

GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|---|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| A. AFFILIATE NAME GREENWICH HEALTH CARE SERVICES, INC. | | |
| 1 | Affiliate Description | TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE GREENWICH HOSPITAL ASSOCIATION, OF GREENWICH, CT. |
| 2 | Affiliate type of service | 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 |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Hospital |
| 12 | CT Agent Company Street Address | 5 PERRYRIDGE RD. |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| B. AFFILIATE NAME 2015 MAIN STREET LLC | | |
| 1 | Affiliate Description | 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 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 | Frank Corvino |
| 11 | CT Agent Company | Greenwich Hospital |
| 12 | CT Agent Company Street Address | 5 Perryridge Rd. |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| C. AFFILIATE NAME 900 KING STREET ASSOCIATES, LLC | | |
| 1 | Affiliate Description | Realty Holding Company |
| 2 | Affiliate type of service | Affiliate Support Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 5 Perryridge Road |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Health Care Services, Inc |

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| (1) | (2) | (3) |
|-----------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 12 | CT Agent Company Street Address | 5 Perryridge Rd |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| | | |
| D. | AFFILIATE NAME | GH REALTY, LLC |
| 1 | Affiliate Description | GH REALTY IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES, THIS ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY PERRYRIDGE CORPORATION, ITS SOLE MEMBER (OWNER). |
| 2 | Affiliate type of service | Real Estate |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 5 Perryridge Rd. |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Deborah A. Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services |
| 12 | CT Agent Company Street Address | 5 Perryridge Rd |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06878 - |
| | | |
| E. | AFFILIATE NAME | GREENWICH AMBULATORY SURGERY CENTER, LLC |
| 1 | Affiliate Description | Outpatient surgery center. |
| 2 | Affiliate type of service | Ambulatory/OP Surgery Center |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 5 Perryridge Road |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 Perryridge Road |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| | | |
| F. | AFFILIATE NAME | GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC |
| 1 | Affiliate Description | Billing for clinical pathology services |
| 2 | Affiliate type of service | Affiliate Support Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 5 Perryridge Rd |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |

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| (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 |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 Perryridge Rd |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| G. | | |
| | AFFILIATE NAME | GREENWICH FERTILITY AND IVF CENTER, P.C. |
| 1 | Affiliate Description | Physician Practice - Professional Billing |
| 2 | Affiliate type of service | Medical Practices |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 5 Perryridge Road |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Marvin J Lipschutz, MD |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 Perryridge Road |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| H. | | |
| | 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. |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | NANCY LEVITT-ROSENTHAL |
| 9 | CEO Title | PRESIDENT |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 PERRYRIDGE RD. |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| I. | | |
| | AFFILIATE NAME | GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C. |
| 1 | Affiliate Description | Physician practice - serves business and international travel. New Jersey P.C. |

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| (1) | (2) | (3) |
|-----------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 5 Perryridge Raod |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - 4697 |
| 8 | CEO Name | Servando G. De Los Angeles II |
| 9 | CEO Title | President |
| 10 | CT Agent Name | National Corporate Research LTD |
| 11 | CT Agent Company | National Corporate Research Ltd. |
| 12 | CT Agent Company Street Address | 14 Scenic Drive |
| 13 | CT Agent Town | Dayton |
| 14 | CT Agent State | New York |
| 15 | CT Agent Zip Code | 08810 - |
| | | |
| J. | AFFILIATE NAME | GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C. |
| 1 | Affiliate Description | Physician practice - serves business and international travel, and employee health. NYS Corporation. |
| 2 | Affiliate type of service | Medical Practices |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 5 Perryridge Road |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Brian Doran MD |
| 9 | CEO Title | CEO |
| 10 | CT Agent Name | A. Michael Marino M.D. |
| 11 | CT Agent Company | The Corporation |
| 12 | CT Agent Company Street Address | 150 Purchase Street, Suite 13 |
| 13 | CT Agent Town | Rye |
| 14 | CT Agent State | New York |
| 15 | CT Agent Zip Code | 10580 - |
| | | |
| K. | AFFILIATE NAME | GREENWICH PATHOLOGY ASSOCIATES, LLC |
| 1 | Affiliate Description | Pathology Physician Group that serves Greenwich Hospital - billing anatomical laboratory services |
| 2 | Affiliate type of service | Medical Practices |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 5 Perryridge Road |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Deborah A. Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 Perryridge Raod |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| | | |

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| (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 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Hospital |
| 12 | CT Agent Company Street Address | 5 Perryridge Road |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| M. | AFFILIATE NAME | PERRYRIDGE CORPORATION |
| 1 | Affiliate Description | REAL ESTATE MANAGEMENT SERVICES. |
| 2 | Affiliate type of service | Real Estate |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 5 PERRYRIDGE RD. |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | PRESIDENT |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 PERRYRIDGE RD. |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| N. | AFFILIATE NAME | THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION |
| 1 | Affiliate Description | MANAGE AND ADMINISTER ENDOWMENT FUNDS AND DISBURSE TO OR FOR THE BENEFIT OF THE HOSPITAL, GHSI AND ANY OR ALL OF THEIR AFFILIATES. |
| 2 | Affiliate type of service | Foundation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 5 Perryridge Road |
| 5 | Town | Greenwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06830 - |
| 8 | CEO Name | Norman G. Roth |
| 9 | CEO Title | President & CEO |
| 10 | CT Agent Name | Deborah Hodys |
| 11 | CT Agent Company | Greenwich Healthcare Services, Inc |
| 12 | CT Agent Company Street Address | 5 Perryridge Road |

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| (1) | (2) | (3) |
|-----------|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 13 | CT Agent Town | Greenwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06830 - |
| | | |
| O. | 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 GREENWICH VERTICAL NETWORK. |
| 1 | Affiliate Description | |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 789 Howard Avenue |
| 5 | Town | New Haven |
| 6 | State | Connecticut |
| 7 | Zip Code | 06519 - |
| 8 | CEO Name | Marna P. Borgstrom |
| 9 | CEO Title | President and Chief Executive Officer |
| 10 | CT Agent Name | 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 - |

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1) | (2) | (3) | (4) |
|---|----------------|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2014 |
| A . 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 |
| B . GREENWICH HEALTH CARE SERVICES, INC. | | | |
| 1 | | Unrestricted | \$247,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$247,000 |
| 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 |
| 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 |
| E . GH REALTY, LLC | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| F . GREENWICH AMBULATORY SURGERY CENTER, LLC | | | |
| 1 | | Unrestricted | \$612,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$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 |
| 3 | | Temporarily Restricted by Board | \$0 |

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

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

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

| (1) | (2) | (3) | (4) |
|------------|--|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2014 |
| | | 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 |
| O . | 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 |
| P . | YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC) | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | 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 |

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

| (1) | (2) | (3) | (4) | (5) |
|--|----------------|---|------------------|-----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| A. 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 |
| B. 2015 MAIN STREET LLC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| 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 |
| D. GH REALTY, LLC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$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 | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| F. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| G. GREENWICH FERTILITY AND IVF CENTER, P.C. | | | | |

**GREENWICH HOSPITAL
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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 |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| H. | GREENWICH HEALTH SERVICES, INC. | | | |
| | | 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. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$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 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| K. | GREENWICH PATHOLOGY ASSOCIATES, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| L. | ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| M. | PERRYRIDGE CORPORATION | | | |

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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: | 9/30/2013 | (\$124,658) |
| 1 | | Management Fees | 09/30/2014 | \$36,336 |
| 2 | | Insurance | 09/30/2014 | \$47,870 |
| 3 | | Rent | 09/30/2014 | (\$1,152,120) |
| 4 | | Transfer of Funds | 09/30/2014 | \$975,390 |
| 5 | | Miscellaneous Cash | 09/30/2014 | \$36,169 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | (\$181,013) |
| 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 |
| O. | YALE-NEW HAVE HEALTH SERVICES CORP (YNHHC) | | | |
| | | 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 | | Insurance | 09/30/2014 | \$565,000 |
| 19 | | Consulting | 09/30/2014 | \$189,563 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2014 | \$6,171,937 |

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014**

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 |
| | | | | |
| | | | Grand Total: | \$24,080,088 |

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

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|--|---------------------------|---|------------|--------|
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated Intercompany Balance | 10/01/2013 | \$0 |
| A. | GREENWICH HEALTH CARE SERVICES, INC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| B. | 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 |
| D. | GH REALTY, LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| 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 |
| | | | Total: | 9/30/2014 | \$0 |
| G. | GREENWICH FERTILITY AND IVF CENTER, P.C. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| H. | GREENWICH HEALTH SERVICES, INC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| I. | GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| J. | GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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: | 9/30/2014 | \$0 |
| L. | ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| M. | PERRYRIDGE CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| N. | THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| O. | YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC) | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2014 | \$0 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2014 | \$0 |

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

| (1) | (2) | (3) | (4) |
|---|--|------------|------------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | AMOUNT | DATE |
| A. GREENWICH HEALTH CARE SERVICES, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| B. 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 | |
| | Total: | \$0 | 9/30/2014 |
| E. GREENWICH AMBULATORY SURGERY CENTER, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| 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 | \$0 | |
| | 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 |
| K. GREENWICH PATHOLOGY ASSOCIATES, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| L. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| M. PERRYRIDGE CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| N. THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| O. YALE-NEW HAVE HEALTH SERVICES CORP (YNHSC) | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2014 |
| | Grand Total: | \$0 | 9/30/2014 |

**GREENWICH HOSPITAL
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FISCAL YEAR 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 |
| 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 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| D. | GH REALTY, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. | GREENWICH AMBULATORY SURGERY CENTER, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| F. | GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| G. | GREENWICH FERTILITY AND IVF CENTER, P.C. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| H. | GREENWICH HEALTH SERVICES, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| I. | GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| J. | GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| K. | GREENWICH PATHOLOGY ASSOCIATES, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 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 |
| | 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 | |
| O. | YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC) | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

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

| (1) | (2) | (3) | (4) | (5) | (6) |
|--------------------------|-----------------------------|-----------------------|-----------------------|-----------------------|--------------|
| LINE | DESCRIPTION | FY 2013 ACTUAL | FY 2014 ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| A . Indigent Care | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| B . Free Beds | | | | | |
| | Beginning Balance | \$1,233,220.00 | \$1,716,025.00 | \$482,805.00 | 39% |
| 1 | Donations | \$450,679.00 | \$13,000.00 | (\$437,679.00) | -97% |
| 2 | Income | \$475,955.00 | \$317,769.00 | (\$158,186.00) | -33% |
| 3 | Expenditures | \$443,829.00 | \$2,121.00 | (\$441,708.00) | -100% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$7,842,054.00 | \$7,842,054.00 | 0% |
| | Ending Balance | \$1,716,025.00 | \$9,886,727.00 | \$8,170,702.00 | 476% |
| 5 | Projected Interest Income | \$282,000.00 | \$378,000.00 | \$96,000.00 | 34% |
| C . Other | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |

| GREENWICH HOSPITAL | | |
|---|--|-------------------|
| ANNUAL REPORTING | | |
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| REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
| A. Patient Activity | | |
| (1) | (2) | (3) |
| <u>Patient</u> | Name of Hospital Bed Fund (<u>FULL NAME</u>) | Amount |
| 1. Number of Applications for Hospital Bed Funds | | 436 |
| 2. A. Number of Patients receiving 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) |
| Line | Name of Hospital Bed Fund | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| (3) | Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed | | | | |
| (4) | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. | | | | |
| (5) | Actual Dollar Amount of Earnings reinvested as Principal, if any. | | | | |
| (6) | Actual Dollar Amount of Earnings available for Patient Care. | | | | |
| | Adolescent Medicine Free Care Fund | \$48,927.00 | (\$323.00) | \$0.00 | (\$323.00) |
| | Free Bed Fund | \$99.00 | \$0.00 | \$0.00 | \$0.00 |
| | Endowed Bed & Room Endowment | \$6,181,561.00 | \$5,610,396.00 | \$0.00 | \$5,610,396.00 |
| | Homecare Fund | \$12,825.00 | (\$84.00) | \$0.00 | (\$84.00) |
| | Mary Fund for Cancer | \$4,470.00 | (\$29.00) | \$0.00 | (\$29.00) |
| | Pediatric Fund | \$94,356.00 | (\$607.00) | \$0.00 | (\$607.00) |
| | The May Day Fund | \$21,719.00 | (\$142.00) | \$0.00 | (\$142.00) |
| | Genevieve & George Funston Endowment | \$243,162.00 | \$183,624.00 | \$0.00 | \$183,624.00 |
| | Kennedy-Duncan Fund | \$1,860,732.00 | \$1,442,295.00 | \$0.00 | \$1,442,295.00 |
| | Margaret Yeager Fund | \$28,885.00 | \$26,593.00 | \$0.00 | \$26,593.00 |
| | 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 |
| | Aids Fund | \$20,202.00 | (\$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 | (\$53.00) | \$0.00 | (\$53.00) |
| | Total Bed Funds : | \$9,886,727.00 | \$8,159,823.00 | \$0.00 | \$8,159,823.00 |

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

| (1) | (2) | (3) |
|------------|---|---|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| I. | GENERAL COLLECTION PROCESSES AND PROCEDURES | |
| A. | Hospital's processes and policies for assigning a debt to a Collection Agent | 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 | |
| A | 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% |

**GREENWICH HOSPITAL
ANNUAL REPORTING
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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 |
| 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 |

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

| (1) | (2) | (3) | (4) | (5) |
|---|--|--|---|-------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directl y or Indirectly) ^C | TOTAL |
| A . 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 |
| B . 2015 MAIN STREET LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| C . 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 |
| E . GREENWICH AMBULATORY SURGERY CENTER, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| F . GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| G . GREENWICH FERTILITY AND IVF CENTER, P.C. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| H . GREENWICH HEALTH SERVICES, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| I . GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| J . GREENWICH OCCUPATIONAL HEALTH SERVICES, OF NEW YORK, P.C. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| K . GREENWICH PATHOLOGY ASSOCIATES, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| L . ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| M . PERRYRIDGE CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 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) ^C | FRINGE BENEFITS ^A (Directl y or Indirectly) ^C | TOTAL |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| N . | THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| O . | YALE-NEW HAVE HEALTH SERVICES CORP (YNHSC) | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

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

| GREENWICH HOSPITAL | | | | | |
|--|---|---------------------|---------------------|----------------------|-----------------|
| ANNUAL REPORTING | | | | | |
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| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | DESCRIPTION | FY 2013 AMOUNT | FY 2014 AMOUNT | AMOUNT DIFFERENCE | % DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 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% |
| | Total Cost | \$4,833,228 | \$5,565,721 | \$732,493 | 15% |
| | Average Cost | \$1,656 | \$1,749 | \$93 | 6% |
| 5. | Charity Care - Inpatient Charges | \$1,525,978 | \$3,000,703 | \$1,474,725 | 97% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 3,996,644 | 7,591,409 | 3,594,765 | 90% |
| 7. | Charity Care - Outpatient Charges (Excludes ED 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% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 11,036 | 11,821 | 785 | 7% |
| (A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. | | | | | |
| B. Hospital Bed Funds (see Hospital Reporting System - Report 17) | | | | | |
| 1. | Number of Applicants | 669 | 436 | (233) | -35% |
| 2. | Number of Approved Applicants | 545 | 2 | (543) | -100% |
| 3. | Total Charges (B) | \$443,829 | \$2,121 | (\$441,708) | -100% |
| | Average Charges | \$814 | \$1,061 | \$246 | 30% |
| 4. | Ratio of Cost to Charges (RCC) | 0.313706 | 0.281789 | (0.031917) | -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% |
| 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% |
| | Total Charges (B) | \$443,829 | \$2,121 | (\$441,708) | -100% |
| 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% |
| 11. | Bed Funds - Number of Outpatient Visits(Excludes ED Visits) | 157 | 2 | (155) | -99% |
| (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17. | | | | | |

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