#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2014**

(1)	(2)	(3)	
	DECORIDEION	AFFILIATE INFORMATION	
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, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE GREENWICH	
1	Affiliate Description	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	Norman G. Roth	
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 -	
_	AFFILIATE NAME	2015 MAIN STREET 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	
	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
	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 Zip Code	Connecticut 06830 -	
15	CT Agent Zip Code	00000	
C.	AFFILIATE NAME	900 KING STREET ASSOCIATES, LLC	
J	ALLIERTE NAME	555 Fairte CTREET 7.555597 RT E5) 225	
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	
7	Zip Code	06830 -	
8	CEO Name	Norman G. Roth	
	CEO Title	President	
	CT Agent Name	Deborah Hodys	
11	CT Agent Company	Greenwich Health Care Services, Inc	

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2014**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	5 Perryridge Rd	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06830 -	
D.	AFFILIATE NAME	GH REALTY, LLC	
		GH REALTY IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES, THIS	
		ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY	
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	Norman G. Roth	
9	CEO Title	President	
10	CT Agent Name	Deborah A. Hodys	
11	CT Agent Company	Greenwich Healthcare Services	
	CT Agent Company Street Address	5 Perryridge Rd	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06878 -	
	3. 1 1 1 1 1 1		
E.	AFFILIATE NAME	GREENWICH AMBULATORY SURGERY CENTER, LLC	
1 .	Accuracy Services		
1	Affiliate Description	Outpatient 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 Connecticut 06830 -	
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 - Norman G. Roth	
2 3 4 5 6 7 8	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 -  Norman G. Roth  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 -  Norman G. Roth  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 -  Norman G. Roth  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 -  Norman G. Roth  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 -  Norman G. Roth  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 -  Norman G. Roth  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	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Norman G. Roth  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 -  Norman G. Roth  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	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	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Norman G. Roth  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	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 -  Norman G. Roth  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	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	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Norman G. Roth  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 Zip Code  AFFILIATE NAME	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Norman G. Roth  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	Ambulatory/OP Surgery Center  For Profit  5 Perryridge Road  Greenwich  Connecticut  06830 -  Norman G. Roth  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 - Norman G. Roth President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  Server Greenwich Services Force Services, Inc Services Force Services, Inc Services Force Servi	
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	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Norman G. Roth President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  Server Greenwich Greenwich 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 - Norman G. Roth President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  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 Zip Code  AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status	Ambulatory/OP Surgery Center For Profit 5 Perryridge Road Greenwich Connecticut 06830 - Norman G. Roth President Deborah Hodys Greenwich Healthcare Services, Inc 5 Perryridge Road Greenwich Connecticut 06830 -  Server Greenwich Greenwich Billing for clinical pathology services Affilate Support Services Not for Profit	

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2014**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
	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	
	CT Agent Clate CT Agent Zip Code	06830 -	
10	OT Agent Zip Code		
G.	AFFILIATE NAME	GREENWICH FERTILITY AND IVF CENTER, P.C.	
	Affiliate Description	Physician Practice - Professional Billing	
	Affiliate type of service	Medical Practices	
	Tax Status	For Profit	
	Street Address	5 Perryridge Road	
	Town	Greenwich	
6	State	Connecticut	
	Zip Code	06830 -	
	CEO Name	Marvin J Lipschutz, MD	
	CEO Title	President	
	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company Street Address	5 Perryridge Road	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
Н.	AFFILIATE NAME	GREENWICH HEALTH SERVICES, INC.	
1	Affiliate Description	PROVIDE MANAGEMENT SERVICES TO MEDICAL/PROFESSIONAL CORP. IN DARIEN, RIVERSIDE, & RYE	
2	Affiliate type of service	Medical Practices	
3	Tax Status	For Profit	
4	Street Address	5 PERRYRIDGE RD.	
	Town	Greenwich	
6	State	Connecticut	
	Zip Code	06830 -	
	CEO Name	NANCY LEVITT-ROSENTHAL	
	CEO Title	PRESIDENT	
	CT Agent Name	Deborah Hodys	
	CT Agent Name CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company Street Address	5 PERRYRIDGE RD.	
	CT Agent Company Street Address CT Agent Town	Greenwich	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06830 -	
13	51 / york Zip Godo		
I.	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.	

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2014**

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

(1)	(2)	(3)	
l			
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate type of service	Physicians Services	
	Tax Status	For Profit	
	Street Address	5 Perryridge Raod	
	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 Company	National Corporate Research Ltd.	
	CT Agent Company Street Address	14 Scenic Drive	
	CT Agent Town	Dayton	
	CT Agent State	New York	
15	CT Agent Zip Code	08810 -	
J.	AFFILIATE NAME	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.	
	Affiliate Description	Physician practice - serves business and international travel, and employee health. NYS Corporation.	
	Affiliate type of service	Medical Practices	
	Tax Status	For Profit	
	Street Address	5 Perryridge Road	
	Town	Greenwich	
	State	Connecticut	
	Zip Code	06830 -	
	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	
14	CT Agent State	New York	
15	CT Agent Zip Code	10580 -	
K.	AFFILIATE NAME	GREENWICH PATHOLOGY ASSOCIATES, LLC	
	Affiliate Description	Pathology Physician Group that serves Greenwich Hospital - billing anatomical laboratory services	
	Affiliate type of service	Medical Practices	
	Tax Status	Not for Profit	
	Street Address	5 Perryridge Road	
	Town	Greenwich	
	State	Connecticut	
	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
	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 Raod	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06830 -	

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## ANNUAL REPORTING

#### **FISCAL YEAR 2014**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
L.	AFFILIATE NAME	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC	
1	Affiliate Description	A joint venture with ONS. GHCS has a 35% interest in the LLC.	
2	Affiliate type of service	Ambulatory/OP Surgery Center	
3	Tax Status	For Profit	
4	Street Address	5 Perryridge Road	
5	Town	Greenwich	
6	State	Connecticut	
	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
	CEO Title	President	
	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Hospital	
	CT Agent Company Street Address	5 Perryridge Road	
	CT Agent Ctota	Greenwich Connecticut	
	CT Agent State CT Agent Zip Code	06830 -	
15	CT Agent Zip Code	00000 -	
м.	AFFILIATE NAME	PERRYRIDGE CORPORATION	
141.	ALLIENTE NAME		
1	Affiliate Description	REAL ESTATE MANAGEMENT SERVICES.	
2	Affiliate type of service	Real Estate	
3	Tax Status	Not for Profit	
4	Street Address	5 PERRYRIDGE RD.	
5	Town	Greenwich	
6	State	Connecticut	
	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
	CEO Title	PRESIDENT	
	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Healthcare Services, Inc 5 PERRYRIDGE RD.	
	CT Agent Company Street Address CT Agent Town	Greenwich	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06830 -	
10	OT Agent Zip Gode		
N.	AFFILIATE NAME	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION	
		MANAGE AND ADMINISTER ENDOWMENT FUNDS AND DISBURSE TO OR FOR THE BENEFIT OF	
1	Affiliate Description	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 Zin Code	Connecticut	
	Zip Code	06830 -	
8 9	CEO Name CEO Title	Norman G. Roth President & CEO	
		Deborah Hodys	
	CT Agent Name CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company CT Agent Company Street Address	5 Perryridge Road	
12	OT Agent Company Street Address	To a caryinage moad	

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2014**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
0.	AFFILIATE NAME	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)
1	Attilists 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
2	Affiliate Description	GREENWICH VERTICAL NETWORK.
3	Affiliate type of service	Parent Corporation  Not for Profit
	Tax Status	789 Howard Avenue
4	Street Address	1 55 1 15 1
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Marna P. Borgstrom
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	William J. Aseltyne
11	CT Agent Company	William J Aseltyne
12	CT Agent Company Street Address	20 York St, CB-230
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -

<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)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
Α.	GREENWICH HOSPITAL		
1		Unrestricted	\$334,040,000
2		Temporarily Restricted by Donor	\$44,115,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$23,207,000
5		Intercompany Eliminations	\$0
		Total:	\$401,362,000
	ODEENIMICAL LIE AL TILLOADE GEDVIGEG INIO		
В.	GREENWICH HEALTH CARE SERVICES, INC.	I I I I I I I I I I I I I I I I I I I	<b>#0.47.000</b>
1		Unrestricted	\$247,000
2		Temporarily Restricted by Donor	\$0 \$0
<u>3</u> 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
<del>4</del>		Intercompany Eliminations	\$0
J		Total:	\$247,000
		Total.	Ψ241,000
С.	2015 MAIN STREET LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D.	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
Ε.	GH REALTY, LLC		0.0
1		Unrestricted	\$0
3		Temporarily Restricted by Donor	\$0 \$0
4		Temporarily Restricted by Board Permanently Restricted by Donor	ΦO
<del>- 4</del> 5		Intercompany Eliminations	\$0 \$0
		Total:	\$0
		Total.	\$0
F.	GREENWICH AMBULATORY SURGERY CENTER, LLC		
<u>г.</u> 1	CALLATION AMBULATON TOUNGENT OLIVIEN, ELO	Unrestricted	\$612,000
2		Temporarily Restricted by Donor	
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$612,000)
		Total:	\$0
G.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
1	_	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0 \$0
3		Temporarily Restricted by Board	0.2

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

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	GREENWICH FERTILITY AND IVF CENTER, P.C.		Φ.
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
3		Total:	\$0
		Total:	\$0
1.	GREENWICH HEALTH SERVICES, INC.		
1	GREENWICH HEALTH GERVICES, INC.	Unrestricted	\$344,000
2		Temporarily Restricted by Donor	\$344,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$344,000)
		Total:	\$0
			4.
	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW		
	JERSEY, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	GREENWICH PATHOLOGY ASSOCIATES, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0 \$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH,		
	LLC		*
1		Unrestricted	\$0 \$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
		Total:	\$0
			+-
N.	PERRYRIDGE CORPORATION		
1		Unrestricted	\$33,173,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$33,173,000
0.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
1		Unrestricted	\$46,772,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,418,000
5		Intercompany Eliminations	(\$60,190,000)
		Total:	\$0
Р.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
1		Unrestricted	\$0 \$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
	Table Call MCC and the Control of th		
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$495,928,000
	Intercompany Eliminations		(\$61,146,000)
	Total of all Affiliates	Fund Balance:	\$434,782,000

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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:	9/30/2013	\$0
1		Clinical Services	09/30/2014	\$1,294,835
2		Transfer of Cash	09/30/2014	\$10,300,000
3		Fund Balance Transfer	09/30/2014	(\$11,594,835)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
В.	2015 MAIN STREET LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	3/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
		a grant and a part of the part		, -
C.	900 KING STREET ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
	CUREALTY LLC			
D.	GH REALTY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	2/22/22/1	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
<b>-</b> '-	CALLATION OF A THOUGHT ADDOUGHTED, LEO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	3.11.21.2	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Н.	GREENWICH HEALTH SERVICES, INC.			
	2 2, 2			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$0)
1		Management Fees	09/30/2014	\$17,650
2		Fund Balance Transfer	09/30/2014	(\$17,650)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$0)
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
			2/22/22/2	•
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0/00/0044	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	¢o
		Nothing to Report	9/30/2013	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
		Ending Onconsolidated Intercompany Balance.	3/30/2014	40
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC			
	CREENMONT ATTICEOUT ACCOUNTED, EEC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	¢o.
		Nothing to Report	3/30/2013	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
		, , , , , , , , , , , , , , , , , , ,		,,,
М.	PERRYRIDGE CORPORATION			
	I .			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$124,658)
1		Management Fees	09/30/2014	\$36,336
2		Insurance	09/30/2014	\$30,330 \$47,870
3		Rent	09/30/2014	
4		Tranfer of Funds	09/30/2014	\$975,390
5		Miscellaneous Cash	09/30/2014	\$36,169
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$181,013)
		Ziranig ensencemates intersempany Balance.	0,00,2011	(\$101,010)
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$13,870,175
1		Distribution from Endowment Fund	09/30/2014	\$2,532,000
2		Investment Income	09/30/2014	\$378,615
3		Unrealized Gains and Losses	09/30/2014	\$1,292,749
4		Asset management fees	09/30/2014	\$15,625
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$18,089,164
Ο.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$43,518,213
1		System Support Fee	09/30/2014	\$4,176,237
2		Management Fee	09/30/2014	\$22,152,039
3		Information services	09/30/2014	\$13,068,000
4		Malpractice Insurance	09/30/2014	\$4,669,532
5		EPIC Shared Projects	09/30/2014	\$4,194,530
6		Voluntary Employee Benefits Association	09/30/2014	\$977,734
7		Vendor Rebates	09/30/2014	(\$861,926)
8		Other Services - List provided	09/30/2014	\$600,000
9		Payments	09/30/2014	(\$50,972,019)
10		Adjustment to prior year balance	09/30/2014	(\$38,414,966)
11		PTO transfers	09/30/2014	\$170,000
12		401K, Benefits	09/30/2014	\$60,000
13		Employee Bonus	09/30/2014	\$60,000
14		Blood Products	09/30/2014	\$922,000
15		Collection Agency Fees	09/30/2014	\$600,000
16		Physician Support	09/30/2014	\$162,000
17		Accounting Fees	09/30/2014	\$336,000
18 19		Insurance Consulting	09/30/2014 09/30/2014	\$565,000 \$189,563
19		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$189,563 <b>\$6,171,937</b>
		Enumy onconsolidated intercompany balance:	9/30/2014	φο, 171,93 <i>1</i>

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
			Grand Total:	\$24,080,088

(1)	(2)	(3)	(4)	(5)	(6)
	.,	, ,			, ,
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2013	\$0
Α.	GREENWICH HEALTH CARE SERVICES, INC.		Nothing to Depart		Φ0
			Nothing to Report  Total:	9/30/2014	\$0 <b>\$0</b>
			i otai.	9/30/2014	\$0
В.	2015 MAIN STREET LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	900 KING STREET ASSOCIATES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
	OU DEALTY LLO				
D.	GH REALTY, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Total	3/00/2014	ΨΟ
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC				
	·		Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC				
			Nothing to Report	0/00/0044	\$0
			Total:	9/30/2014	\$0
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.				
<u> </u>	OKEEN TO ENTER THE PROPERTY OF		Nothing to Report		\$0
			Total:	9/30/2014	\$0
					·
H.	GREENWICH HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
ı.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.				
<del>- ''-</del>	GREENWICH OCCUPATIONAL REALTH SERVICES OF NEW JERSET, P.C.		Nothing to Report		\$0
<b>—</b>			Total:	9/30/2014	\$0
			. Ottan		+0
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
M.	PERRYRIDGE CORPORATION				• •
			Nothing to Report	0/00/00/11	\$0
			Total:	9/30/2014	\$0
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
0.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		N. d		
			Nothing to Report	0/00/00 : :	\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2014	\$0

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	GREENWICH HEALTH CARE SERVICES, INC.		
0	Nothing to Report  Total:	\$0	0/00/004
	l Otal:	\$0	9/30/2014
В.	2015 MAIN STREET LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
		·	
C.	900 KING STREET ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D.	GH REALTY, LLC		
0	Nothing to Report	\$0	2/22/22/
	Total:	\$0	9/30/2014
_	CREENIA/ICH AMBUILATORY CURCERY CENTER LLC		
<b>E.</b>	GREENWICH AMBULATORY SURGERY CENTER, LLC  Nothing to Report	\$0	
٣	Total:	\$0	9/30/2014
		4.0	5/55/2514
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H.	GREENWICH HEALTH SERVICES, INC.		
0	Nothing to Report  Total:	\$0	0/20/2044
	Total.	\$0	9/30/2014
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
		·	
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	GREENWICH PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0/00/0044
	Total:	\$0	9/30/2014
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	
Ť	Total:	\$ <b>0</b>	9/30/2014
			5,53,2511
М.	PERRYRIDGE CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
l N	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH		
<b>N.</b>	FOUNDATION Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2014
			3,33,2014
0.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

#### 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
	i otai.	40	
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
	Total:	\$0	
E.	CREENWICH AMPHI ATORY CHROERY CENTER 11 C		
0 0	GREENWICH AMBULATORY SURGERY CENTER, LLC  Nothing to Report	\$0	0
	Total:	\$0	Š
		¥	
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>H.</b>	GREENWICH HEALTH SERVICES, INC.  Nothing to Report	\$0	^
	Nothing to Report  Total:	-	0
	i Otal.	40	
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
0	Nothing to Report	\$0	0
	Total:		
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
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.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	PERRYRIDGE CORPORATION	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

A.         Indigent Care         \$0.00         \$0.00         \$0.00           1         Donations         \$0.00         \$0.00         \$0.00           2         Income         \$0.00         \$0.00         \$0.00           3         Expenditures         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           5         Projected Interest Income         \$0.00         \$0.00         \$0.00           5         Projected Interest Income         \$0.00         \$0.00         \$0.00           8         Free Beds         \$0.00         \$1,716,025.00         \$482,805.00           1         Donations         \$450,679.00         \$13,000.00         \$437,679.00           2         Income         \$475,955.00         \$317,769.00         \$158,186.00         -           3         Expenditures         \$443,829.00         \$2,121.00         \$441,708.00         -1           4         Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00         \$7,842,054.00         \$8,170,702.00         4	(1)	(2)	(3)	(4)	(5)	(6)
A . Indigent Care         Beginning Balance         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00         \$0.00           2 Income         \$0.00         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00           5 Projected Interest Income         \$0.00         \$0.00         \$0.00           8 Beginning Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00           1 Donations         \$450,679.00         \$13,000.00         \$482,805.00           2 Income         \$4475,955.00         \$317,769.00         \$158,186.00         -           3 Expenditures         \$443,829.00         \$2,121.00         \$441,708.00         -1           4 Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00           Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C Other         \$0.00         \$0.00         \$0.00         \$0.0			FY 2013	FY 2014		
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1   Donations   \$0.00   \$0.00   \$0.00	Α.	Indigent Care				
2		Beginning Balance				0%
Separation   Sep	1	Donations				0%
4   Unrealized Gains and Losses   \$0.00   \$0.00   \$0.00     Ending Balance   \$0.00   \$0.00   \$0.00     5   Projected Interest Income   \$0.00   \$0.00     8   Free Beds	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
5         Projected Interest Income         \$0.00         \$0.00           B.         Free Beds         \$1,233,220.00         \$1,716,025.00         \$482,805.00           1         Donations         \$450,679.00         \$13,000.00         \$437,679.00)         -1           2         Income         \$475,955.00         \$317,769.00         \$158,186.00)            3         Expenditures         \$443,829.00         \$2,121.00         \$441,708.00         -1           4         Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00           Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           5         Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C.         Other         \$0.00         \$0.00         \$0.00           Beginning Balance         \$0.00         \$0.00         \$0.00           1         Donations         \$0.00         \$0.00         \$0.00           2         Income         \$0.00         \$0.00         \$0.00           3         Expenditures         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$0.00<	4					0%
B .         Free Beds           Beginning Balance         \$1,233,220.00         \$1,716,025.00         \$482,805.00           1 Donations         \$450,679.00         \$13,000.00         (\$437,679.00)           2 Income         \$475,955.00         \$317,769.00         (\$158,186.00)           3 Expenditures         \$443,829.00         \$2,121.00         (\$441,708.00)         -1           4 Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00         \$7,842,054.00           Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           5 Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C . Other         \$0.00         \$0.00         \$0.00         \$0.00           Beginning Balance         \$0.00         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00         \$0.00         \$0.00           2 Income         \$0.00         \$0.00         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00		Ending Balance				0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1         Donations         \$450,679.00         \$13,000.00         (\$437,679.00)         -           2         Income         \$475,955.00         \$317,769.00         (\$158,186.00)         -           3         Expenditures         \$443,829.00         \$2,121.00         (\$441,708.00)         -1           4         Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00           Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           5         Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C         Other         \$0.00         \$0.00         \$0.00           1         Donations         \$0.00         \$0.00         \$0.00           2         Income         \$0.00         \$0.00         \$0.00           3         Expenditures         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00	В.	Free Beds				
2         Income         \$475,955.00         \$317,769.00         (\$158,186.00)         -           3         Expenditures         \$443,829.00         \$2,121.00         (\$441,708.00)         -1           4         Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00           Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           5         Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C         Other         \$0.00         \$0.00         \$0.00           1         Donations         \$0.00         \$0.00         \$0.00           2         Income         \$0.00         \$0.00         \$0.00           3         Expenditures         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00		Beginning Balance				39%
Sexpenditures   \$443,829.00   \$2,121.00   \$441,708.00   \$-1	1	Donations	•	-		-97%
4         Unrealized Gains and Losses         \$0.00         \$7,842,054.00         \$7,842,054.00           Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           5         Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C .         Other         \$0.00         \$0.00         \$0.00           1         Donations         \$0.00         \$0.00         \$0.00           2         Income         \$0.00         \$0.00         \$0.00           3         Expenditures         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00         \$0.00						-33%
Ending Balance         \$1,716,025.00         \$9,886,727.00         \$8,170,702.00         4           5 Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C . Other         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00         \$0.00           2 Income         \$0.00         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00						-100%
5         Projected Interest Income         \$282,000.00         \$378,000.00         \$96,000.00           C .         Other         \$0.00         \$0.00         \$0.00           Beginning Balance         \$0.00         \$0.00         \$0.00           1         Donations         \$0.00         \$0.00         \$0.00           2         Income         \$0.00         \$0.00         \$0.00           3         Expenditures         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00	4					0%
C . Other         \$0.00         \$0.00         \$0.00           Beginning Balance         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00         \$0.00           2 Income         \$0.00         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00		Ending Balance		\$9,886,727.00	\$8,170,702.00	476%
Beginning Balance         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00           2 Income         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00	5	Projected Interest Income	\$282,000.00	\$378,000.00	\$96,000.00	34%
Beginning Balance         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00           2 Income         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00						
1       Donations       \$0.00       \$0.00       \$0.00         2       Income       \$0.00       \$0.00       \$0.00         3       Expenditures       \$0.00       \$0.00       \$0.00         4       Unrealized Gains and Losses       \$0.00       \$0.00       \$0.00         Ending Balance       \$0.00       \$0.00       \$0.00	С.	Other				
1       Donations       \$0.00       \$0.00       \$0.00         2       Income       \$0.00       \$0.00       \$0.00         3       Expenditures       \$0.00       \$0.00       \$0.00         4       Unrealized Gains and Losses       \$0.00       \$0.00       \$0.00         Ending Balance       \$0.00       \$0.00       \$0.00		Beginning Balance	\$0.00	\$0.00	\$0.00	0%
3       Expenditures       \$0.00       \$0.00         4       Unrealized Gains and Losses       \$0.00       \$0.00         Ending Balance       \$0.00       \$0.00	1		\$0.00	\$0.00	\$0.00	0%
4       Unrealized Gains and Losses       \$0.00       \$0.00       \$0.00         Ending Balance       \$0.00       \$0.00       \$0.00	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00	3	Expenditures				0%
	4	Unrealized Gains and Losses				0%
5 Projected Interest Income \$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 2014	
REF	PORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY TH	IE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Application	s for Hospital Bed Funds	436
2. A. Number of Patients red	eiving Hospital Bed Fund Grants	2
2. B. The Actual Total Dollar	Amount provided to all patients from Hospital Bed Funds:	\$2,121.00
1	Munitalp Foundation Fund	\$1,500.00
2	Munitalp Foundation Fund	\$621.00
	Grand Total	\$2,121.00

#### GREENWICH HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2014** 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. Actual Dollar Amount of Earnings available for Patient Care. (6) Adolescent Medicine Free Care Fund \$48,927.00 (\$323.00)\$0.00 (\$323.00) Free Bed Fund \$99.00 \$0.00 \$0.00 \$0.00 **Endowed Bed & Room Endowment** \$5,610,396.00 \$0.00 \$5,610,396.00 \$6,181,561.00 **Homecare Fund** \$12,825.00 (\$84.00) \$0.00 (\$84.00 Mary Fund for Cancer (\$29.00 \$4,470.00 (\$29.00)\$0.00 **Pediatric Fund** \$94,356.00 (\$607.00) \$0.00 (\$607.00 The May Day Fund \$21,719.00 \$0.00 (\$142.00) (\$142.00 Genevieve & George Funston **Endowment** \$183,624.00 \$0.00 \$183,624.00 \$243,162.00 Kennedy-Duncan Fund \$1,860,732.00 \$1,442,295.00 \$0.00 \$1,442,295.00 **Margaret Yeager Fund** \$26,593.00 \$28,885.00 \$26,593.00 \$0.00 Mary & Martin Weinmann Endowment \$312,690.00 \$251,223.00 \$0.00 \$251,223.00 **Munitalp Foundation Endowment** \$121.000.00 \$109,657.00 \$0.00 \$109,657.00 **Wood Fund for Hospice Endowment** \$780,415.00 \$538,359.00 \$0.00 \$538,359.00 \$20,202.00 Aids Fund (\$132.00) \$0.00 (\$132.00 Arthritis Fund \$123,549.00 (\$810.00)\$0.00 (\$810.00 **Financial Assistance Fund** \$4,480.00 (\$29.00) \$0.00 (\$29.00) **Outpatient Department Fund** \$17,708.00 (\$115.00) \$0.00 (\$115.00) Outpatient Clinic Free Care \$9,947.00 \$0.00 (\$53.00)(\$53.00) Total Bed Funds : \$9,886,727.00 \$8,159,823.00 \$0.00 \$8,159,823.00

#### 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 120 day billing cycle, and a payment arrangement has not been established, and the account is not being considered for Free Care Bed Funds, it is referred to an outside collection agency.
B.	Hospital's processes and policies for compensating a Collection	
	Agent for services rendered	Monthly or bi-monthly statements are received from the collection agency. each account is listed that was collected with the % amount owed the agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	10.70%
	,	
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Century Financial Services
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 120 day billing cycle, and a payment arrangement has not been established, and the account is not being considered for Free Care Bed Funds, it is referred to an 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.70%

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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	\$1,181,136	\$176,181	\$1,357,317
2. Executive VP & COO	\$626,451	\$228,086	\$854,537
0   Comica VP 9 050	Ø5.40.405	<b>*************************************</b>	\$704.04B
3. Senior VP & CFO	\$543,195	\$251,623	\$794,818
4. Director, Pathology	\$576,375	\$54,181	\$630,556
5. Pathologist	\$533,908	\$52,921	\$586,829
6. SVP- Health System Development	\$396,428	\$168,098	\$564,526
7. Pathologist	\$492,754	\$71,579	\$564,333
8. Sr VP of Medical Services	\$497,031	\$48,785	\$545,816
9. Pathologist	\$452,735	\$30,281	\$483,016
10. Chief Safety Officer/Director OPC	\$367,702	\$24,885	\$392,587
Grand Total:	\$5,667,715	\$1,106,620	\$6,774,335

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# GREENWICH HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 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
		mun cony,	y or maneousy	1017(2
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
_		1		
В.	2015 MAIN STREET LLC	Φ0	1 00	Φ0
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	Φυ	φυ	Φυ
C.	900 KING STREET ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			·	·
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
	GREENWICH AMBULATORY SURGERY CENTER, LLC	1		
E.	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	<u></u>
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
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G.	GREENWICH FERTILITY AND IVF CENTER, P.C.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	GREENWICH HEALTH SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
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
	Take by the Prospital to Employees of the Entity Eleted Above	Ψ-	Ψ-	Ψ
	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW			
1.	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
	ODEENWICH COOLINATION AND ADDRESS OF THE CONTROL OF	1		
1 .	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW			
J.	YORK, P.C.	ΦO	<b>♦</b> 0	<b>\$</b> 0
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
	and by the Hoopital to Employees of the Entity Listed Above	μ ψυ		ΨΟ
Κ.	GREENWICH PATHOLOGY ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
1 .	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH,			
L.	LLC	Φ0		ФО
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
М.	PERRYRIDGE CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
<del></del>				T -

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# GREENWICH HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>c</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC,			
Ν.	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
Ο.	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.

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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 2014
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	GREENWI	CH HOSPITAL						
		REPORTING						
		AL YEAR 2014						
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL				
(1)	(2)	(3)	(4)	(5)	(6)			
	DECORIDEION	FY 2013	FY 2014	AMOUNT	%			
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE			
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial	Statement Notes)						
<u> </u>	THOOPICAL CHARTY GATE (GOOT HOOPICAL TRANSPORT HIGHERAL	Statement Hotos						
1.	Number of Applicants	2,919	3,183	264	9%			
2.	Number of Approved Applicants	2,919	3,183	264	9%			
3.	Total Charges (A)	\$15,406,870	\$19,751,377	\$4,344,507	28%			
	Average Charges	\$5,278	\$6,205	\$927	18%			
4.	Ratio of Cost to Charges (RCC)	0.313706	0.281789	(0.031917)	-10%			
4.	Total Cost	\$4,833,228	\$5,565,721	\$732,493	15%			
	Average Cost	\$1,656	\$1,749	\$93	6%			
		<b>V.,000</b>	<b>V</b> 1,110	Ų C	<u> </u>			
5.	Charity Care - Inpatient Charges	\$1,525,978	\$3,000,703	\$1,474,725	97%			
	Charity Care - Outpatient Emergency Department							
6.	Charges	3,996,644	7,591,409	3,594,765	90%			
	Charity Care - Outpatient Charges (Excludes ED							
7.	Charges)	9,884,248	9,159,265	(724,983)	-7%			
	Total Charges (A)	\$15,406,870	\$19,751,377	\$4,344,507	28%			
8.	Charity Care - Number of Patient Days	799	1,191	392	49%			
9.	Charity Care - Number of Discharges	153	353	200	131%			
10.	Charity Care - Number of Outpatient ED Visits	1,330	4,301	2,971	223%			
	Charity Care - Number of Outpatient Visits (Excludes ED	1,000	.,	_,_,				
11.	Visits)	11,036	11,821	785	7%			
(A) The	total amount must agree with the total amount listed in	n the Hospital Aud	dited Financial S	Statement Notes.				
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)						
	Niverband Anglianda	000	400	(000)	250/			
1. 2.	Number of Applicants  Number of Approved Applicants	669 545	436 2	(233) (543)	-35% <b>-100%</b>			
۷.	Number of Approved Applicants	343		(343)	-100 /6			
3.	Total Charges (B)	\$443,829	\$2,121	(\$441,708)	-100%			
<u> </u>	Average Charges	\$814	\$1,061	\$246	30%			
			· · ·					
4.	Ratio of Cost to Charges (RCC)	0.313706	0.281789		-10%			
	Total Cost	\$139,232	\$598	(\$138,634)	-100%			
	Average Cost	\$255	\$299	\$43	17%			
5.	Bed Funds - Inpatient Charges	\$121,462	\$0	(\$121,462)	-100%			
J	Dod Farido Impationt Offdiges	Ψ121,402	ΨΟ	(Ψ121,402)	-100/0			
6.	Bed Funds - Outpatient Emergency Department Charges	229,020	0	(229,020)	-100%			
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	93,347	2,121	(91,226)	-98%			
<del></del>	Total Charges (B)	\$443,829	\$2,121	(\$441,708)	-100%			
	- " ( )	Ţ::3, <b>:2</b>	+-,	(+111,123)				
8.	Bed Funds - Number of Patient Days	397	0	(397)	-100%			
9.	Bed Funds - Number of Discharges	99	0	(99)	-100%			
10.	Bed Funds - Number of Outpatient ED Visits	664	0	(664)	-100%			
	Bed Funds - Number of Outpatient Visits(Excludes ED		_		225			
11.	Visits)	157	2	(155)	-99%			
(B) The	total amount must agree with the total amount listed o	n Hospital Report	ting System - Re	eport 17.				
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.								

GREENWICH HOSPITAL										
ANNUAL REPORTING										
FISCAL YEAR 2014										
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL										
(1)	(2)	(3)	(4)	(5)	(6)					
		FY 2013	FY 2014	AMOUNT	%					
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE					