ANNUAL REPORTING

FISCAL YEAR 2015

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

(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,	
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	
	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
	CEO Title	PRESIDENT	
10	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Hospital	
12	CT Agent Company Street Address	5 PERRYRIDGE RD.	
13	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
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 -	
8	CEO Name	Norman G. Roth	
9	CEO Title	President	
	CT Agent Name	Frank Corvino	
11	CT Agent Company	Greenwich Hospital	
12	CT Agent Company Street Address	5 Perryridge Rd.	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06830 -	
	A F F W 1 A T F	000 KING STREET ASSOCIATES 11.0	
C.	AFFILIATE NAME	900 KING STREET ASSOCIATES, LLC	
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	Norman G. Roth	
	CEO Title	President	
	CT Agent Name	Deborah Hodys	
11	CT Agent Company	Greenwich Health Care Services, Inc	

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FISCAL YEAR 2015

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	CVW BODY DESIGN CENTER - STAMFORD, LLC	
1	Affiliate Description	A Joint Venture between CVW Body Design Center and Greenwich Hospital. Greenwich Hospital holds a 15% interest.	
2	Affiliate type of service	Ambulatory/OP Surgery Center	
3	Tax Status	For Profit	
4	Street Address	2001 West Main Street, Suite 155	
5	Town	Stamford	
6	State	Connecticut	
7	Zip Code	06902 -	
8	CEO Name	Timothy R. Estes	
		Cheif Executive Officer & President	
9	CEO Title		
	CT Agent Name	Leif O. Nordberg, MD	
	CT Agent Company	CVW Body Design Centers of America	
12	CT Agent Company Street Address	2001 West Main Street, Suite 155	
	CT Agent Town	Stamford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06902 -	
E.	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	
	CT Agent Name	Deborah A. Hodys	
11	CT Agent Company	Greenwich Healthcare Services	
12	CT Agent Company Street Address	5 Perryridge Rd	
	CT Agent Town	Greenwich	
	CT Agent State	Connecticut	
15	CT Agent State CT Agent Zip Code	06878 -	
	5		
F.	AFFILIATE NAME	GREENWICH AMBULATORY SURGERY CENTER, LLC	
		,	
1	Affiliate Description	Outpatient surgery center.	
2	Affiliate type of service	Ambulatory/OP Surgery Center	
3	Tax Status	For Profit	
4	Street Address	5 Perryridge Road	
5	Town	Greenwich	
	TOWIT		
6	State	Connecticut	

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06830 -	
8	CEO Name	Norman G. Roth	
9	CEO Title	President	
10	CT Agent Name	Deborah Hodys	
	CT Agent Company	Greenwich Healthcare Services, Inc	
	CT Agent Company Street Address	5 Perryridge Road	
13	CT Agent Town	Greenwich	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06830 -	
G.	AFFILIATE NAME	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC	
	Affiliate Description	Billing for clinical pathology services	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	5 Perryridge Rd	
	Town	Greenwich	
6	State	Connecticut	
7	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	
15	CT Agent Zip Code	06830 -	
Н.	AFFILIATE NAME	GREENWICH FERTILITY AND IVF CENTER, P.C.	
11.	AFFICIATE NAME	OKCERMION FEMTILITY AND WY CENTER, 1.0.	
1	Affiliate Description	Physician Practice - Professional Billing	
2	Affiliate type of service	Medical Practices	
3	Tax Status	For Profit	
4	Street Address	5 Perryridge Road	
5	Town	Greenwich	
6	State	Connecticut	
7	Zip Code	06830 -	
8	CEO Name	Herbert Archer, MD	
9	CEO Title	President	
10	CT Agent Name	Deborah Hodys	
11	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 -	
I.	AFFILIATE NAME	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.	
	Affiliate Description	Dhysician prostice, comice business and international total. New Jorgen D.C.	
1	Affiliate Description	Physician practice - serves business and international tavel. New Jersey P.C.	

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

(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	
7	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 State	Greenwich Connecticut	
	CT Agent Zip Code	Connecticut	
15	CT Agent Zip Code		
М.	AFFILIATE NAME	PERRYRIDGE CORPORATION	
141.	ATTICIATE NAME	TERRITIDOE GORI GRAHON	
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 -	
8	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 CT Agent Town	5 PERRYRIDGE RD. 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	Connecticut	
7	Zip Code	06830 -	
	CEO Name	Norman G. Roth	
-	CEO Title	President & CEO	
	CT Agent Name	Deborah Hodys	
11	CT Agent Company	Greenwich Healthcare Services, Inc	
12	CT Agent Company Street Address	5 Perryridge Road	

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

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

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Α.	GREENWICH HOSPITAL		
1		Unrestricted	\$341,118,000
2		Temporarily Restricted by Donor	\$41,782,000
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$23,594,000
5			\$0
		Total:	\$406,494,000
В	CDEENWICH HEALTH CADE SEDVICES INC		
B. 1	GREENWICH HEALTH CARE SERVICES, INC.	Unrestricted	(\$1,878,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	(\$1,878,000)
		1000	(\$1,010,000)
C.	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 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D.	900 KING STREET ASSOCIATES, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0 \$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3			\$0
		Total:	20
E.	CVW BODY DESIGN CENTER - STAMFORD, LLC		
1	CVV BODT BEGION CENTER - STAIM GRD, EES	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
F.	GH REALTY, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
	ODEENIMIOU AMBUILATORY OUR OFFICE ALL C		
G.	GREENWICH AMBULATORY SURGERY CENTER, LLC	I le us stellete d	Ф 7 00 000
1		Unrestricted	\$703,000
3		Temporarily Restricted by Donor	\$0 \$0
ა		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$703,000)
		Total:	\$0
	OREENIMION OF INICAL PATHOLOGY ACCOCIATED 110		
	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC	Harastis ta d	Ф0
1		Unrestricted	\$0 \$0
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
3 4		Permanently Restricted by Board	\$0 \$0
5		Intercompany Eliminations	\$0
3		Total:	\$0
		Total.	20
1.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
1	GREENWICHT ERHEITT AND IVI CENTER, F.C.	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	Ψ
	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW		
	JERSEY, P.C.		
1	ULICET, 1.0.	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
L.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0 \$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH,		
М.	LLC		
1		Unrestricted	\$0 \$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0 \$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	9/30/2015
		Total:	\$0
N.	PERRYRIDGE CORPORATION		
1		Unrestricted	\$34,078,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$34,078,000
Ο.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
1		Unrestricted	\$43,436,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,443,000
5		Intercompany Eliminations	(\$56,879,000)
		Total:	\$0
Ρ.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
1	TALE NEW HAVE HEALTH GERVIGEG GORI (TRIIIIGG)	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 of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$496,276,000
	Intercompany Eliminations		(\$57,582,000)
	Total of all Affiliates	Fund Balance:	\$438,694,000

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
_	CREENWICH HEALTH CARE SERVICES INC			
Α.	GREENWICH HEALTH CARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Cash Transfer	09/30/2015	\$8,910,519
2		Fund Balance Transfer	09/30/2015	(\$8,910,519)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	ξ0
		Enang Onconsolidated intercompany Bulance.	3/03/2010	40
В.	2015 MAIN STREET LLC			
Ь.	2013 MAIN STREET LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	3/30/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Enang Onconsolidated intercompany Bulance.	3/03/2010	40
C.	900 KING STREET ASSOCIATES, LLC			
С.	500 KING STREET ASSOCIATES, LEC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
-		Nothing to Report	3/30/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Thanky Oncombandatou intercompany Balances	5/55/2515	Ţ,
D.	CVW BODY DESIGN CENTER - STAMFORD, LLC			
ъ.	CVW BODT DESIGN CENTER - STAMIFORD, LEC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	90
		Nothing to Report	3/30/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Thanky Oncombandatou intercompany Balances	5/55/2515	40
E.	GH REALTY, LLC			
	OTTREACTT, ECO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	3/30/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			373312373	ŢŪ
F.	GREENWICH AMBULATORY SURGERY CENTER, LLC			
- ' ' - 	ONLER THE OFFICE OF THE OFFICE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	3/30/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			3,00,2010	+0
G.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
<u> </u>	ONLEHMON SEIMONE I ATTIOLOGI AGGOGIATEG, ELG			

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/2011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
l .	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
<u> </u>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	9/30/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC			
		Parinning Unacceptidated Intercomment Palence.	0/20/204.4	40
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2014	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
M.	PERRYRIDGE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$181,013)

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Management Fee	09/30/2015	\$37,440
2		Insurance	09/30/2015	\$49,980
3		Rent	09/30/2015	(\$783,384)
4		General Expenses	09/30/2015	\$227,349
5		Tranfer of Funds	09/30/2015	\$478,811
6		Miscellaneous Cash	09/30/2015	(\$8,414)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$179,231)
	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY			
N.	GREENWICH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$18,089,164
				. , , ,
1		Distribution from Endowment Fund Investment Income	09/30/2015 09/30/2015	\$2,820,000
3		Unrealized Gains and Losses	09/30/2015	\$1,432,052 (\$1,741,631)
3		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$20,599,585
		Littung officonsolidated intercompany Balance.	9/30/2013	\$20,339,383
	VALE NEW HAVE HEALTH OFFINION CORP. (VAHINGO)			
0.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$6,171,937
1		System Support Fee	09/30/2015	\$4,295,045
2		Management Fees	09/30/2015	\$23,218,879
3		Information services	09/30/2015	\$13,638,000
4		Malpractice Insurance	09/30/2015	\$5,198,783
5		EPIC Shared Projects	09/30/2015	\$1,442,707
6		VEBA Premiums	09/30/2015	\$850,031
7		Vendor Rebates	09/30/2015	(\$989,805)
8		Accounts payable charges to hospital	09/30/2015	\$2,793,712
9		Payments	09/30/2015	(\$52,663,482)
10		Voluntary Employee Benefits Association	09/30/2015	(\$203,500)
11		ADP Fees	09/30/2015	\$3,774
12		Marsh USA Refund	09/30/2015	(\$16,875)
13		Paid Time Off (PTO) Transfer	09/30/2015	\$38,272
14		Performance Management Patient Safety Position	09/30/2015	(\$94,445)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$3,683,033
			Grand Total:	\$24,103,387
			Grand Potal.	Ψ 2 7 , 103,367

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2014	¢0
Α.	GREENWICH HEALTH CARE SERVICES, INC.		intercompany Balance	10/01/2014	\$0
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
B.	2015 MAIN STREET LLC		Nulli 1 B		
			Nothing to Report	0/20/2045	\$0 \$0
			Total:	9/30/2015	\$0
C.	900 KING STREET ASSOCIATES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	CVW BODY DESIGN CENTER - STAMFORD, LLC		N. dii		
			Nothing to Report Total:	9/30/2015	\$0 \$0
			i otai:	9/30/2015	\$0
E.	GH REALTY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
F.	GREENWICH AMBULATORY SURGERY CENTER, LLC		N. dii		
			Nothing to Report Total:	9/30/2015	\$0 \$0
			i otai:	9/30/2015	\$0
G.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC				
	,		Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.		Nothing to Donort		00
			Nothing to Report Total:	9/30/2015	\$0 \$0
			Total.	9/30/2013	Ψ0
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.				
J.	CREENTION COOCI ANDRAE HEAETH SERVICES, OF NEW YORK, F.C.		Nothing to Report		\$0
			Total:	9/30/2015	\$0

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
M.	PERRYRIDGE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	VALE NEW HAVE HEALTH DED/(OFG CORD (VALUE))				
Ο.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		Nothing to Report		ФО.
			Nothing to Report Total:	9/30/2015	\$0 \$0
			i otal.	9/30/2015	\$0
			Ending Unconsolidated	0/00/0045	\$0
			Intercompany Balance	9/30/2015	20

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
	DEGGINI HON OF EAR ENDITORE	1,000	
Α.	GREENWICH HEALTH CARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2015
В.	2015 MAIN STREET LLC		
0	Nothing to Report	\$0	
	Tol	al: \$0	9/30/2015
C.	900 KING STREET ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2015
	CAMPODY DEGICAL CENTED GTAMFORD LLC		
D .	CVW BODY DESIGN CENTER - STAMFORD, LLC Nothing to Report	\$0	
	Tol		
E.	GH REALTY, LLC	20	
- 0	Nothing to Report Tot	\$0 al: \$0	
			0,00,2010
F.	GREENWICH AMBULATORY SURGERY CENTER, LLC		
0	Nothing to Report	\$0	
	Tol	al: \$0	9/30/2015
G.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2015
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	
	Tot		•
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C. Nothing to Report	40	
<u> </u>	Totaling to respon	\$0 al: \$0	
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report Tot	\$0 al: \$0	
	150	u	3/30/2013
K.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2015
L.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2015
М.	PERRYRIDGE CORPORATION		
0	Nothing to Report	\$0	
	Tol		
	THE CREENIMICH HOSPITAL ENDOWMENT FLIND, INC. FORMERLY CREENING		
N.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICE FOUNDATION	·n	
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2015
	VALE NEW HAVE HEALTH CERVICES CORR (VALUES)		
O.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC) Nothing to Report	\$0	
	Tol		
	Grand Tot	al: \$0	9/30/2015

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	GREENWICH HEALTH CARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	2015 MAIN STREET LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	900 KING STREET ASSOCIATES, LLC	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
D .	CVW BODY DESIGN CENTER - STAMFORD, LLC Nothing to Report	ф <u>о</u>	0
U	Notining to Report Total:	\$0 \$0	0
	lota:	\$ 0	
_			
E .	GH REALTY, LLC Nothing to Report	\$0	0
	Total:	\$ 0	0
	Total.	40	
_	GREENWICH AMBULATORY SURGERY CENTER, LLC		
F .	Nothing to Report	\$0	0
	Total:	\$0	S
	1000	40	
G.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
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	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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$1,716,025.00	\$9,886,727.00	\$8,170,702.00	476%
1	Donations	\$13,000.00	\$1,182,000.00		8992%
2	Income	\$317,769.00	\$1,019,488.00	\$701,719.00	221%
3	Expenditures	\$2,121.00	\$920,000.00		43276%
4	Unrealized Gains and Losses	\$7,842,054.00	\$2,782,517.00		-65%
	Ending Balance	\$9,886,727.00	\$13,950,732.00	\$4,064,005.00	41%
5	Projected Interest Income	\$378,000.00	\$400,000.00	\$22,000.00	6%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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GREENWICH HOSPITAL			
	ANNUAL REPORTING FISCAL YEAR 2015		
REPORT 1	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL	
A. Patient Activity (1)	(2)	/3\	
Patient	(2) Name of Hospital Bed Fund (FULL NAME)	(3) Amount	
1. Number of Applications for H		Amount 69	
2. A. Number of Patients receiving		69	
2. B. The Actual Total Dollar Amount	nt provided to all patients from Hospital Bed Funds:	\$920,000.00	
1	Belding & Blackford Fund	\$11,485.00	
3	Belding & Blackford Fund Belding & Blackford Fund	\$2,356.00 \$9,508.00	
4	Belding & Blackford Fund	\$4,382.00	
5	Belding & Blackford Fund	\$4,230.00	
6 7	Belding & Blackford Fund Belding & Blackford Fund	\$51,975.00 \$23,918.00	
8	Belding & Blackford Fund	\$2,237.00	
9	Belding & Blackford Fund	\$20,287.00	
10 11	Belding & Blackford Fund Belding & Blackford Fund	\$11,148.00 \$190,813.00	
12	Belding & Blackford Fund	\$11,506.00	
13	Belding & Blackford Fund	\$2,444.00	
14 15	Belding & Blackford Fund Belding & Blackford Fund	\$5,822.00 \$5,263.00	
16	Belding & Blackford Fund	\$5,203.00 \$8,661.00	
17	Belding & Blackford Fund	\$9,560.00	
18 19	Belding & Blackford Fund Belding & Blackford Fund	\$9,053.00 \$7,370.00	
20	Belding & Blackford Fund	\$7,370.00 \$71,387.00	
21	Belding & Blackford Fund	\$11,885.00	
22 23	Belding & Blackford Fund Belding & Blackford Fund	\$6,313.00 \$20,397.00	
24	Belding & Blackford Fund	\$3,003.00	
25	Belding & Blackford Fund	\$3,600.00	
26 27	Belding & Blackford Fund Belding & Blackford Fund	\$3,282.00 \$4,162.00	
28	Belding & Blackford Fund	\$3,883.00	
29	Belding & Blackford Fund	\$4,688.00	
30 31	Belding & Blackford Fund Belding & Blackford Fund	\$3,781.00 \$4,771.00	
32	Belding & Blackford Fund	\$3,580.00	
33	Belding & Blackford Fund	\$3,314.00	
34 35	Belding & Blackford Fund Belding & Blackford Fund	\$7,300.00 \$5,020.00	
36	Belding & Blackford Fund	\$5,020.00 \$4,442.00	
37	Belding & Blackford Fund	\$3,951.00	
38 39	Belding & Blackford Fund Belding & Blackford Fund	\$4,890.00 \$3,654.00	
40	Belding & Blackford Fund	\$3,034.00	
41	Belding & Blackford Fund	\$4,401.00	
42	Belding & Blackford Fund Belding & Blackford Fund	\$4,732.00 \$4,036.00	
44	Belding & Blackford Fund	\$4,634.00	
45	Belding & Blackford Fund	\$4,548.00	
46 47	Belding & Blackford Fund Belding & Blackford Fund	\$4,383.00 \$6,268.00	
48	Belding & Blackford Fund	\$6,268.00 \$5,529.00	
49	Belding & Blackford Fund	\$5,406.00	
50 51	Belding & Blackford Fund Belding & Blackford Fund	\$4,798.00 \$7,210.00	
52	Belding & Blackford Fund	\$7,219.00 \$4,781.00	
53	Belding & Blackford Fund	\$11,683.00	
54 55	Belding & Blackford Fund	\$28,964.00 \$0.335.00	
56	Belding & Blackford Fund Belding & Blackford Fund	\$9,335.00 \$56,051.00	
57	Belding & Blackford Fund	\$9,579.00	
58 59	Belding & Blackford Fund	\$16,585.00 \$13,550.00	
60	Belding & Blackford Fund Belding & Blackford Fund	\$12,550.00 \$14,316.00	
61	Belding & Blackford Fund	\$23,287.00	
62 63	Belding & Blackford Fund	\$58,404.00 \$0.245.00	
63 64	Belding & Blackford Fund Belding & Blackford Fund	\$9,245.00 \$7,647.00	
65	Belding & Blackford Fund	\$8,071.00	
66	Belding & Blackford Fund	\$6,633.00	
67 68	Belding & Blackford Fund Belding & Blackford Fund	\$4,144.00 \$8,196.00	
0 9	Beiding & Biackford Fund	\$1,745.00 \$1,745.00	
	Grand Lotal	\$920,000.00	

GREENWICH HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2015** 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. Adolescent Medicine Free Care Fund \$48,803.00 (\$124.00)\$0.00 (\$124.00) \$0.00 Free Bed Fund \$99.00 \$0.00 \$0.00 **Endowed Bed & Room Endowment** \$701,505.00 \$0.00 \$701,505.00 \$9,164,991.00 **Homecare Fund** \$12,793.00 \$0.00 (\$33.00 (\$33.00) Mary Fund for Cancer \$4,459.00 \$0.00 (\$11.00) (\$11.00)**Pediatric Fund** \$104,105.00 (\$250.00) \$0.00 (\$250.00 The May Day Fund (\$55.00) \$21,665.00 \$0.00 (\$55.00)Genevieve & George Funston **Endowment** \$299,962.00 \$22,960.00 \$0.00 \$22,960.00 Kennedy-Duncan Fund \$2,356,095.00 \$180,340.00 \$0.00 \$180,340.00 **Margaret Yeager Fund** \$3,325.00 \$43,442.00 \$3,325.00 \$0.00 Mary & Martin Weinmann Endowment \$410,392.00 \$31,412.00 \$0.00 \$31,412.00 **Munitalp Foundation Endowment** \$177,041.00 \$13,551.00 \$0.00 \$13,551.00 **Wood Fund for Hospice Endowment** \$67,315.00 \$879,449.00 \$67,315.00 \$0.00 (\$51.00) Aids Fund \$20.151.00 \$0.00 (\$51.00 Arthritis Fund \$123,235.00 (\$313.00) \$0.00 (\$313.00 Financial Assistance Fund \$4,469.00 (\$11.00) \$0.00 (\$11.00 **Outpatient Department Fund** \$17,663.00 (\$45.00) \$0.00 (\$45.00) Outpatient Clinic Free Care \$9,921.00 \$0.00 (\$25.00)(\$25.00) Belding & Blackford Fund \$252,000.00 \$0.00 \$0.00 \$0.00 Total Bed Funds : \$13,950,735.00 \$1,019,490.00 \$0.00 \$1,019,490.00

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 an 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	16.70%
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	When each self-pay account reaches the end of an 120 day billing cycle, and a
	Provide Details.	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.	16.70%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Pathologist	Vicky Altemeyer	\$581,590	\$58,219	\$639,809
	T=	I=	<u> </u>	A	***
2.	Pathologist	Richard Eisen	\$528,894	\$88,300	\$617,194
3.	Sr. VP. Medical Services/CMO	Marvin Lipschutz	\$490,480	\$33,802	\$524,282
4.	Pathologist	Dorothy Blackmun	\$462,346	\$32,687	\$495,033
5.	Director, Infectious Diseases	James Sabetta	\$382,535	\$90,893	\$473,428
6.	Pathologist	Ileana Green	\$438,451	\$16,703	\$455,154
7.	Chief Safety Officer	Stephen Jones	\$383,754	\$69,626	\$453,380
8.	Sr. VP, Patient Services	Susan Brown	\$374,090	\$59,821	\$433,911
9.	Director, Neonatology	Stylianos Theofanidis	\$362,234	\$20,063	\$382,297
10.	Director, Medical Education	Charles Seelig	\$348,261	\$23,288	\$371,549
		Grand Total:	\$4,352,635	\$493,402	\$4,846,037

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GREENWICH HEALTH CARE SERVICES, INC. ANNUAL REPORTING FISCAL YEAR 2015

REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Marna Borgstrom - Yale-New Haven Hospital & Yale New Haven Health Srvc Corp.	\$2,749,681	\$860,669	\$3,610,350
2.	Exec. VP, YNHHSC; President, GH; & COO BH	Norman Roth - Greenwich & Bridgeport Hospitals & Yale New Haven Health Srvc Corp.	\$2,716,866	\$136,478	\$2,853,344
<u> </u>	Exec. VF, TNHHSC, Flesidelli, GH, & COO BH	Notifiali Rotti - Greenwich & Bridgeport Hospitals & Fale New Haven Health Sive Colp.	\$2,710,000	\$130,478	\$2,033,344
3.	Exec. VP, YNHHSC & President, YNHH	Richard DAquila - Yale-New Haven Hospital & Yale New Haven Health Srvc Corp.	\$1,800,904	\$447,095	\$2,247,999
4.	VP, Corporate Business Office	David Wurcel - Yale New Haven Health Srvc Corp.	\$2,037,031	\$108,962	\$2,145,993
5.	Exec. VP, Coporate & Financial Services	James Staten - Yale-New Haven Hospital & Yale New Haven Health Srvc Corp.	\$1,402,979	\$412,372	\$1,815,351
6.	Exec. VP, COO	Christopher OConnor - Yale New Haven Health Srvc Corp.	\$1,193,994	\$405,048	\$1,599,042
7.	Exec. VP, YNHHSC & President, BH	William Jennings - Bridgeport Hospital & Yale New Haven Health Srvc Corp.	\$1,067,175	\$337,633	\$1,404,808
8.	Exec. VP, Strategy & System Development	Gayle Capozzalo - Yale New Haven Health Srvc. Corp.	\$1,184,276	\$83,476	\$1,267,752
9.	Sr. VP, Information Systems & CIO	Daniel Barchi - Yale New Haven Health Srvc. Corp.	\$864,218	\$301,075	\$1,165,293
10.	Sr. VP, General Counsel	William Aseltyne - Yale-New Haven Hospital & Yale New Haven Health Srvc. Corp.	\$850,187	\$312,124	\$1,162,311
		Grand Total:	\$15,867,311	\$3,404,932	\$19,272,243

GREENWICH HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 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 ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
	DECORATION	muncony)	y or maneotry)	TOTAL
Α.	GREENWICH HEALTH CARE SERVICES, INC.	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		7		
В.	2015 MAIN STREET LLC	.	4.	* -
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C .	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
			**	7.5
D .	CVW BODY DESIGN CENTER - STAMFORD, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	OU DEALTY I LO	7		
Ε.	GH REALTY, LLC	ФО.		C C
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
	Faid by the Hospital to Employees of the Entity Listed Above	ΦΟ	φυ	φυ
F.	GREENWICH AMBULATORY SURGERY CENTER, LLC	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
G.	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
Н.	GREENWICH FERTILITY AND IVF CENTER, P.C.	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
		* -		* -
	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW			
١.	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			
J.	YORK, P.C.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
_	, and the second		, , , ,	
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
	ORTHORACDIC & MICHIGORIPOCEDY OFFICE OF ORGANIZATION	1		
	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH,			
L. 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
	That by the Hospital to Employees of the Emity Listed Above	_ ΨΟ	ΨΟ	ΨΟ
М.	PERRYRIDGE CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
. —			. —	

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GREENWICH HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^c	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	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
	Tala by the Hoopital to Employees of the Entity Eleted Above	Ψ0	Ψΰ	Ψ0

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 2015
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
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
١.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	21/2
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
_	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	•
5.	Clinical or Nonclinical Services or Functions.	\$0

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	ANNUAL F	H HOSPITAL REPORTING				
	REPORT 23 - CHARITY CARE AND REDUCED	AL YEAR 2015 COST SERVICES	PROVIDED BY	THE HOSPITAL		
(1)	(2)	(3) FY 2014	(4) FY 2015	(5) AMOUNT	(6) %	
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE	
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
4	Number of Applicants	2.402	3,884	704	220	
<u>1.</u> 2.	Number of Applicants Number of Approved Applicants	3,183 3,183	3,884 3,884	701 701	22% 22 %	
3.	Total Charges (A) Average Charges	\$19,751,377 \$6,205	\$19,643,151 \$5,057	(\$108,226) (\$1,148)	-1% -18%	
	Average charges	φ0,203	ψ3,031	(\$1,140)	-107	
4.	Ratio of Cost to Charges (RCC)	0.281789	0.271931		-3%	
	Total Cost Average Cost	\$5,565,721 \$1,749	\$5,341,582 \$1,375	(\$224,139) (\$373)	-4% -21%	
	Average Cost	Φ1,749	\$1,375	(\$373)	-217	
5.	Charity Care - Inpatient Charges	\$3,000,703	\$3,632,478	\$631,775	21%	
e	Charity Care - Outpatient Emergency Department	7 504 400	6 070 440	(740,000)	004	
6.	Charges Charity Care - Outpatient Charges (Excludes ED	7,591,409	6,879,146	(712,263)	-9%	
7.	Charges)	9,159,265	9,131,527	(27,738)	0%	
	Total Charges (A)	\$19,751,377	\$19,643,151	(\$108,226)	-1%	
8.	Charity Care - Number of Patient Days	1,191	918	(273)	-23%	
9.	Charity Care - Number of Placehardes	353	331	(22)	-6%	
10.	Charity Care - Number of Outpatient ED Visits	4,301	3,254	(1,047)	-24%	
	Charity Care - Number of Outpatient Visits (Excludes ED					
11.	Visits)	11,821	9,721	(2,100)	-18%	
(A) The	e total amount must agree with the total amount listed in	the Hospital Auc	lited Financial S	Statement Notes.		
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R					
1.	Number of Applicants	436	69	(367)	-84%	
2.	Number of Approved Applicants	2	69	67	3350%	
	T-1-1 OL (D)	#0.404	Фооо ооо	#047.070	400700	
3.	Total Charges (B) Average Charges	\$2,121 \$1,061	\$920,000 \$13,333	\$917,879 \$12,273	43276% 1157 %	
	Attorage Charges	Ψ1,001	ψ10,000	V12,210	11077	
4.	Ratio of Cost to Charges (RCC)	0.281789	0.271931	(0.009858)	-3%	
	Total Cost	\$598	\$250,177	\$249,579	41758%	
	Average Cost	\$299	\$3,626	\$3,327	1113%	
5.	Bed Funds - Inpatient Charges	\$0	\$386,648	\$386,648	0%	
_		_				
6.	Bed Funds - Outpatient Emergency Department Charges	0	226,421	226,421	0%	
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	2,121	306,931	304,810	14371%	
	Total Charges (B)	\$2,121	\$920,000	\$917,879	43276%	
8.	Red Funds - Number of Patient Days	0	158	158	0%	
9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0	45	45	0%	
10.	Bed Funds - Number of Outpatient ED Visits	0	198	198	0%	
	Bed Funds - Number of Outpatient Visits(Excludes ED					
11.	Visits)	2	335	333	16650%	
	e total amount must agree with the total amount listed or		in a Constant D			

GREENWICH HOSPITAL									
ANNUAL REPORTING									
FISCAL YEAR 2015									
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL									
(1)	(2)	(3)	(4)	(5)	(6)				
		FY 2014	FY 2015	AMOUNT	%				
LINE	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE				