ	****	7	
4.	Ratio of Cost to Charges (RCC)	0.316874	0.313706	(0.003168)	-1%
	Total Cost	\$182,644	\$139,232	(\$43,412)	-24%
	Average Cost	\$244	\$255	\$12	5%
5.	Bed Funds - Inpatient Charges	\$210,203	\$121,462	(\$88,741)	-42%
	De le chi O destinateur de la company	000 000	000 000	(04.045)	1001
6.	Bed Funds - Outpatient Emergency Department Charges	260,939	229,020	(31,919)	-12%
7	Rod Funds Outpationt Charges (Evaluates ED Charges)	105 251	93,347	(11.004)	140/
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	105,251 <b>\$576,393</b>	\$443,829	(11,904) <b>(\$132,564)</b>	-11% <b>-23%</b>
	Total Ollarges (D)	Ψυ ( υ,υυυ	ΨΤΤΟ,023	(ψ132,304)	- <b>2</b> 3 /0
8.	Bed Funds - Number of Patient Days	664	397	(267)	-40%
9.	Bed Funds - Number of Discharges	148	99	(49)	-33%
10.	Bed Funds - Number of Outpatient ED Visits	449	664	215	48%
	Bed Funds - Number of Outpatient Visits(Excludes ED				
11.	Visits)	640	157	(483)	-75%
(B) The	total amount must agree with the total amount listed o	n Hospital Report	ting System - Re	eport 17.	

	GREENWICH HOSPITAL						
	ANNUAL REPORTING						
	FIS	CAL YEAR 2013					
	<b>REPORT 23 - CHARITY CARE AND REDUCE</b>	D COST SERVICE	S PROVIDED BY	THE HOSPITAL			
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2012	FY 2013	AMOUNT	%		
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE		