

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013**

<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>GREENWICH HOSPITAL</b> <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) <b>5 PERRYRIDGE ROAD</b>		<b>D Employer identification number</b> <b>06-0646659</b>		
			<b>E Telephone number</b> <b>203-863-3000</b>		
			<b>F Name and address of principal officer:</b> <b>FRANK CORVINO</b> <b>5 PERRYRIDGE ROAD, GREENWICH, CT 06830</b>		<b>G Gross receipts \$</b> <b>337,530,638.</b>
					<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
					<b>H(c) Group exemption number ►</b>
					<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J Website:</b> ► <a href="http://WWW.GREENHOSP.ORG">WWW.GREENHOSP.ORG</a>				<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	
				<b>L Year of formation:</b> 1903 <b>M State of legal domicile:</b> CT	

**Part I | Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HEALTHCARE SERVICES.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>23</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>20</b>	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) <b>5</b> <b>2057</b>	
	6 Total number of volunteers (estimate if necessary) <b>6</b> <b>692</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>8,152,261.</b> b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <b>6,463,170.</b> <b>6,842,026.</b>	
	9 Program service revenue (Part VIII, line 2g) <b>304,346,157.</b> <b>312,982,082.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>780,845.</b> <b>1,171,384.</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>14,224,269.</b> <b>14,917,234.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>325,814,441.</b> <b>335,912,726.</b>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>203,950.</b> <b>286,100.</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>	
<b>Expenses</b>	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>159,479,999.</b> <b>158,795,609.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>2,415,826.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>156,480,443.</b> <b>155,653,141.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>316,164,392.</b> <b>314,734,850.</b>	
	19 Revenue less expenses. Subtract line 18 from line 12 <b>9,650,049.</b> <b>21,177,876.</b>	
	20 Total assets (Part X, line 16) <b>441,659,828.</b> <b>459,079,549.</b> 21 Total liabilities (Part X, line 26) <b>172,435,619.</b> <b>137,266,896.</b> 22 Net assets or fund balances. Subtract line 21 from line 20 <b>269,224,209.</b> <b>321,812,653.</b>	
<b>Beginning of Current Year</b> <b>End of Year</b>		

**Part II | Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	►  Signature of officer		 Date <b>8/7/14</b>	
	<b>EUGENE COLUCCI, SR VP</b> Type or print name and title			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Christopher B. Boggs</b>		Preparer's signature 	
	Date <b>08/07/14</b>		Check if self-employed <input type="checkbox"/>	PTIN <b>P00032493</b>
	Firm's name ► <b>ERNST &amp; YOUNG U.S., LLP</b>		Firm's EIN ► <b>34-6565596</b>	
Firm's address ► <b>111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204</b>		Phone no. <b>317-681-7000</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

## Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2012, or tax year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

GREENWICH HOSPITAL

Employer identification number  
06-0646659

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ► <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>335912726</u>
2a Form 990-EZ check here ► <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ► <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

X

Signature of officer

8/7/14

Date

SR VP

Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN
		8/13/14	<input type="checkbox"/>	<input type="checkbox"/>	P00315411
	Firm's name (or yours if self-employed), address, and ZIP code	EIN 22-2529464			Phone no.
	YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVENUE NEW HAVEN, CT 06519				203-688-9585

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
	Christopher B. Boggs	Christopher B. Boggs	08/07/14	<input type="checkbox"/>	P00032493
	Firm's name ►	Firm's EIN ►			34-6565596
	ERNST & YOUNG U.S., LLP				
	Firm's address ► 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204	Phone no.			317-681-7000

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2012)

223061 11-05-12

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ..... 

1 Briefly describe the organization's mission:

**TO PROVIDE HEALTHCARE SERVICES.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ **221,043,546.** including grants of \$ **286,100.** ) (Revenue \$ **327,461,829.** )  
**SEE SCHEDULE O**

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► **221,043,546.**

## Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....		<input checked="" type="checkbox"/>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	<input checked="" type="checkbox"/>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....		<input checked="" type="checkbox"/>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....		<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .....	<input checked="" type="checkbox"/>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....	<input checked="" type="checkbox"/>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....		<input checked="" type="checkbox"/>
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....		<input checked="" type="checkbox"/>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....		<input checked="" type="checkbox"/>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....		<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....		<input checked="" type="checkbox"/>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....		<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .....		<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV .....		<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I .....		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....		<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....	<input checked="" type="checkbox"/>	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input checked="" type="checkbox"/>	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	359
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	2057
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966? .....	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? .....	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders .....	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	14a	X
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a	Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....		
c	Enter the amount of reserves on hand .....		
14a	Did the organization receive any payments for indoor tanning services during the tax year? .....		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  X

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	23
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent .....	1b	20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	
	EUGENE COLUCCI - 203-863-3000	
	5 PERRYRIDGE ROAD, GREENWICH, CT 06830	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) AILEEN HOUGHTON DIRECTOR (UNTIL 10/12)	1.00 0.00	X					0.	0.	0.
(2) ALAN BREED DIRECTOR	1.00 2.00	X					0.	0.	0.
(3) ANNE JUGE DIRECTOR	1.00 1.00	X					0.	0.	0.
(4) ARTHUR C. MARTINEZ DIRECTOR	1.00 1.00	X					0.	0.	0.
(5) BARBARA B. MILLER VICE CHAIR	1.00 2.00	X	X				0.	0.	0.
(6) BRUCE L. WARWICK DIRECTOR	1.00 1.00	X					0.	0.	0.
(7) DANIEL L. MOSLEY CHAIRMAN	1.00 4.00	X	X				0.	0.	0.
(8) DAVID EVANS, M.D. DIRECTOR	1.00 1.00	X					0.	0.	0.
(9) DONALD J. KIRK DIRECTOR	1.00 1.00	X					0.	0.	0.
(10) ELIZABETH GALT SECRETARY	1.00 1.00	X	X				0.	0.	0.
(11) FRANK A. CORVINO PRESIDENT/CEO/DIRECTOR	26.00 14.00	X	X				860,814.	463,515.	157,560.
(12) GAYLE L. CAPOZZALO DIRECTOR	4.00 36.00	X					114,652.	1,031,872.	161,371.
(13) JACK MITCHELL DIRECTOR	1.00 1.00	X					0.	0.	0.
(14) JAMES M. MCTAGGART DIRECTOR	1.00 1.00	X					0.	0.	0.
(15) JOHN L. TOWNSEND, III TREASURER/VICE CHAIR	1.00 2.00	X	X				0.	0.	0.
(16) JOHN SCHMELTZER, III DIRECTOR	1.00 1.00	X					0.	0.	0.
(17) JOHN TONER DIRECTOR	1.00 1.00	X					0.	0.	0.

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) KEVIN A. CONBOY, M.D. DIRECTOR	1.00 1.00	X					0.	0.	0.
(19) LARRY THOMPSON DIRECTOR	1.00 1.00	X					0.	0.	0.
(20) MARGARET MOORE DIRECTOR	1.00 2.00	X					0.	0.	0.
(21) NANCY BROWN DIRECTOR	1.00 1.00	X					0.	0.	0.
(22) NANCY RAQUET DIRECTOR	1.00 1.00	X					0.	0.	0.
(23) RICHARD BRAUER, M.D. DIRECTOR	1.00 1.00	X					0.	0.	0.
(24) RICHARD O'CONNELL DIRECTOR	1.00 1.00	X					0.	0.	0.
(25) SHIRLEE HILTON DIRECTOR	1.00 1.00	X					0.	0.	0.
(26) VENITA OSTERER DIRECTOR	1.00 1.00	X					0.	0.	0.
<b>1b Sub-total</b>							<b>975,466.</b>	<b>1,495,387.</b>	<b>318,931.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>6,122,248.</b>	<b>478,906.</b>	<b>972,396.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>7,097,714.</b>	<b>1,974,293.</b>	<b>1,291,327.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 260

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GREENWICH ULTRASOUND ASSOC. 67 HOLLY HILL RD, GREENWICH, CT 06830	ULTRASOUND SERVICE	2,405,922.
NURSEFINDERS, INC, 524 EAST LAMAR BLVD, STE 300, ARLINGTON, TX 76011	TRAVELING NURSES	1,841,558.
GE HEALTHCARE INC 3135 EASTON TURNPIKE, FAIRFIELD, CT 06828	MEDICAL IMAGING & IT	1,759,250.
MAKIARIS MEDIA SERVICES DRIVE SUITE 101, MIDDLETOWN, CT 06457	ADVERTISING	1,335,491.
UNITEX TEXTILE RENTAL, 161 SOUTH MACQUESTEN PARKWAY, MOUNT VERNON, NY 10550	UNIFORM LAUNDERING	1,283,197.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 71

SEE PART VII, SECTION A CONTINUATION SHEETS

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## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(27) WILLIAM R. BERKLEY, JR.	1.00								
DIRECTOR	1.00	X					0.	0.	0.
(28) AMY MINELLA	1.00								
DIRECTOR (APPOINTED 11/12)	1.00	X					0.	0.	0.
(29) BRIAN DORAN, M.D.	37.00								
SVP, MEDICAL SERVICE	3.00		X				517,723.	0.	64,052.
(30) CHRISTINE BEECHNER	39.00			X			158,592.	0.	32,823.
VP	1.00				X				
(31) DEBORAH HODYS	39.00					X	376,668.	0.	33,956.
VICE PRESIDENT	1.00								
(32) EUGENE J. COLUCCI	18.00			X			256,412.	313,392.	162,337.
SVP	22.00				X				
(33) GEORGE PAWLUSH	39.00					X	230,518.	0.	33,861.
VP	1.00								
(34) MARC KOSAK	39.00			X			237,008.	0.	40,616.
VP	1.00				X				
(35) MELISSA TURNER	20.00				X		165,514.	165,514.	110,916.
SVP	20.00					X			
(36) NANCY LEVITT-ROSENTHAL	38.00			X			402,165.	0.	116,920.
SVP	2.00				X				
(37) STEPHEN CARBERY	40.00				X		293,587.	0.	74,899.
VP	0.00					X			
(38) SUSAN BROWN	39.00					X	335,038.	0.	51,376.
SVP	1.00								
(39) ERIC DIAMOND	40.00				X		488,630.	0.	51,800.
PATHOLOGIST	0.00					X			
(40) MARVIN LIPSCHUTZ, M.D.	39.00					X	456,458.	0.	42,251.
CHIEF OF QUALITY	1.00								
(41) RICHARD EISEN	40.00				X		516,228.	0.	45,021.
PATHOLOGIST	0.00					X			
(42) VICKI ALTMAYER	40.00					X	537,326.	0.	53,959.
PATHOLOGIST	0.00								
(43) DOROTHY BLACKMUN, M.D.	40.00				X		453,841.	0.	25,419.
PATHOLOGIST	0.00					X			
(44) QUINTON J. FRIESSEN	40.00					X	696,540.	0.	32,190.
EXEC VP/COO (RET 9/12)	0.00								
Total to Part VII, Section A, line 1c							6,122,248.	478,906.	972,396.

## Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII 

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a	Federated campaigns .....	1a				
b	Membership dues .....	1b				
c	Fundraising events .....	1c	1,286,098.			
d	Related organizations .....	1d				
e	Government grants (contributions)	1e	163,811.			
f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	5,392,117.			
g	Noncash contributions included in lines 1a-1f: \$		475,617.			
h	<b>Total.</b> Add lines 1a-1f .....			6,842,026.		
Program Service Revenue		Business Code				
2 a	OUTPATIENT PROGRAM SERVICES	621400	182,251,880.	182,251,880.		
b	INPATIENT PROGRAM SERVICES	612990	122,577,941.	122,577,941.		
c	OUTREACH LAB	621500	8,152,261.		8,152,261.	
d						
e						
f	All other program service revenue .....					
g	<b>Total.</b> Add lines 2a-2f .....		312,982,082.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		99,617.		99,617.
4	Income from investment of tax-exempt bond proceeds .....					
5	Royalties .....					
6 a	Gross rents .....	(i) Real	(ii) Personal			
b	Less: rental expenses .....	1,062,447.				
c	Rental income or (loss) .....	94,980.				
d	Net rental income or (loss) .....	967,467.		967,467.		967,467.
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses .....	1,836,904.	62,790.			
c	Gain or (loss) .....	806,491.	21,436.			
d	Net gain or (loss) .....	1,030,413.	41,354.	1,071,767.		1,071,767.
8 a	Gross income from fundraising events (not including \$ 1,286,098. of contributions reported on line 1c). See Part IV, line 18 .....	a	165,025.			
b	Less: direct expenses .....	b	695,005.			
c	Net income or (loss) from fundraising events .....			-529,980.		-529,980.
9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
b	Less: direct expenses .....	b				
c	Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a				
b	Less: cost of goods sold .....	b				
c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
11 a	PATHOLOGY SERVICES	900099	3,095,639.	3,095,639.		
b	IT MEANINGFUL USE INCOME	900099	1,741,761.	1,741,761.		
c	CLINIC SERVICES	900099	1,554,502.	1,554,502.		
d	All other revenue .....	900099	8,087,845.	8,087,845.		
e	<b>Total.</b> Add lines 11a-11d .....		14,479,747.			
12	<b>Total revenue.</b> See instructions .....		335,912,726.	319,309,568.	8,152,261.	1,608,871.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	286,100.	286,100.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,384,505.		6,384,505.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	111,399,734.	95,082,522.	15,223,530.	1,093,682.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,988,150.	9,532,922.	1,345,576.	109,652.
9 Other employee benefits	22,431,483.	19,274,604.	2,935,174.	221,705.
10 Payroll taxes	7,591,737.	6,479,742.	1,037,462.	74,533.
11 Fees for services (non-employees):				
a Management	1,071,032.	183,843.	887,189.	
b Legal	1,532,018.	426,598.	1,105,420.	
c Accounting	358,254.		358,254.	
d Lobbying	89,757.	89,757.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	56,293,829.	19,521,007.	36,748,150.	24,672.
12 Advertising and promotion				
13 Office expenses	5,734,069.	2,044,730.	3,570,832.	118,507.
14 Information technology	3,973,078.		3,973,078.	
15 Royalties				
16 Occupancy	16,434,930.	9,255,318.	6,933,254.	246,358.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	490,852.	21,820.	469,032.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,207,123.	13,666,548.	7,540,575.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLY EXPENSE	44,914,364.	44,847,161.	67,181.	22.
b MISCELLANEOUS	3,553,835.	330,874.	2,696,266.	526,695.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	314,734,850.	221,043,546.	91,275,478.	2,415,826.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

## Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	10,425,113.	1	25,629,508.
	2 Savings and temporary cash investments .....	35,615,361.	2	36,303,212.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	36,588,520.	4	34,798,934.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		5	
	7 Notes and loans receivable, net .....		6	
	8 Inventories for sale or use .....	2,267,969.	7	1,726,222.
	9 Prepaid expenses and deferred charges .....	6,940,318.	8	8,573,084.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 422,758,203.		
	b Less: accumulated depreciation .....	10b 194,614,754.	10c	228,143,449.
	11 Investments - publicly traded securities .....	24,091,928.	11	20,807,246.
	12 Investments - other securities. See Part IV, line 11 .....	67,023,871.	12	74,450,940.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	23,816,343.	15	28,646,954.
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	441,659,828.	16	459,079,549.
Liabilities	17 Accounts payable and accrued expenses .....	29,052,230.	17	28,569,982.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....	42,645,000.	20	40,215,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	100,738,389.	25	68,481,914.
	26 Total liabilities. Add lines 17 through 25 .....	172,435,619.	26	137,266,896.
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	230,689,355.	27	276,412,173.
	28 Temporarily restricted net assets .....	29,998,840.	28	36,543,332.
	29 Permanently restricted net assets .....	8,536,014.	29	8,857,148.
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	269,224,209.	33	321,812,653.
	34 Total liabilities and net assets/fund balances .....	441,659,828.	34	459,079,549.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	335,912,726.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	314,734,850.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	21,177,876.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	269,224,209.
5 Net unrealized gains (losses) on investments .....	5	5,486,000.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	9	25,924,568.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	321,812,653.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	3b	

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021  
12-04-12

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests - 2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012****Name of the organization****GREENWICH HOSPITAL****Employer identification number****06-0646659****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)**

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 12,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 61,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 9,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

GREENWICH, CT 06830

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 904,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 35,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 423,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 455,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 27,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 16,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

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06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 20,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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Employer identification number

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 66,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 35,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 41,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 24,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 27,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 11,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 100,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 40,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 23,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 211,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 5,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,100.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 100,000.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution		
		\$ 15,700.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution		
		\$ 10,000.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution		
		\$ 10,000.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution		
		\$ 9,000.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(c) Total contributions	(d) Type of contribution		
		\$ 7,200.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 10,167.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
108	ONE-WEEK STAY AT SKI-IN, SKI-OUT NEWLY RENOVATED 4,000 SQUARE FOOT, 4 BEDROOM TOWN HOUSE IN STRATTON, VT	\$ 10,000.	10/24/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
201	HERMES BIRKIN BAG 35 CM, BOUGAINVILLEA	\$ 15,500.	10/24/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
202	ONE-OF-A-KIND PLAYHOUSE DESIGNED BY MOCKLER TAYLOR, LUMBER FROM RINGS END AND CONSTRUCTED BY ARGUS D	\$ 15,000.	07/30/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
203	FOUR WEEK PAID SUMMER INTERNSHIP TO LEARN ALL ABOUT FASHION, CUSTOMER SERVICE, MERCHANDISING AND REL	\$ 10,000.	10/24/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
204	COMPLIMENTARY ADVERTISING SPACE IN THE GREENWICH TIME AND GREENWICH CITIZEN	\$ 7,100.	03/12/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
205	400 CERTIFICATES FOR GIFT BAGS FOR MAKEOVERS AND MIMOSAS AT SAKS FIFTH AVENUE GREENWICH	\$ 100,000.	03/12/13

Name of organization

Employer identification number

GREENWICH HOSPITAL

06-0646659

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
206	MULTIPLE VACATION PACKAGES	\$ 15,700.	07/30/13
207	12 PERSON PRIVATE DINNER IN THE EXCLUSIVE CANTINA AT BABBO	\$ 10,000.	10/24/12
208	5 NIGHTS FOR 4 PEOPLE AT INYATI GAME RESERVE IN SOUTH AFRICA	\$ 10,000.	10/24/12
209	PARIS/BURGUNDY TRIP: WINE TASTING RECEPTION IN PARIS THEN 2 DAYS OF WINE TOURS AND TASTING IN BEAUNE	\$ 9,000.	10/24/12
210	LUXURY AFRICAN SAFARI AT MALAMALA, WITH CAPE TOWN AND VICTORIA FALLS	\$ 7,200.	03/12/13
211	LDRSP I 115 SHS EXXON MOBIL/BROWNELL SOCIETY	\$ 10,167.	03/01/13

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
212	100 SHRS CHEVRON CORP 1/18/13 100 SHRS CHEVRON CORP 3/8/13	\$ 23,346.	03/08/13
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

GREENWICH HOSPITAL

06-0646659

**Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ► \$ \_\_\_\_\_  
3 Volunteer hours ..... \_\_\_\_\_

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No  
4a Was a correction made? .....  Yes  No  
b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_  
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ► \$ \_\_\_\_\_  
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ► \$ \_\_\_\_\_  
4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No  
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization  
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political  
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a  
political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041  
01-07-13

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ►  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
c Media advertisements? .....		X	
d Mailings to members, legislators, or the public? .....	X		500.
e Publications, or published or broadcast statements? .....		X	
f Grants to other organizations for lobbying purposes? .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		50,919.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
i Other activities? .....	X		38,338.
j Total. Add lines 1c through 1i .....			89,757.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members .....	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .....	2a	
b Carryover from last year .....	2b	
c Total .....	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....		
5 Taxable amount of lobbying and political expenditures (see instructions) .....	4	
	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF

PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING FY 2013. THE HEALTH

SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT

OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS

VARIOUS HEALTH CARE REFORM PROPOSALS.

**Part IV Supplemental Information (continued)**

GREENWICH HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING

LOBBYING EXPENSES:

YALE-NEW HAVEN HOSPITAL      EIN 06-0646652 \$537,753

BRIDGEPORT HOSPITAL      EIN 06-0646554 \$113,213

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number  
06-0646659

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts		
1 Total number at end of year .....				
2 Aggregate contributions to (during year) .....				
3 Aggregate grants from (during year) .....				
4 Aggregate value at end of year .....				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a Total number of conservation easements .....	
2b Total acreage restricted by conservation easements .....	
2c Number of conservation easements on a certified historic structure included in (a) .....	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programse  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,853,000.	64,905,000.	69,106,000.	66,856,000.	68,156,000.
b Contributions	125,000.	100,000.	45,000.		
c Net investment earnings, gains, and losses	8,395,000.	10,512,000.	-1,833,000.	4,816,000.	2,401,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,469,000.	2,664,000.	2,413,000.	2,566,000.	3,701,000.
f Administrative expenses					
g End of year balance	78,904,000.	72,853,000.	64,905,000.	69,106,000.	66,856,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 54.51 %b Permanent endowment ► 28.18 %c Temporarily restricted endowment ► 17.31 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations .....

(ii) related organizations .....

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 

	Yes	No
3a(i)		X
3a(ii)	X	

3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,333,484.			6,333,484.
b Buildings	229,099,879.	68,514,576.	160,585,303.	
c Leasehold improvements	21,920,477.	6,474,914.	15,445,563.	
d Equipment	163,158,737.	118,720,400.	44,438,337.	
e Other	2,245,626.	904,864.	1,340,762.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 228,143,449.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
<b>(A) OTHER SECURITIES</b>	<b>74,450,940.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>	<b>74,450,940.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>(1) OTHER RECEIVABLES</b>	<b>14,644,534.</b>
<b>(2) DUE FROM PERRYRIDGE</b>	<b>501,437.</b>
<b>(3) EPIC SHARED PROJECT</b>	<b>13,500,983.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	<b>28,646,954.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
<b>(2) DUE - 3RD PARTY &amp; OTHER PAYORS</b>	<b>31,469,651.</b>
<b>(3) ESTIMATED LIABILITY - SELF</b>	
<b>(4) INSURANCE</b>	<b>8,965,688.</b>
<b>(5) FORWARD INTEREST RATE SWAP</b>	<b>4,165,899.</b>
<b>(6) ACCRUED PENSION</b>	<b>23,880,676.</b>
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>68,481,914.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements .....	1	338,949,456.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments .....	2a	6,030,226.
b Donated services and use of facilities .....	2b	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	2,055,678.
e Add lines 2a through 2d .....	2e	8,085,904.
3 Subtract line 2e from line 1 .....	3	330,863,552.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	5,049,174.
c Add lines 4a and 4b .....	4c	5,049,174.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	335,912,726.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements .....	1	311,019,350.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	748,631.
e Add lines 2a through 2d .....	2e	748,631.
3 Subtract line 2e from line 1 .....	3	310,270,719.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	4,464,131.
c Add lines 4a and 4b .....	4c	4,464,131.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	314,734,850.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME**

**TO SUPPORT GREENWICH HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER**

**OPERATIONS IN ACCORDANCE WITH THE GREENWICH HOSPITAL POOLED INVESTMENT**

**POLICY.**

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**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

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INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN	2,019,509.
NET ASSETS RELEASED FROM OPERATIONS	3,621,384.

## Part XIII Supplemental Information (continued)

OTHER EXPENSES - INCLUDED IN NON-OPERATING REVENUE	- 3,585,215.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,055,678.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS FROM EXPENSE - GAIN ON SALE OF ASSETS	41,354.
AUXILIARY REVENUE	1,392,808.
CONTRIBUTIONS FROM TEMPORARILY RESTRICTED	3,577,000.
SPECIAL EVENTS RECLASS TO INCOME	-695,005.
RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE	-94,980.
GAIN FROM SALE OF SECURITIES	828,000.
MISCELLANEOUS ADJ	-3.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	5,049,174.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS - GAIN ON SALE OF ASSETS	-41,354.
SPECIAL EVENTS RECLASS TO INCOME	695,005.
RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE	94,980.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	748,631.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES	878,916.
FUNDRAISING EXPENSES FROM NON-OPERATING REVENUE	2,424,008.
MISCELLANEOUS EXPENSE FROM NON-OPERATING REVENUE	1,161,207.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,464,131.

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Name of the organization

Employer identification number  
06-0646659

## GREENWICH HOSPITAL

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total** ..... ►

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 <b>GALA</b> (event type)	(b) Event #2 <b>UNDER THE STARS</b> (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts .....	983,117.	265,346.	202,660.	1,451,123.
2 Less: Contributions .....	914,167.	219,896.	152,035.	1,286,098.
3 Gross income (line 1 minus line 2) .....	68,950.	45,450.	50,625.	165,025.
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	434,370.	130,768.	129,867.	695,005.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				► ( 695,005, )
11 Net income summary. Combine line 3, column (d), and line 10 .....				► -529,980.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue .....				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				► ( )
8 Net gaming income summary. Combine line 1, column d, and line 7 .....				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility .....  
 b An outside facility .....

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number  
06-0646659

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....  
**b** If "Yes," was it a *written policy*? If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.  
 Applied uniformly to all hospital facilities       Applied uniformly to most hospital facilities  
 Generally tailored to individual hospital facilities

**3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

**a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....  
 100%     150%     200%     Other \_\_\_\_\_ %

**b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....  
 200%     250%     300%     350%     400%     Other \_\_\_\_\_ %

**c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

**4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....

**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....

**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....

**6a** Did the organization prepare a community benefit report during the tax year? .....

**b** If "Yes," did the organization make it available to the public? .....

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....	0	3,978	17,955,656.	2,786,656.	15,169,000.	4.82%
<b>b</b> Medicaid (from Worksheet 3, column a) .....	0	22,841	20,486,000.	10,919,000.	9,567,000.	3.04%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....	0	0	0.	0.		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		26,819	38,441,656.	13,705,656.	24,736,000.	7.86%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	17	21,249	810,259.	0.	810,259.	.26%
<b>f</b> Health professions education (from Worksheet 5) .....	3	85	4,514,472.	1,448,378.	3,066,094.	.97%
<b>g</b> Subsidized health services (from Worksheet 6) .....	3	10,484	7,388,329.	5,176,553.	2,211,776.	.70%
<b>h</b> Research (from Worksheet 7) .....	1	0	468,440.	0.	468,440.	.15%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	6	2,869	284,546.	0.	284,546.	.09%
<b>j Total. Other Benefits</b> .....	30	34,687	13,466,046.	6,624,931.	6,841,115.	2.17%
<b>k Total. Add lines 7d and 7j</b> .....	30	61,506	51,907,702.	20,330,587.	31,577,115.	10.03%

**Part II** **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community building expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community building expense	<b>(f)</b> Percent of total expense
<b>1</b> Physical improvements and housing	1	0	<b>235,040.</b>	0.	<b>235,040.</b>	<b>.07%</b>
<b>2</b> Economic development	1	0	<b>8,307.</b>	0.	<b>8,307.</b>	<b>.00%</b>
<b>3</b> Community support	0	0	0.	0.		
<b>4</b> Environmental improvements	0	0	0.	0.		
<b>5</b> Leadership development and training for community members	0	0	0.	0.		
<b>6</b> Coalition building	2	<b>452</b>	<b>30,742.</b>	0.	<b>30,742.</b>	<b>.01%</b>
<b>7</b> Community health improvement advocacy	0	0	0.	0.		
<b>8</b> Workforce development	1	<b>99</b>	<b>4,861.</b>	0.	<b>4,861.</b>	<b>.00%</b>
<b>9</b> Other	0	0	0.	0.		
<b>10</b> <b>Total</b>	5	<b>551</b>	<b>278,950.</b>		<b>278,950.</b>	<b>.08%</b>

Part III Bad Debt, Medicare, & Collection Practices

## Section A. Bad Debt Expense

Section A. Bad Debt Expenses		1	X
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	5,408,000.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

## Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) .....	5	93,442,784.
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	118,792,373.
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-25,349,589.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.		

Check the box that describes the method used:

## ▲ Cost accounting system

<b>Section C. Collection Practices</b>		<b>9a</b>	<b>X</b>
<b>9a</b>	Did the organization have a written debt collection policy during the tax year? .....	<b>9a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	<b>9b</b>	<b>X</b>

correction practices to be followed by patients who are known to qualify for financial assistance: [Duschene et al. \(1991\)](#).....98 11

## Part V Facility Information

## **Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or facility reporting group** GREENWICH HOSPITAL**For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)** 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 .....	1	<input checked="" type="checkbox"/>
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3	<input checked="" type="checkbox"/>
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	<input checked="" type="checkbox"/>
5 Did the hospital facility make its CHNA report widely available to the public? .....	5	<input checked="" type="checkbox"/>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	<input checked="" type="checkbox"/>
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	8a	<input checked="" type="checkbox"/>
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? .....	8b	<input checked="" type="checkbox"/>
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <u>\$</u> _____		

## Part V Facility Information (continued) GREENWICH HOSPITAL

Financial Assistance Policy			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
9	<input checked="" type="checkbox"/>	X		
10	<input checked="" type="checkbox"/>	X		
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %				
If "No," explain in Part VI the criteria the hospital facility used.				
11	<input checked="" type="checkbox"/>	X		
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %				
If "No," explain in Part VI the criteria the hospital facility used.				
12	<input checked="" type="checkbox"/>	X		
If "Yes," indicate the factors used in determining such amounts (check all that apply):				
a	<input checked="" type="checkbox"/>	Income level		
b	<input type="checkbox"/>	Asset level		
c	<input type="checkbox"/>	Medical indigency		
d	<input checked="" type="checkbox"/>	Insurance status		
e	<input type="checkbox"/>	Uninsured discount		
f	<input type="checkbox"/>	Medicaid/Medicare		
g	<input type="checkbox"/>	State regulation		
h	<input type="checkbox"/>	Other (describe in Part VI)		
13	<input checked="" type="checkbox"/>	X		
14	<input checked="" type="checkbox"/>	X		
Explained the method for applying for financial assistance?				
Included measures to publicize the policy within the community served by the hospital facility?				
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):				
a	<input checked="" type="checkbox"/>	The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/>	The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/>	The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/>	The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/>	The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/>	The policy was available on request		
g	<input checked="" type="checkbox"/>	Other (describe in Part VI)		
<b>Billing and Collections</b>				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?			<input checked="" type="checkbox"/>
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
a	<input type="checkbox"/>	Reporting to credit agency		
b	<input type="checkbox"/>	Lawsuits		
c	<input type="checkbox"/>	Liens on residences		
d	<input type="checkbox"/>	Body attachments		
e	<input type="checkbox"/>	Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?			<input checked="" type="checkbox"/>
If "Yes," check all actions in which the hospital facility or a third party engaged:				
a	<input type="checkbox"/>	Reporting to credit agency		
b	<input type="checkbox"/>	Lawsuits		
c	<input type="checkbox"/>	Liens on residences		
d	<input type="checkbox"/>	Body attachments		
e	<input type="checkbox"/>	Other similar actions (describe in Part VI)		

**Part V Facility Information (continued) GREENWICH HOSPITAL****18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care****19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....

	Yes	No
19	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)****20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

21		X
22		X

If "Yes," explain in Part VI.

**22** During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Part VI.

Schedule H (Form 990) 2012

**Part V Facility Information (continued)****Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (describe)
1 GREENWICH HOSPITAL DIAGNOSTIC CENT. 2015 WEST MAIN ST STAMFORD, CT 06902	DI / LAB
2 BOYD CENTER FOR MEDICAL ONCOLOGY 15 VALLEY DRIVE GREENWICH, CT 06831	CANCER CENTER
5 GREENWICH HOSPITAL OCCUPAT. HEALTH 75 HOLLY HILL LANE GREENWICH, CT 06830	OCC. HEALTH / WOMENS HEALTH / LAB
6 GREENWICH HOSPITAL LAB 49 LAKE AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
8 GREENWICH HOSPITAL LAB 90 MORGAN STREET; 3RD FLOOR, SUITE 30 STAMFORD, CT 06905	LAB
9 GREENWICH HOSPITAL LAB 106 NOROTON AVENUE DARIEN, CT 06820	LAB
10 GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
11 GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE; 2ND FLOOR GREENWICH, CT 06830	LAB
12 GREENWICH HOSPITAL LAB 40 CROSS ST; 3RD FLOOR, SUITE 350 NORWALK, CT 06851	LAB
13 GREENWICH HOSPITAL LAB 148 EAST AVE; SUITE 1F NORWALK, CT 06851	LAB

Schedule H (Form 990) 2012

**Part V Facility Information (continued)****Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
14 GREENWICH HOSPITAL, CNTR FOR INTEGR. M	
35 RIVER ROAD	
COS COB, CT 06807	INTEGRATIVE MEDICINE
15 GREENWICH HOSPITAL LAB	
1275 SUMMER STREET; 3RD FLOOR	
STAMFORD, CT 06905	LAB
17 GREENWICH HOSPITAL LAB	
15 VALEY DRIVE; SUITE 200	
GREENWICH, CT 06831	LAB
18 GREENWICH HOSPITAL LAB	
90 SOUTH RIDGE STREET	
RYE, NY 10573	LAB
19 BENDHEIM CANCER CENTER	
77 LAFAYETTE PLACE	
GREENWICH, CT 06830	CANCER/CARDIAC REHAB/DI/LAB

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 7: THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO

CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING  
SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

PART II: GREENWICH HOSPITAL IS ONE OF THE TOP FIVE EMPLOYERS  
IN GREENWICH WITH 1,754 EMPLOYEES IN 2013. THE HOSPITAL PROVIDES IN-KIND  
AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT  
FAIRFIELD AND WESTCHESTER COUNTIES. MEMBERS OF THE HOSPITAL'S LEADERSHIP  
AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT BY  
SERVING ON THE BOARDS OF THE GREENWICH CHAMBER OF COMMERCE AND THE PORT  
CHESTER-RYE BROOK-RYE TOWN CHAMBER OF COMMERCE. THROUGH THESE  
ORGANIZATIONS, GREENWICH HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED  
ECONOMIC DEVELOPMENT FOR THE AREA.

GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY  
UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY  
DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND  
COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC  
HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO

**Part VI Supplemental Information**

ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

GREENWICH HOSPITAL'S VISION IS TO BE THE PREMIER REGIONAL HEALTH CARE PROVIDER, AND AS SUCH, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2013, GREENWICH HOSPITAL PROVIDED NEARLY \$279,000 IN FINANCIAL AND IN-KIND DONATIONS. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

**REVITALIZING OUR NEIGHBORHOODS**

ONE OF SEVERAL COMMUNITY INITIATIVES UNDERTAKEN BY GREENWICH HOSPITAL TO ENHANCE ACCESS TO HEALTHY, AFFORDABLE FOOD IS COMMUNITY GARDENS, FORMERLY GOD'S GREEN MARKET. THIS PROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES, PORT CHESTER SCHOOLS AND AREA CHURCHES TO PROVIDE FRESH VEGETABLES TO PARTICIPANTS IN PORT CHESTER'S FOUR FOOD PANTRIES, SEVEN SOUP KITCHENS AND NUTRITION CENTERS. THE COUNCIL OF

**Part VI Supplemental Information**

COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CROPS.

OVER THE PAST SIX YEARS, THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CHESTER FAMILIES WITH FRESH VEGETABLES AND SPONSORS HEALTH EDUCATIONAL PROGRAMS THAT PROMOTE HEALTHIER EATING. THE HOSPITAL PROVIDES BOTH FINANCIAL AND IN-KIND SUPPORT FOR THE INITIATIVE INCLUDING DIETITIANS AND NURSES WHO HAVE PROVIDED NUTRITION EDUCATION AND HEALTHY RECIPES IN BOTH ENGLISH AND SPANISH.

TO SUPPORT DRIVING SAFETY, GREENWICH HOSPITAL AND THE AARP CO-SPONSORED AN EDUCATIONAL DRIVING PROGRAM FOR OLDER ADULTS WITH APPROXIMATELY 414 WESTCHESTER AND FAIRFIELD COUNTY ADULTS ATTENDING THE PROGRAM. THE EDUCATIONAL DRIVING PROGRAM PROMOTES SAFETY AND IS INTENDED TO REDUCE ACCIDENT RATES AMONG DRIVERS AGE 55 AND OLDER.

GREENWICH HOSPITAL WAS ALSO THE RECIPIENT OF A DONATION OF FUNDS TO DEVELOP A COMMUNITY FLOWER GARDEN ON ITS PROPERTY TO BE OPEN TO THE PUBLIC. VARIOUS COMMUNITY CEREMONIES AND CELEBRATIONS ARE CONDUCTED IN THE GARDEN INCLUDING CANCER SURVIVOR PROGRAMS AND THE TREE OF LIGHT PROGRAM. EACH WINTER, GREENWICH HOSPITAL PROVIDES A WARM CENTER FOR THE COMMUNITY IN ITS NOBLE CONFERENCE CENTER. THIS WARM CENTER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES, SNOW STORMS AND FREEZING TEMPERATURES. INCLUDED IN THE WARM CENTER ARE COTS, HOT BEVERAGES, HAND WARMERS AND MAGAZINES.

**CREATING EDUCATIONAL OPPORTUNITIES**

HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. TO ENCOURAGE THE PURSUIT OF HIGHER EDUCATION, GREENWICH HOSPITAL SPONSORED SEVERAL PROGRAMS TO INTRODUCE MIDDLE AND HIGH SCHOOL STUDENTS TO POTENTIAL HEALTH CARE CAREERS.

**Part VI Supplemental Information**

GREENWICH HOSPITAL, THROUGH A JOINT EFFORT WITH HIGH SCHOOLS IN PORT CHESTER AND GREENWICH, PROVIDED AN EDUCATIONAL PROGRAM INTRODUCING STUDENTS TO HEALTH CARE CAREER OPPORTUNITIES. A TOTAL OF 18 STUDENTS PARTICIPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFILLING HEALTH CARE CAREERS. THE AFTER-SCHOOL PROGRAM WAS HELD OVER FOUR WEEKS AND INCLUDED A TOUR OF GREENWICH HOSPITAL AND ITS JOHN AND ANDREA FRANK SYN:APSE SIMULATION CENTER. THE SIMULATION CENTER OFFERS HANDS-ON TRAINING USING A HIGH-FIDELITY MANNEQUIN THAT CAN SPEAK AND RESPOND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT.

AS PART OF SUMMER EDUCATION PROGRAMS, 14 SUMMER INTERN STUDENTS FROM THE OPEN DOOR FAMILY MEDICAL CENTER IN PORT CHESTER, NY SPENT THE DAY AT THE HOSPITAL LEARNING ABOUT VARIOUS HEALTH CARE CAREERS.

GREENWICH HOSPITAL ALSO PROVIDED MIDDLE AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO GET AN IN-DEPTH LOOK INTO VARIOUS HEALTH CARE CAREERS THROUGH AN AFTER-SCHOOL PROGRAM SPONSORED IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA'S GREENWICH CHAPTER. WHILE TOURING THE HOSPITAL, PARTICIPANTS LEARNED ABOUT A VARIETY OF HOSPITAL SETTINGS AND SPOKE WITH PROFESSIONALS IN THE MEDICAL FIELD. EDUCATIONAL PROGRAMS FOCUSED ON HEALTH, NUTRITION, FIRST AID, SAFETY, SMOKING PREVENTION AND PROPER HYGIENE. THE HOSPITAL ALSO OFFERS A MINI-MED SEMINAR FOR BOTH ADULTS AND YOUTH IN THE COMMUNITY.

PART III, LINE 4: THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS.

## Part VI Supplemental Information

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE. TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$11.2 MILLION AND \$13.2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VS. CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$5.8 MILLION AND \$8.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM.

FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, BAD DEBT EXPENSE, AT CHARGES, WAS \$14.7 MILLION AND \$14.0 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, BAD DEBT EXPENSE, AT COST, WAS \$5.4 MILLION AND \$5.2 MILLION, RESPECTIVELY. THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL

**Part VI Supplemental Information**

NET PATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, THE HOSPITAL RECEIVED \$2.8 MILLION AND \$4.6 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$1.4 MILLION AND \$2.8 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$12.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY, FOR THE ASSESSMENT.

ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS.

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

**PART III, SCHEDULE B, LINE 2 - COSTING METHODOLOGY:**

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES

**Part VI Supplemental Information**

PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

PART III, LINE 8: THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI.

PART III, LINE 9B: IF AT ANY POINT IN THE DEBT COLLECTION PROCESS, THE HOSPITAL, INCLUDING ANY EMPLOYEE OR AGENT OF THE HOSPITAL, OR A COLLECTION AGENT ACTING ON BEHALF OF THE HOSPITAL, RECEIVES INFORMATION THAT A PATIENT IS ELIGIBLE FOR HOSPITAL BED FUNDS, FREE OR REDUCED PRICE HOSPITAL SERVICES, OR ANY OTHER PROGRAM WHICH WOULD RESULT IN THE ELIMINATION OF LIABILITY FOR THE DEBT OR REDUCTION IN THE AMOUNT OF SUCH LIABILITY, THE HOSPITAL OR COLLECTION AGENT WILL PROMPTLY DISCONTINUE COLLECTION EFFORTS AND, IF A COLLECTION AGENT, REFERS THE ACCOUNT BACK TO THE HOSPITAL FOR DETERMINATION OF ELIGIBILITY. THE COLLECTION EFFORT WILL NOT RESUME UNTIL SUCH DETERMINATION IS MADE.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 3: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN

**Part VI Supplemental Information**

INTEGRAL PART OF THE CHNA PROCESS. GREENWICH HOSPITAL SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS WITH COMMUNITY MEMBERS, KEY INFORMANT INTERVIEWS WITH COMMUNITY STAKEHOLDERS, AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY GREENWICH HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 7: BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH CARE PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, GREENWICH HOSPITAL PLANS TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: ACCESS TO CARE, CANCER, MENTAL HEALTH AND PROMOTING HEALTHY LIFESTYLES. AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE DENTAL CARE, DIABETES, HEART DISEASE, RESPIRATORY DISEASE AND STROKE.

GREENWICH HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES. AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL FOUR AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

## Part VI Supplemental Information

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 14G:

THE FINANCIAL ASSISTANCE PROGRAM, WHICH SUMMARIZES THE FINANCIAL ASSISTANCE POLICY, WAS POSTED ON THE HOSPITAL FACILITY'S WEBSITE. THE FINANCIAL ASSISTANCE POLICY WILL BE POSTED ON THE WEBSITE UPON FILING THE FISCAL YEAR 2013 TAX FILING.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 20D: PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

PART VI, LINE 2: COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT GREENWICH HOSPITAL. THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS THE DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK. COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

**Part VI Supplemental Information**

PART VI, LINE 3: PATIENTS WILL OBTAIN INFORMATION ON ELIGIBILITY FOR GOVERNMENT OR HOSPITAL PROGRAMS FROM INFORMATION DISTRIBUTED BY THE HOSPITAL. PATIENTS WILL BE ALERTED TO THE FINANCIAL ASSISTANCE PROGRAMS IN A NUMBER OF WAYS, INCLUDING NOTICES IN ENGLISH AND SPANISH POSTED IN APPROPRIATE LOCATIONS IN THE HOSPITAL, A SUMMARY OF FREE CARE AVAILABILITY AND INFORMATION ON HOW TO APPLY FOR FREE CARE (REFERRED TO AS THE "HOSPITAL'S NOTICE OF AVAILABILITY OF FUNDS"), INFORMATION DISTRIBUTED VIA MAIL AND / OR IN THE HOSPITAL'S ADMISSION PACKAGE, AND INFORMATION ON THE HOSPITAL'S WEB SITE. INFORMATION WILL ALSO BE PROVIDED WHEN DIRECT INQUIRIES ARE MADE TO GH. THERE IS ALSO ACCESS TO A TRANSLATION TELEPHONE. THE HOSPITAL WILL PROVIDE NOTICE AND INFORMATION IN A MANNER THAT (A) COMPLIES WITH THE REQUIREMENTS OF LAW, INCLUDING CONNECTICUT LAW CONCERNING HOSPITAL FUNDS, AND (B) IS DESIGNED TO MAKE INFORMATION EASILY AVAILABLE AND ACCESSIBLE TO ALL PATIENTS.

ALL PATIENTS WILL HAVE ACCESS TO INFORMATION REGARDING ESTIMATED CHARGES FOR PARTICULAR SERVICES OR ACTUAL CHARGES FOR HOSPITAL SERVICES THAT HAVE BEEN PROVIDED.

PART VI, LINE 4: GREENWICH HOSPITAL IS A 206-BED (INCLUDING BASSINETS) REGIONAL HOSPITAL, SERVING FAIRFIELD COUNTY, CONNECTICUT AND WESTCHESTER COUNTY, NEW YORK. IT IS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM. SINCE OPENING IN 1903, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY PROGRAM.

THE LOCAL GEOGRAPHIC AREA SERVED BY GREENWICH HOSPITAL INCLUDES THE CONNECTICUT TOWNS OF GREENWICH, DARIEN, NEW CANAAN AND STAMFORD AS WELL AS THE NEW YORK TOWNS OF PORT CHESTER, RYE, HARRISON, LARCHMONT AND

## Part VI Supplemental Information

MAMARONECK. APPROXIMATELY 29% OF HOUSEHOLDS HAVE INCOMES LESS THAN \$50,000, 42% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$50,000 AND \$150,000 AND THE REMAINING 29% OF HOUSEHOLDS HAVE INCOMES GREATER THAN \$150,000. THE SECONDARY GEOGRAPHIC COVERAGE AREA OF THE HOSPITAL ENCOMPASSES A WIDE RANGE OF TOWNS INCLUDING NORWALK, WESTON, WESTPORT AND WILTON IN CONNECTICUT AND ARMONK, BEDFORD, HARTSDALE, KATONAH, MOUNT KISCO, MOUNT VERNON, NEW ROCHELLE, POUND RIDGE, PURCHASE, SCARSDALE, SOUTH SALEM, WEST HARRISON, AND WHITE PLAINS IN NEW YORK.

SEVERAL NON-PROFIT HOSPITALS ARE LOCATED IN THE AREA INCLUDING STAMFORD HOSPITAL AND NORWALK HOSPITAL IN CONNECTICUT IN ADDITION TO WHITE PLAINS HOSPITAL, WESTCHESTER MEDICAL CENTER, MONTEFIORE MOUNT VERNON AND MONTEFIORE NEW ROCHELLE IN NEW YORK.

GREENWICH HOSPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS. IN FISCAL YEAR 2013, THERE WERE 41,691 VISITS TO THE HOSPITAL'S EMERGENCY DEPARTMENT OF WHICH 6,421 BECAME INPATIENTS AND 35,283 WERE OUTPATIENTS. IN THAT SAME FISCAL YEAR, THE HOSPITAL'S INPATIENT VOLUME CONSISTED OF A DIVERSE PAYER MIX WITH 6 PERCENT MEDICAID PATIENTS, 50 PERCENT MEDICARE PATIENTS, 41 PERCENT MANAGED CARE AND COMMERCIAL PATIENTS AND 3 PERCENT SELF PAY OR OTHER PATIENTS.

PART VI, LINE 5: GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE THAN 12,000 INPATIENT DISCHARGES AND NEARLY 300,000 OUTPATIENT ENCOUNTERS LAST YEAR. THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS. SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M. AND HARRY B. HELMSLEY AMBULATORY

**Part VI Supplemental Information**

MEDICAL CENTER, THE RICHARD R. PIVIOTTO CENTER FOR HEALTHY LIVING, AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD.

AS A COMMUNITY HEALTH CARE SERVICES PROVIDER, GREENWICH HOSPITAL REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH AND OTHER INNOVATIVE SERVICES. DURING FISCAL YEAR 2013, GREENWICH HOSPITAL MANAGED \$31.6 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS DISCUSSED PREVIOUSLY IN PART II.

**GUARANTEEING ACCESS TO CARE**

GREENWICH HOSPITAL RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FISCAL YEAR 2013, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$26.7 MILLION. HONORING ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FISCAL YEAR 2013, GREENWICH HOSPITAL PROVIDED SERVICES FOR 22,841 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$9.6 MILLION (AT COST). ADDITIONALLY, THE HOSPITAL ASSISTED OVER 1,030 CONNECTICUT AND NEW YORK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FISCAL YEAR 2013.

GREENWICH HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FISCAL YEAR 2013, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF \$15.2 MILLION (AT COST). ALSO DURING FISCAL YEAR 2013, HOSPITAL STAFF DISTRIBUTED NEARLY 1,400 APPLICATIONS FOR HOSPITAL FREE BED FUNDS. THE FUNDS WERE DONATED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE

**Part VI Supplemental Information**

USED FOR FINANCIAL ASSISTANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARSHSHIP.

GREENWICH HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE THE OUTPATIENT CENTER® MEDICAL (INCLUDING DIABETES) AND BEHAVIORAL HEALTH CLINICS AND PEDIATRIC OUTPATIENT CENTER. EACH YEAR, MORE THAN 5,000 ADULTS AND CHILDREN VISIT THE OUTPATIENT CENTER AND PEDIATRIC OUTPATIENT CENTER FOR DIAGNOSIS, TREATMENT AND PREVENTIVE CARE.

GREENWICH HOSPITAL WAS ONCE AGAIN THE BENEFICIARY OF A GRANT FROM THE BREAST CANCER ALLIANCE TO PROVIDE FUNDING FOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAM SERVICES FOR WOMEN WHO ARE UNINSURED OR UNDERINSURED. IN CALENDAR YEAR 2013, 253 UNINSURED WOMEN RECEIVED FREE SCREENING MAMMOGRAMS. AMONG THE WOMEN NEEDING FURTHER TESTING, 24 HAD FREE UNILATERAL DIAGNOSTIC MAMMOGRAMS, FOUR HAD FREE BILATERAL DIAGNOSTIC MAMMOGRAMS AND 29 RECEIVED FREE ULTRASOUND EXAMINATIONS. IN ADDITION, 178 NEWLY DIAGNOSED BREAST CANCER PATIENTS RECEIVED EDUCATION RESOURCE NOTEBOOKS WITH INFORMATION ABOUT LOCAL SUPPORT AND CANCER RESOURCES THAT CAN PROVIDE ASSISTANCE.

PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2013, GREENWICH HOSPITAL PROVIDED \$810,260 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

THE HOSPITAL LED THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, WHICH MEETS MONTHLY TO IDENTIFY COMMUNITY NEEDS AND IMPLEMENT HEALTH PROGRAMS AND RESOURCES. THE PARTNERSHIP ORGANIZED A HEALTH AND WELLNESS FAIR TITLED

**Part VI Supplemental Information**

THE TEDDY BEAR REPAIR CLINIC, WHICH WAS HELD AT THE NEW LEBANON SCHOOL IN COLLABORATION WITH COMMUNITY PARTNERS, INCLUDING THE UNITED WAY, GREENWICH EMERGENCY MEDICAL SERVICE, GREENWICH POLICE DEPARTMENT, GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH ALLIANCE, FAMILY CENTER, CHILD GUIDANCE AND THE HOUSING AUTHORITY OF THE TOWN OF GREENWICH. THE TEDDY BEAR REPAIR CLINIC PROVIDED FREE HEALTH SCREENINGS AND INFORMATION ABOUT AVAILABLE COMMUNITY RESOURCES TO MORE THAN 300 PARENTS AND THEIR CHILDREN.

TO PROMOTE AWARENESS ABOUT MENTAL HEALTH AND REDUCE THE STIGMA OF MENTAL ILLNESS, THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP SPONSORED NATIONALLY RECOGNIZED SPEAKER JORDAN BURNHAM TO SPEAK AT TWO AREA SCHOOLS. MR. BURNHAM SHARED HIS EXPERIENCES AND CONDUCTED SUICIDE PREVENTION AND AWARENESS SEMINARS TO 350 STUDENTS. IN ADDITION, THE HOSPITAL OFFERED SEVERAL BEHAVIORAL HEALTH PROGRAMS THROUGHOUT THE YEAR ON A VARIETY OF TOPICS.

AS THE HOSPITAL'S OUTREACH DEPARTMENT, COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES IN CONNECTICUT AND NEW YORK. BOTH ENTITIES MAINTAIN A STRONG COMMUNITY PRESENCE THROUGH THEIR NUMEROUS PARTNERSHIPS WITH THE YALE NEW HAVEN HEALTH SYSTEM, LOCAL AND REGIONAL COMMUNITY ORGANIZATIONS, SCHOOLS, GOVERNMENT AGENCIES, CORPORATIONS AND OTHER GREENWICH HOSPITAL DEPARTMENTS.

COMMUNITY HEALTH @ GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER SUPPORT THE HOSPITAL'S MISSION TO PROVIDE A FULL CONTINUUM OF CARE BY OFFERING INNOVATIVE HEALTH SCREENINGS, SPEAKERS, SUPPORT GROUPS, SCHOOL PROGRAMS, HEALTH EDUCATION AND WELLNESS PROGRAMS DESIGNED TO PROMOTE

**Part VI Supplemental Information**

HEALTH AND INCREASE ACCESS TO HEALTHCARE SERVICES.

OVER THE PAST YEAR, GREENWICH HOSPITAL PARTICIPATED IN MORE THAN 38 HEALTH FAIRS REACHING AN ESTIMATED 10,000 PEOPLE AT VARIOUS COMMUNITY SITES WITH THE GOAL OF INCREASING PEOPLE'S KNOWLEDGE AND HEALTH LITERACY. THE FAIRS WERE HELD AT PARKS, SCHOOLS, MULTI-HOUSING DEVELOPMENTS, HOUSES OF WORSHIP, YOUTH AND SENIOR CENTERS IN WESTCHESTER AND FAIRFIELD COUNTIES. PARTICIPANTS RECEIVED HEALTH SCREENINGS, INFORMATION AND EDUCATION ABOUT EXERCISE, HEALTHY HABITS AND BEHAVIORS, HAND WASHING AND HYGIENE, IMMUNIZATION, SUN SAFETY, CHOLESTEROL, STROKE, WEIGHT MANAGEMENT, NUTRITION, BREAST SELF-EXAMS, SMOKING CESSATION AND MORE. GREENWICH HOSPITAL STAFF OFFERED FREE BLOOD PRESSURE AND METABOLIC SCREENINGS ALONG WITH HEALTH EDUCATION AND COUNSELING ON HEALTHY LIVING. IN ADDITION, GREENWICH HOSPITAL PROVIDED MORE THAN 150 INDIVIDUALS WITH INFORMATION FROM VENDORS SPECIALIZING IN DIABETIC CARE AND CONDUCTED FREE DIABETES-RELATED HEALTH SCREENINGS AS PART OF A DIABETES HEALTH FAIR.

THE GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH COMMISSION ON AGING AND GREENWICH HOSPITAL SPONSORED AN ANNUAL SENIOR HEALTH FAIR, WHICH OFFERED FREE HEALTH EDUCATION, SCREENINGS AND RESOURCE REFERRALS TO MORE THAN 500 OLDER ADULTS. IN ADDITION, 31 FREE CHOLESTEROL SCREENINGS WERE CONDUCTED AT THE EVENT. COMMUNITY HEALTH OF FAIRCHESTER PARTICIPATED IN THE WESTCHESTER COUNTY SALUTE TO SENIORS PROGRAM IN WHITE PLAINS, WHICH DREW MORE THAN 500 AREA RESIDENTS.

GREENWICH HOSPITAL, THROUGH THE NURSE IS IN PROGRAM, PROVIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH COUNSELING TO 4,542 PEOPLE AT LOCAL LIBRARIES, YMCAS AND SENIOR CENTERS IN CONNECTICUT AND NEW YORK. AN

**Part VI Supplemental Information**

ADDITIONAL 2,054 FREE BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT OTHER COMMUNITY SITES. THE HOSPITAL'S PARISH NURSE PROGRAM, A PARTNERSHIP WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH, PROVIDES MORE THAN 2,000 CHURCH MEMBERS WITH HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS, FLU SHOTS AND SCREENINGS ALL CONDUCTED OR COORDINATED BY A REGISTERED NURSE.

DURING FISCAL YEAR 2013, A TOTAL OF 91 MEN PARTICIPATED IN FREE PROSTATE CANCER SCREENINGS THAT INCLUDED A PSA (PROSTATE-SPECIFIC ANTIGEN) TEST, CONSULTATION AND EXAMINATION WITH AN UROLOGIST. THE UNIQUE EDUCATION AND SCREENING EVENT WAS SPONSORED BY GREENWICH HOSPITAL ALONG WITH WFAN RADIO SPORTS PERSONALITY ED RANDALL'S "FANS FOR THE CURE" PROGRAM.

THE HOSPITAL'S 15TH ANNUAL TEDDY BEAR CLINIC DREW 1,700 COMMUNITY MEMBERS FOR A DAY OF INTERACTIVE EDUCATION ON HEALTH AND WELLNESS. THE CLINIC EXPOSES CHILDREN AND THEIR FAMILIES TO HEALTHCARE PROFESSIONALS, MEDICAL PROCEDURES AND HOSPITAL DEPARTMENTS IN A FAMILY-FRIENDLY, RELAXED SETTING.

**PART VI, LINE 5:**

COMMUNITY HEALTH @ GREENWICH HOSPITAL WAS A MAJOR SPONSOR OF GREENWICH'S RELAY FOR LIFE, AN AMERICAN CANCER SOCIETY EVENT THAT BRINGS CANCER SURVIVORS TOGETHER TO CELEBRATE LIFE. THE EVENT RAISED APPROXIMATELY \$200,000 FOR THE AMERICAN CANCER SOCIETY. COMMUNITY HEALTH @ GREENWICH HOSPITAL PARTNERED WITH GREENWICH SCHOOLS, THE GREENWICH DEPARTMENT OF HEALTH, THE AMERICAN CANCER SOCIETY, GILDA'S CLUB AND THE BREAST CANCER ALLIANCE TO SPONSOR VARIOUS CANCER-AWARENESS EVENTS THAT PROVIDED EDUCATION ABOUT CANCER, AND THE IMPORTANCE OF EXAMS FOR EARLY DETECTION AND TREATMENT THERAPIES. THESE EVENTS INCLUDED GREENWICH THINKS PINK AND HANDS ACROSS THE AVENUE, WHICH DREW 550 WALKERS. GREENWICH HOSPITAL ALSO PARTICIPATED IN MAKING STRIDES AGAINST BREAST CANCER AND THE WESTPORT

**Part VI Supplemental Information**

CANCER WALK AT SHERWOOD ISLAND.

SHED YOUR MEDS, AN ANNUAL PUBLIC SAFETY EVENT WHICH ENCOURAGES RESIDENTS TO GET RID OF UNWANTED OR EXPIRED MEDICATIONS, IS SPONSORED BY GREENWICH HOSPITAL, THE TOWN OF GREENWICH, THE GREENWICH POLICE DEPARTMENT, CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION, THE SILVER SHIELD OF GREENWICH, GREENWICH YOUTH SERVICES COUNCIL, COMMUNITY AND POLICE PARTNERSHIP AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP.

AS PART OF ITS OUTREACH MISSION, COMMUNITY HEALTH AT GREENWICH HOSPITAL OPERATES A SPEAKER'S BUREAU TO PROMOTE HEALTH EDUCATION AND AWARENESS IN THE COMMUNITY. IN 2013, GREENWICH HOSPITAL PHYSICIANS, NURSES, DIETICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS AND PHARMACISTS CONDUCTED FREE LECTURES AT LIBRARIES, SENIOR CENTERS, SCHOOLS, CORPORATIONS AND COMMUNITY SERVICES SUCH AS ROTARY CLUBS, 40/40 CLUB, YWCA AND YMCA IN THE CONNECTICUT AND WESTCHESTER COMMUNITIES. TOPICS INCLUDED DIABETES, STROKE, HEART ATTACK PREVENTION, BREAST, SKIN AND COLON CANCER AWARENESS, CHOLESTEROL REDUCTION, HEALTHY LIFESTYLES AND HABITS, HYGIENE, HEART HEALTH, IMMUNIZATION, NUTRITION, OSTEOPOROSIS, KNOWING YOUR NUMBERS, PARKINSON'S DISEASE, PROSTATE HEALTH, ROBOTIC SURGERY, SMOKING PREVENTION/CESSATION AND WEIGHT MANAGEMENT.

**SUPPLEMENTAL INFORMATION**

IN ADDITION TO THE ACTIVITIES DESCRIBED, GREENWICH HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A COMMUNITY BOARD WITH MANY OF THE BOARD MEMBERS RESIDING OR

**Part VI Supplemental Information**

WORKING IN THE TOWN OF GREENWICH AND OTHER MUNICIPALITIES SERVED BY THE HOSPITAL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. IN FY 2013, 25 NEW PHYSICIANS JOINED THE MEDICAL STAFF, WHICH NOW TOTALS 545 MEMBERS.

UNDER THE LEADERSHIP OF ITS BOARD OF TRUSTEES AND THE SENIOR ADMINISTRATION, GREENWICH HOSPITAL ACHIEVED STRONG PERFORMANCE IN 2013. THE HOSPITAL ADDED VALUE TO ITS PATIENTS, PARTNERS AND COMMUNITY THROUGH IMPROVED PATIENT CARE, MANAGED COSTS AND ENHANCED REVENUE. HIGHLIGHTS OF THE YEAR AT GREENWICH HOSPITAL INCLUDED:

YALE-NEW HAVEN'S SMILOW CANCER HOSPITAL OPENED A NEW CAMPUS AT GREENWICH HOSPITAL THAT ALLOWS YALE CANCER CENTER SPECIALISTS TO WORK COLLABORATIVELY WITH LEADING ONCOLOGISTS AND SPECIALISTS FROM GREENWICH IN THE HOSPITAL'S ADVANCED AND NEWLY RENOVATED FACILITIES. YALE CANCER CENTER ALSO HAS NUMEROUS CLINICAL TRIALS AVAILABLE, MANY OF WHICH ARE NOW BEING OFFERED TO GREENWICH PATIENTS.

GREENWICH HOSPITAL OPENED A PEDIATRIC SPECIALTY CENTER SERVING THE NEEDS OF PEDIATRIC PATIENTS IN THE GREENWICH HOSPITAL SERVICE AREA. GENERAL PEDIATRIC CARE IS PROVIDED FIVE DAYS A WEEK. IN ADDITION, SPECIALISTS FROM YALE-NEW HAVEN CHILDREN'S HOSPITAL PROVIDE PEDIATRIC SPECIALTY CARE INCLUDING ENDOCRINOLOGY, PULMONOLOGY, GASTROENTEROLOGY AND ORTHOPAEDIC SPECIALTY SURGERY CONSULTATION SERVICES.

GREENWICH HOSPITAL CREATED AND IMPLEMENTED AN INNOVATIVE VIDEO SURVEILLANCE PROGRAM TO MONITOR PATIENTS AT HIGH RISK OF FALLING. IN THE ONE-YEAR PERIOD FROM JUNE 2012 TO JUNE 2013, GREENWICH HOSPITAL HAD OVER 1,600 PATIENTS IN THE PROGRAM, WITH ONLY ONE FALL, AND PREVENTED MORE THAN

**Part VI Supplemental Information**

25,000 FALL OPPORTUNITIES. THE PROGRAM HAS RECEIVED NATIONAL ATTENTION.

COMMUNITY MEMBERS UTILIZE GREENWICH HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2013, 692 ADULT AND JUNIOR VOLUNTEERS DEDICATED A TOTAL OF 59,055 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN MANY PATIENTS AND NON-PATIENT AREAS INCLUDING THE ED, PATIENT TRANSPORT/ESCORT, ONCOLOGY, SURGERY, PAIN MANAGEMENT, MATERNITY, NICU, HUMAN RESOURCES AND INFORMATION SERVICES.

PART VI, LINE 6: THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization

**GREENWICH HOSPITAL**Employer identification number  
**06-0646659****Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
YWCA OF GREENWICH 259 E PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	25,000.	0.			SUPPORT ORGANIZATION
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)(3)	55,000.	0.			SUPPORT ORGANIZATION
AMERICAN CANCER SOCIETY 372 DANBURY ROAD WILTON, CT 06897	13-1788491	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
VILLAGE OF RYE BROOK 938 KING STREET RYE BROOK, NY 10573	13-3830232	501(C)(3)	5,000.	0.			SUPPORT ORGANIZATION
STAMFORD HOSPITAL 166 W BROAD STREET STAMFORD, CT 06904	06-0646917	501(C)(3)	5,900.	0.			SUPPORT ORGANIZATION
ONS FOUNDATION 6 GREENWICH OFFICE PARK GREENWICH, CT 06831	26-1394760	501(C)(3)	15,000.	0.			SUPPORT ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ► **11.**

3 Enter total number of other organizations listed in the line 1 table ..... ► **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT NURSES FOUNDATION 377 RESEARCH PARKWAY MERIDEN, CT 06450	06-0302545	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
LYME RESEARCH ALLIANCE 2001 WEST MAIN STREET STAMFORD, CT 06902	06-1559393	501(C)(3)	20,000.	0.			SUPPORT ORGANIZATION
COLUMBUS CITIZENS FOUNDATION 8 E 69TH STREET NEW YORK, NY 10021	13-6118967	501(C)(3)	7,500.	0.			SUPPORT ORGANIZATION
FAMILY CENTERS INC (CENTER FOR HOPE) - PO BOX 7550 - GREENWICH, CT 06836	06-0646656	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
GEMS 111 E PUTNAM AVE RIVERSIDE, CT 06878	22-2721171	501(C)(3)	91,000.	0.			SUPPORT ORGANIZATION

### Part III

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

## Part IV

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2:

## PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS -

NONE OF THE AMOUNT REPORTED ON SCHEDULE I, PART II ARE GRANTS. THESE

AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN

## THE FURTHERANCE OF THEIR MISSION.

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
 ► Attach to Form 990. ► See separate instructions.

2012

Open to Public  
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number  
06-0646659

## Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? .....

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

c Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

## Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? .....

b Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? .....

b Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANK A. CORVINO PRESIDENT/CEO/DIRECTOR	(i) 518,581.	191,204.	151,029.	89,115.	13,299.	963,228.	46,166.
	(ii) 279,236.	102,956.	81,323.	47,985.	7,161.	518,661.	24,858.
(2) GAYLE L. CAPOZZALO DIRECTOR	(i) 63,222.	24,782.	26,648.	14,320.	1,817.	130,789.	0.
	(ii) 569,000.	223,038.	239,834.	128,880.	16,354.	1,177,106.	0.
(3) BRIAN DORAN, M.D. SVP, MEDICAL SERVICE	(i) 396,062.	103,784.	17,877.	32,780.	31,272.	581,775.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE BEECHNER VP	(i) 127,364.	24,244.	6,984.	11,106.	21,717.	191,415.	2,149.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) DEBORAH HODYS VICE PRESIDENT	(i) 302,823.	56,819.	17,026.	13,629.	20,327.	410,624.	7,544.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) EUGENE J. COLUCCI SVP	(i) 175,225.	50,845.	30,342.	63,776.	9,275.	329,463.	0.
	(ii) 214,164.	62,143.	37,085.	77,949.	11,337.	402,678.	0.
(7) GEORGE PAWLUSH VP	(i) 160,358.	45,989.	24,171.	15,605.	18,256.	264,379.	5,008.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) MARC KOSAK VP	(i) 188,067.	31,683.	17,258.	14,556.	26,060.	277,624.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) MELISSA TURNER SVP	(i) 113,173.	30,769.	21,572.	42,409.	13,049.	220,972.	0.
	(ii) 113,173.	30,769.	21,572.	42,409.	13,049.	220,972.	0.
(10) NANCY LEVITT-ROSENTHAL SVP	(i) 289,761.	72,626.	39,778.	115,611.	1,309.	519,085.	5,175.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) STEPHEN CARBERY VP	(i) 208,959.	54,458.	30,170.	58,059.	16,840.	368,486.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) SUSAN BROWN SVP	(i) 282,907.	50,231.	1,900.	34,992.	16,384.	386,414.	11,132.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) ERIC DIAMOND PATHOLOGIST	(i) 461,525.	0.	27,105.	34,992.	16,808.	540,430.	10,580.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) MARVIN LIPSCHUTZ, M.D. CHIEF OF QUALITY	(i) 368,372.	64,084.	24,002.	12,885.	29,366.	498,709.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) RICHARD EISEN PATHOLOGIST	(i) 482,736.	9,891.	23,601.	22,500.	22,521.	561,249.	10,580.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) VICKI ALTMAYER PATHOLOGIST	(i) 489,276.	21,776.	26,274.	34,992.	18,967.	591,285.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

	SEVERENCE	NONQUALIFIED	EQUITY-BASED
EUGENE COLUCCI	\$0	\$64,625	\$0
NANCY LEVITT-ROSENTHAL	\$0	\$48,511	\$0
MELISSA TURNER	\$0	\$37,518	\$0

THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL  
 NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS  
 REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH  
 THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT  
 WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS.

INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS  
 RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION  
 II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2012 CALENDAR YEAR THAT  
 WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2012  
 CALENDAR YEAR FORM W-2.

FRANK CORVINO	\$ 128,277
QUINTON FRIESSEN	\$ 145,221

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

GAYLE CAPOZZALO      \$ 185,042

ONE FORMER OFFICER RECEIVED A PAYMENT FROM A NONQUALIFIED PLAN. THIS  
AMOUNT IS NOT INCLUDED IN COLUMN B OR C. THE FOLLOWING PAYMENT WAS MADE  
DIRECTLY TO HIM FROM THE RABBI TRUST:

QUINTON J. FRIESEN      \$ 31,921

THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE  
PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER  
SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT  
EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL  
RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION  
ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN  
UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY  
COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY  
ACT OF 1974 (ERISA).

PART I, LINE 7: THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE  
COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF

### **Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990. ► See separate instructions.

**2012**  
Open to Public  
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number  
**06-0646659**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA	06-0806186	20774UYC3	05/07/08	53,630,000	REFINANCE SERIES B		X		X		X
B											
C											
D											

**Part II Proceeds**

		A	B	C	D
1	Amount of bonds retired .....				
2	Amount of bonds legally defeased .....				
3	Total proceeds of issue .....	53,630,000.			
4	Gross proceeds in reserve funds .....				
5	Capitalized interest from proceeds .....				
6	Proceeds in refunding escrows .....				
7	Issuance costs from proceeds .....	477,359.			
8	Credit enhancement from proceeds .....	72,256.			
9	Working capital expenditures from proceeds .....				
10	Capital expenditures from proceeds .....				
11	Other spent proceeds .....	53,080,385.			
12	Other unspent proceeds .....				
13	Year of substantial completion .....	2008			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? .....	X			
15	Were the bonds issued as part of an advance refunding issue? .....		X		
16	Has the final allocation of proceeds been made? .....	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X			

**Part III Private Business Use**

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? .....	X							

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....		X						
c Are there any research agreements that may result in private business use of bond-financed property? .....	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	►	.77	%					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	►	1.37	%					
6 Total of lines 4 and 5 .....		2.14	%					
7 Does the bond issue meet the private security or payment test? .....		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T? .....		X						
2 If "No" to line 1, did the following apply? .....			X					
a Rebate not due yet? .....		X						
b Exception to rebate? .....		X						
c No rebate due? .....		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period? .....		X						
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**

(A) ISSUER NAME: CHEFA

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2009

**SCHEDULE K, SUPPLEMENTAL INFORMATION: REFINANCE ISSUANCE DATE 4/6/2006**

**PART III, LINE 3C**

THE ORGANIZATION HAS IN-HOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS. IN-HOUSE COUNSEL CONSULT WITH THE HOSPITAL'S OUTSIDE BOND COUNSEL AS NEEDED, INCLUDING ON NON-ROUTINE ISSUES.

**PART III, LINE 9**

THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE. IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATION WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

## **Transactions With Interested Persons**

OMB No. 1545-0047

**2012**

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions

---

Name of the organization

**Employer identification number**  
06-0646659

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ► \$

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

**Total** ..... ► \$

### **Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

**LHA For Paperwork Reduction Act Notice: see the Instructions for Form 990 or 990-EZ.**

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Schedule L (Form 990 or 990-EZ) 2012

232131  
12-03-12

## **Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV, COLUMN D

NAME OF INTERESTED PERSON: CENTURY FINANCIAL SERVICES, INC.

OFFICER EUGENE COLUCCI IS AN OFFICER AND DIRECTOR OF CENTURY FINANCIAL SERVICES, INC.

CENTURY FINANCIAL SERVICES, INC. PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL. A PORTION OF CENTURY FINANCIAL SERVICES, INC. IS OWNED, DIRECTLY OR INDIRECTLY, BY RELATED ORGANIZATIONS OF THE HOSPITAL.

AMOUNT OF TRANSACTION: \$304,518.

SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR  
DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE  
SYSTEM. THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF  
THESE TAXABLE AFFILIATES. THESE TRANSACTIONS HAVE BEEN REPORTED AND  
DISCLOSED ON SCHEDULE R. THEY ARE NOT BEING REPORTED AGAIN HERE  
BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL  
INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF  
THEIR ROLES AT THE ORGANIZATION.

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREENWICH HOSPITAL

Employer identification number  
06-0646659

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		13,376.	FAIR MARKET VALUE
5 Clothing and household goods .....	X		62,143.	FAIR MARKET VALUE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	3	33,513.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....	X	1	1,500.	FAIR MARKET VALUE
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( VACACTION / ENT ) .....	X	24	191,655.	FAIR MARKET VALUE
26 Other ► ( MISCELLANEOUS ) .....	X	378	165,230.	FAIR MARKET VALUE
27 Other ► ( PHOTOGRAPHY ) .....	X	3	8,200.	FAIR MARKET VALUE
28 Other ► ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number  
06-0646659

### FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE THAN 12,000 INPATIENT DISCHARGES AND NEARLY 300,000 OUTPATIENT ENCOUNTERS LAST YEAR. THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS. SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M. AND HARRY B. HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R. PIVIOTTO CENTER FOR HEALTHY LIVING, AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD.

DURING FISCAL YEAR 2013, GREENWICH HOSPITAL PROVIDED APPROXIMATELY \$31.6 MILLION IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES \$24.7 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$3.1 MILLION IN HEALTH PROFESSIONS EDUCATION AND \$3.8 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL \$279,000 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING. GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.

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**FORM 990, PART VI: PART I, LINE 4 & PART VI, LINE 1B**

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**NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY**

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THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT 18 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO REASON TO BELIEVE THAT THE REMAINING 2 INDEPENDENT VOTING MEMBERS ARE NOT INDEPENDENT.

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FORM 990, PART VI, SECTION A, LINE 2: TRUSTEE WILLIAM R. BERKLEY, JR. AND OFFICER/TRUSTEE FRANK A. CORVINO ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY.

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SOME OF THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION. THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE: GREENWICH HEALTH SERVICES, INC., GREENWICH PEDIATRIC SERVICES, P.C., GREENWICH INTEGRATIVE MEDICINE, P.C. AND GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.

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FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS:

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THE HOSPITAL IS A CONNECTICUT NON-STOCK CORPORATION. ITS SOLE MEMBER IS GREENWICH HEALTH CARE SERVICES, INC. ("GHCSI"), ITSELF A CONNECTICUT NON-STOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR RIGHTS:

YALE NEW HAVEN HEALTH SERVICES CORPORATION (YNHHS), THE SOLE MEMBER OF GHCSI (THE HOSPITAL'S SOLE MEMBER), HAS THE AUTHORITY TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AND APPROVE NOMINEES TO THE HOSPITAL'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE HOSPITAL'S BYLAWS AND THAT CERTAIN SYSTEM AFFILIATION AGREEMENT (THE "AFFILIATION AGREEMENT") BY AND AMONG YNHHS, GHCSI AND THE HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS SUBJECT TO APPROVAL OF MEMBERS:

THE HOSPITAL HAS RESERVED POWERS TO BOTH GHCSI AND YNHHS.

GHCSI: GHCSI, IN ITS CAPACITY AS THE SOLE MEMBER OF THE HOSPITAL, HAS ONLY THOSE RIGHTS, POWERS AND PRIVILEGES REQUIRED BY LAW TO BE ACCORDED TO MEMBERS OF A NONSTOCK, NONPROFIT CORPORATION.

YNHHS: IN ACCORDANCE WITH THE HOSPITAL'S BYLAWS AND THE AFFILIATION AGREEMENT, YNHHS HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES VIS-A-VIS THE HOSPITAL:

(A) TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AT THE PLEASURE OF YNHHS, WHICH DESIGNEE SHALL BE A VOTING MEMBER OF THE EXECUTIVE OR ANY SIMILAR COMMITTEE OF THE HOSPITAL;

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(B) TO APPROVE THE NOMINEES TO THE BOARD OF TRUSTEES OF THE HOSPITAL IN ACCORDANCE WITH THE PROVISIONS OF SECTION 3.3 OF THE HOSPITAL BYLAWS AND SECTION 4.2 OF THE AFFILIATION AGREEMENT;

(C) TO DIRECT THE HOSPITAL BOARD OF TRUSTEES TO REMOVE ANY HOSPITAL TRUSTEE IN ACCORDANCE WITH PROVISIONS OF THE HOSPITAL BYLAWS AND THE AFFILIATION AGREEMENT;

(D) TO APPROVE THE HOSPITAL'S ANNUAL OPERATING AND CAPITAL BUDGETS AND STRATEGIC PLANS; AND

(E) TO CONSENT TO

(I) THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE HOSPITAL'S ASSETS,

(II) ANY MERGER OR CONSOLIDATION INVOLVING THE HOSPITAL,

(III) ANY CONTRACT TO MANAGE OR ADMINISTER THE HOSPITAL OR ANY SUBSTANTIAL PART OF THE BUSINESS OF THE HOSPITAL,

(IV) ANY LIQUIDATION OR DISSOLUTION OF THE HOSPITAL OR FILING FOR BANKRUPTCY OR SIMILAR PROTECTION, OR

(V) ANY CHANGE IN THE NAME OF THE HOSPITAL.

FURTHER, IN ACCORDANCE WITH THE HOSPITAL BYLAWS, GHCSI AND YNHHS MUST EACH APPROVE ANY AMENDMENT TO THE HOSPITAL'S CERTIFICATE OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S PROCESS TO REVIEW FORM 990:

THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT. THE RETURN IS INITIALLY REVIEWED BY THE HOSPITAL DIRECTOR OF CORPORATE FINANCE. SUBSEQUENTLY, IT IS SENT TO ERNST & YOUNG US LLP FOR THEIR INITIAL REVIEW. AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF

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FINANCIAL OFFICER OF THE HOSPITAL AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US LLP FOR FINAL REVIEW. PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES BY WEB PORTAL.

FORM 990, PART VI, SECTION B, LINE 12C: GREENWICH HOSPITAL IS COVERED UNDER THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY. THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC:R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES. THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT. THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT HE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST. FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP OFFICIALS:

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THE TOP OFFICIAL IS AN EMPLOYEE OF YNHHS. THE EXECUTIVE COMPENSATION COMMITTEES OF GREENWICH HOSPITAL AND YNHHS STRIVE TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEES ARE RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR THEIR RESPECTIVE CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR RESPECTIVE CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL GREENWICH HOSPITAL AND YNHHS BOARDS ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEES EXPRESSLY DETERMINE THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEES CONSIST OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEES. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEES IN THEIR COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEES. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEES, AND PROVIDED TO THE BOARDS OF YNHHS AND THE HOSPITAL.

## COMPENSATION PROCESS FOR OFFICERS

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CERTAIN OFFICERS ARE EMPLOYEES OF YNHHS, OTHER OFFICERS ARE EMPLOYED DIRECTLY BY THE HOSPITAL. COMPENSATION DETERMINATIONS OF YNHHS EMPLOYEES ARE MADE BOTH BY THE COMPENSATION COMMITTEES AND BOARDS OF YNHHS AND THE HOSPITAL. COMPENSATION DETERMINATION OF THE HOSPITAL EMPLOYEES ARE MADE BY THE HOSPITAL'S COMPENSATION COMMITTEE AND BOARD. THE EXECUTIVE COMPENSATION COMMITTEES OF GREENWICH HOSPITAL AND YNHHS STRIVE TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEES ARE RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL THEIR RESPECTIVE CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL GREENWICH HOSPITAL AND YNHHS BOARD ON AN ANNUAL BASIS, AS APPLICABLE. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEES, AS APPLICABLE, EXPRESSLY DETERMINE THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEES CONSIST OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEES. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEES IN THEIR COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEES. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEES

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ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEES, AND PROVIDED TO THE BOARDS OF YNHHS AND/OR THE HOSPITAL, AS APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE. COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE. COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SYSTEM SUPPORT:

PROGRAM SERVICE EXPENSES	197,777.
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MANAGEMENT AND GENERAL EXPENSES	31,708,690.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	31,906,467.
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**LAUNDERING SERVICE:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,142,558.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>37,186.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>1,179,744.</b>

**OTHER PURCHASED SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>9,406,918.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>4,914,503.</b>
<b>FUNDRAISING EXPENSES</b>	<b>3,335.</b>
<b>TOTAL EXPENSES</b>	<b>14,324,756.</b>

**PROFESSIONAL FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>8,773,754.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>87,771.</b>
<b>FUNDRAISING EXPENSES</b>	<b>21,337.</b>
<b>TOTAL EXPENSES</b>	<b>8,882,862.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>56,293,829.</b>

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

<b>PENSION ADJUSTMENT</b>	<b>32,327,000.</b>
<b>AMORTIZATION</b>	<b>-72,000.</b>
<b>TRANSFERS TO AFFILIATES</b>	<b>-9,988,000.</b>
<b>TRANSFERS FROM AFFILIATES</b>	<b>700,000.</b>
<b>ASSETS RELEASED FOR OPERATIONS</b>	<b>-3,621,000.</b>
<b>ASSETS RELEASED FOR NON-OPERATIONS</b>	<b>-5,000.</b>
<b>RESTRICTED CONTRIBUTIONS</b>	<b>4,312,000.</b>

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<b>REALIZED GAIN ON INVESTMENTS</b>	<b>828,000.</b>
<b>CHANGE IN FOUNDATION NET ASSETS</b>	<b>-5,121,685.</b>
<b>CHANGE IN AUXILIARY NET ASSETS</b>	<b>-186,107.</b>
<b>MISCELLANEOUS</b>	<b>-870.</b>
<b>BOOK TO TAX ITEMS - SEE SCH D, PART XI</b>	<b>6,752,230.</b>
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>25,924,568.</b>

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**Schedule O (Form 990 or 990-EZ) (2012)**

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**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
900 KING STREET ASSOCIATES, LLC - 26-0805259					
5 PERRYRIDGE ROAD					
GREENWICH, CT 06830	BUILDING OPERATIONS	CONNECTICUT	0.	0.	GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC - 26-2455578, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	3,602,408.	1,461,173.	GREENWICH HOSPITAL
GREENWICH PATHOLOGY ASSOCIATES, LLC - 06-6140101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	1,729,461.	330,158.	GREENWICH HOSPITAL

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	Yes	No
BRIDGEPORT HOSPITAL - 06-0646554					BRIDGEPORT HOSP & HEALTHCARE SERVICES			
267 GRANT STREET							X	
BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 3				
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP			X
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSP & HEALTHCARE SERVICES			X
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 7	BRIDGEPORT HOSP & HEALTHCARE SERVICES			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CARITAS INSURANCE - 03-0322238 30 MAIN STREET BURLINGTON, VT 05401	INSURANCE  HEALTHCARE  HEALTHCARE  HEALTHCARE  SYSTEM SUPPORT  TITLE HOLDING  SYSTEM SUPPORT  SYSTEM SUPPORT	VERMONT  CONNECTICUT  CONNECTICUT  CONNECTICUT  CONNECTICUT  CONNECTICUT  CONNECTICUT  CONNECTICUT	501C3  501C3  501C3  501C3  501C3  501C2  501C3  501C3	LINE 11A, I  LINE 11A, I  LINE 9  LINE 11A, I  LINE 11B, II  LINE 11A, I  LINE 11B, II  LINE 11A, I  LINE 3	YALE NEW HAVEN HOSPITAL  BRIDGEPORT HOSPITAL  YALE NEW HAVEN HEALTH SERVICES CORP  NORTHEAST MEDICAL GROUP, INC  GREENWICH HEALTH CARE SERVICES INC.  BRIDGEPORT HOSP & HEALTHCARE SERVICES  GREENWICH HEALTH CARE SERVICES INC.  N/A  YNH NETWORK CORP  YNH NETWORK CORP  YALE NEW HAVEN HEALTH SERVICES CORP  YALE NEW HAVEN HEALTH SERVICES CORP	X  X  X  X  X  X  X	
NORMA F PFREIM BREAST CANCER INC - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430							
NORTHEAST MEDICAL GROUP INC - 06-1330992 226 MILL HILL AVENUE BRIDGEPORT, CT 06610							
226 MILL HILL AVENUE BRIDGEPORT, CT 06610							
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830							
SCHS PROPERTIES INC - 06-1297708 267 GRANT STREET BRIDGEPORT, CT 06610							
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830							
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519							
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519							
YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504							
YNH NETWORK CORP - 06-1513687 789 HOWARD AVE NEW HAVEN, CT 06519							
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830							

## Part II Continuation of Identification of Related Tax-Exempt Organizations

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHC PHYSICIANS, P.C. - 06-1436530 789 HOWARD AVE	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		
NEW HAVEN, CT 06519								X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		
GREENWICH, CT 06830								X	
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		
GREENWICH, CT 06830								X	
GREENWICH INTEGRATIVE MEDICINE - 26-0236411 5 PERRYRIDGE ROAD	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A		
GREENWICH, CT 06830								X	
GREENWICH OCCUPATIONAL HEALTH SERV-NY - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		
								X	

## Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GREENWICH PEDIATRIC SERVICES PC - 74-3054409									
5 PERRYRIDGE ROAD									
GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER PHARMACY - 06-1087673									
50 YORK STREET									
NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY - 06-1110858									
50 YORK STREET									
NEW HAVEN, CT 06511	RENTAL	CT	N/A	C CORP	N/A	N/A	N/A	X	
QUINNIPIAC MEDICAL PC - 06-1405531									
789 HOWARD AVE									
NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YALE NEW HAVEN AMBULATORY SERVICES -									
06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT									
06510	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNH GERIATRIC SERVICES PC - 06-1561581									
789 HOWARD AVE									
NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNH MEDICAL SERVICES PC - 06-1561583									
789 HOWARD AVE									
NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305									
789 HOWARD AVE	ADMININISTRATIVE								
NEW HAVEN, CT 06519	SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHHS-MSO INC - 06-1467717									
789 HOWARD AVE									
NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YORK ENTERPRISES INC - 06-1110937									
50 YORK STREET									
NEW HAVEN, CT 06511	TITLE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES NJ -									
45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT									
06830	HEALTHCARE	NJ	N/A	C CORP	84,102.	84,102.	100.00%	X	
LUKAN INDEMNITY COMPANY - 98-1072793									
58 PAR-LA-VALLIS RD									
HAMILTON, BERMUDA, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	

**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PRIMARYNET OF CONNECTICUT, INC. - 06-1463534	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
789 HOWARD AVE									
NEW HAVEN, CT 06519									

## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN HEALTH SERVICES CORP	M	43,518,213	COMPARABLE MARKET VALUE
(2) PERRYRIDGE CORPORATION	K	1,118,568	COMPARABLE MARKET VALUE
(3) NORTHEAST MEDICAL GROUP	J	147,509	COMPARABLE MARKET VALUE
(4) GREENWICH HEALTH CARE SERVICES, INC.	R	9,969,283	CASH/NET ASSET TRANSFER
(5) GREENWICH HOSPITAL ENDOWMENT FUND	S	2,400,000	COMPARABLE MARKET VALUE
(6) GREENWICH HOSPITAL ENDOWMENT FUND	Q	62,500	COMPARABLE MARKET VALUE

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

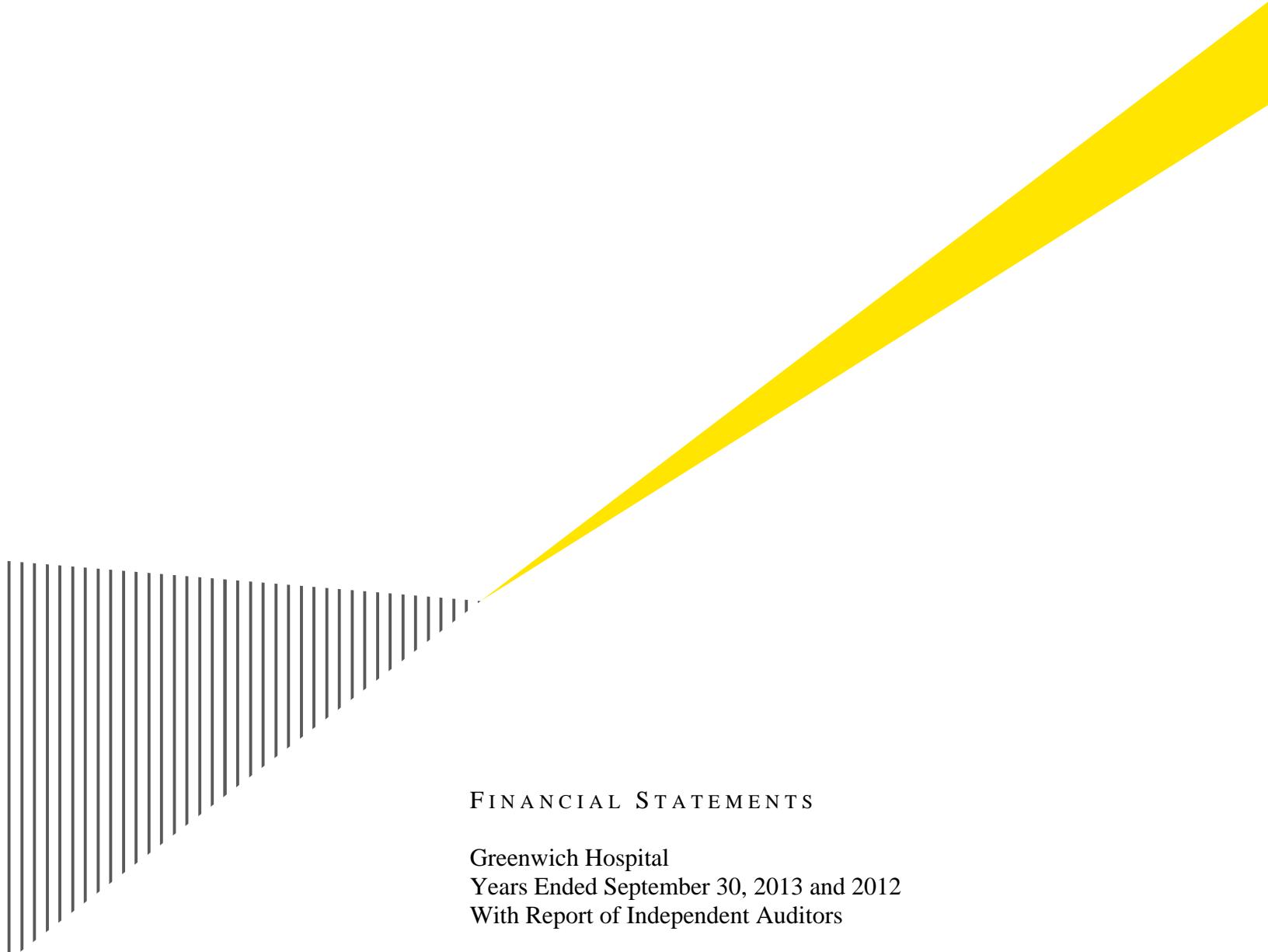
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)YALE NEW HAVEN HEALTH SERVICES CORP	M	38,868,943.	COMPARABLE MARKET VALUE
(8)YALE NEW HAVEN HEALTH SERVICES CORP	P	4,649,270.	COMPARABLE MARKET VALUE
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.).

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

## **Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).



## FINANCIAL STATEMENTS

Greenwich Hospital  
Years Ended September 30, 2013 and 2012  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

# Greenwich Hospital

## Financial Statements

Years Ended September 30, 2013 and 2012

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## Report of Independent Auditors

The Board of Trustees  
Greenwich Hospital

We have audited the accompanying financial statements of Greenwich Hospital (the "Hospital"), which comprise the statements of financial position as of September 30, 2013 and 2012, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greenwich Hospital at September 30, 2013 and 2012, and the results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

## **Change in Presentation of the Provision for Bad Debts**

As discussed in Note 1 to the accompanying financial statements, in 2013, the Hospital adopted the provisions of Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts in the accompanying statements of operations and changes in net assets effective October 1, 2011. Our opinion is not modified with respect to this matter.

*Ernst & Young LLP*

December 23, 2013

# Greenwich Hospital

## Balance Sheets

	<b>September 30</b>	
	<b>2013</b>	<b>2012</b>
<i>(In Thousands)</i>		
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 25,344	\$ 11,793
Short-term investments (Note 4)	<b>36,063</b>	33,533
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$19,092,000 in 2013, and \$19,737,000 in 2012 (Note 2)	<b>34,799</b>	36,589
Other receivables (Note 1)	<b>21,944</b>	17,852
Professional liabilities insurance recoveries receivable – current portion (Note 9)	<b>6,570</b>	2,173
Other current assets	<b>9,779</b>	8,662
Total current assets	<b>134,499</b>	110,602
Assets limited as to use (Note 4)	<b>33,475</b>	39,991
Beneficial interest in the net assets of the Foundation	<b>56,389</b>	51,267
Long-term investments (Note 4)	<b>45,989</b>	39,879
Due from affiliate (Note 12)	<b>501</b>	2,101
Professional liabilities insurance recoveries receivable – non-current (Note 9)	<b>13,962</b>	8,751
Other assets (Note 1)	<b>15,773</b>	16,060
Property, plant and equipment: (Note 1)		
Land and land improvements	<b>8,441</b>	8,441
Buildings and fixtures	<b>251,020</b>	244,783
Equipment	<b>163,134</b>	157,608
Less accumulated depreciation	<b>422,595</b>	410,832
	<b>(194,596)</b>	(177,284)
Construction in progress	<b>227,999</b>	233,548
	<b>138</b>	1,339
Total assets	<b>228,137</b>	234,887
	<b>\$ 528,725</b>	\$ 503,538

**Liabilities and net assets**

Current liabilities:

	<b>September 30</b>	
	<b>2013</b>	<b>2012</b>
Accounts payable	\$ 5,989	\$ 6,161
Accrued expenses (Note 12)	22,545	22,858
Professional liabilities – current portion (Note 9)	6,570	2,173
Current portion of long-term debt (Note 7)	2,505	2,430
Other current liabilities	12,215	19,016
<b>Total current liabilities</b>	<b>49,824</b>	52,638
Long-term debt, net of current portion (Note 7)	37,710	40,215
Accrued pension and postretirement benefit obligations (Note 8)	23,880	54,164
Professional liabilities (Note 9)	19,717	14,202
Interest rate swap (Note 7)	4,166	6,417
Other long-term liabilities (Note 2)	15,804	16,175
<b>Total liabilities</b>	<b>151,101</b>	183,811

Commitments and contingencies

Net assets: (Note 6)

Unrestricted	318,845	267,939
Temporarily restricted	36,543	29,999
Permanently restricted	22,236	21,789
<b>Total net assets</b>	<b>377,624</b>	319,727

Total liabilities and net assets

**\$ 528,725** **\$ 503,538**

*See accompanying notes.*

**Greenwich Hospital**  
**Statements of Operations and Changes in Net Assets**

	<b>Year Ended September 30</b>	
	<b>2013</b>	<b>2012</b>
	<i>(In Thousands)</i>	
<b>Operating revenue:</b>		
Net patient service revenue	\$ 327,698	\$ 304,346
Less: Provision for bad debts	<u>(14,716)</u>	<u>(14,042)</u>
Net patient service revenue, less provision for bad debts	<b>312,982</b>	290,304
Other revenue ( <i>Note 13</i> )	<b>19,797</b>	20,142
<b>Total operating revenue</b>	<b>332,779</b>	310,446
 <b>Operating expenses:</b>		
Salaries and benefits	152,296	152,662
Supplies and other	137,021	126,295
Depreciation	21,233	19,202
Interest ( <i>Note 7</i> )	469	358
<b>Total operating expenses</b>	<b>311,019</b>	298,517
Income from operations	<b>21,760</b>	11,929
 <b>Non-operating losses and gains:</b>		
Change in fair value of swap, including counterparty payments ( <i>Note 7</i> )	1,011	(1,713)
Change in unrealized gains and losses on investments	5,019	7,990
Other non-operating gains and losses, net ( <i>Note 13</i> )	140	(2,223)
<b>Excess of revenue over expenses</b>	<b>27,930</b>	15,983

## Greenwich Hospital

### Statements of Operations and Changes in Net Assets (continued)

	<b>Year Ended September 30</b>	
	<b>2013</b>	<b>2012</b>
	<i>(In Thousands)</i>	
<b>Unrestricted net assets:</b>		
Excess of revenue over expenses ( <i>continued</i> )	\$ 27,930	\$ 15,983
Other changes in net assets ( <i>Note 7</i> )	(72)	(79)
Transfers to affiliates ( <i>Note 12</i> )	(9,988)	(6,615)
Net assets released from restrictions for purchases of fixed assets	9	12
Transfer from Yale New Haven Health Services Corporation	700	700
Pension and other postretirement liability adjustments ( <i>Note 8</i> )	32,327	(8,397)
<b>Increase in unrestricted net assets</b>	<b>50,906</b>	1,604
<b>Temporarily restricted net assets:</b>		
Net realized gains and income from investments	805	1,338
Change in net unrealized gains and losses on investments	5,187	3,778
Bequests and contributions	4,187	4,218
Net assets released from restrictions for purchases of fixed assets	(9)	(12)
Net assets released from restriction for operations	(3,621)	(3,759)
Net assets released from restrictions for nonoperating activities	(5)	(139)
<b>Increase in temporarily restricted net assets</b>	<b>6,544</b>	5,424
<b>Permanently restricted net assets:</b>		
Contributions	125	100
Net realized gains on investments	23	7
Change in net unrealized gains and losses on investments	299	1,290
<b>Increase in permanently restricted net assets</b>	<b>447</b>	1,397
<b>Increase in net assets</b>	<b>57,897</b>	8,425
<b>Net assets at beginning of year</b>	<b>319,727</b>	311,302
<b>Net assets at end of year</b>	<b>\$ 377,624</b>	\$ 319,727

*See accompanying notes.*

Greenwich Hospital  
Statements of Cash Flows

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
<b>Operating activities</b>		
Increase in net assets	\$ 57,897	\$ 8,425
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	21,233	19,202
Change in net interest in the net assets of the Foundation	(5,122)	(5,441)
Net realized and change in net unrealized gains and losses on investments	11,333	(7,216)
Bequests and contributions	(4,312)	(6,098)
Pension and other postretirement liability adjustments	(32,327)	8,397
Change in fair value of interest rate swap agreement	(2,251)	423
Changes in operating assets and liabilities:		
Accounts receivable, net	1,790	(4,154)
Other receivables	(4,092)	(6,000)
Professional liabilities and related insurance recoveries receivable	304	(1,947)
Due from affiliate	1,600	2,600
Other assets	(830)	(8,772)
Accounts payable	(172)	(2,067)
Accrued expenses	(313)	2,190
Other current liabilities, accrued pension and post retirement benefit obligations and other long-term liabilities	(5,129)	6,654
Net cash provided by operating activities	<u>39,609</u>	6,196
<b>Investing activities</b>		
Acquisition of property, plant and equipment, net	(14,483)	(14,554)
Net change in investments and assets limited as to use	(13,457)	(15,736)
Net cash used in investing activities	<u>(27,940)</u>	(30,290)
<b>Financing activities</b>		
Bequests, contributions and grants	4,312	6,098
Repayment of long-term debt	(2,430)	(2,360)
Net cash provided by financing activities	<u>1,882</u>	3,738
Net increase (decrease) in cash and cash equivalents	<u>13,551</u>	(20,356)
Cash and cash equivalents at beginning of year	11,793	32,149
Cash and cash equivalents at end of year	<u>\$ 25,344</u>	\$ 11,793

*See accompanying notes.*

# Greenwich Hospital

## Notes to Financial Statements

September 30, 2013

### **1. Organization and Significant Accounting Policies**

#### **Organization**

Greenwich Hospital (the Hospital) is a not-for-profit acute care hospital located in Greenwich, Connecticut. The Greenwich Hospital Endowment Fund, Inc. (the Foundation) has been included as part of the reporting entity of the Hospital, based upon the financial interrelationship between the two organizations. The accompanying financial statements have been prepared from the separate records maintained by the Hospital and the Foundation. The Hospital's sole member is Greenwich Health Care Services, Inc. (GHCS or the Parent).

Yale-New Haven Health Services Corporation (YNHHSC) is the sole member of GHCS and two similar organizations. Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional health care providers and related entities. Under the terms of an agreement with YNHHSC, GHCS continues to operate autonomously with separate boards, management and medical staff; however, YNHHSC approves the strategic plans, operating and capital budgets, and board appointments.

The Foundation is a 501(c)(3) organization whose tax-exempt status is based upon its support of the Hospital and is a stand-alone corporation with its own board of directors. The Foundation was formed without variance power to receive and administer funds for the benefit of the Hospital, GHCS and any or all of their affiliates, which are exempt from federal income tax.

#### **Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, estimated settlements with third-party payors and professional insurance liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue reported during the year. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

During fiscal 2013 and 2012, the Hospital recorded a change in estimate of approximately \$(0.3) million and \$2.5 million, respectively. Included in the change are amounts related to third-party payor settlements at September 30, 2013 and 2012, respectively.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

##### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose and appreciation on permanently restricted net assets. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital and Foundation in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value.

Certain restricted funds investments are pooled with certain unrestricted investments to facilitate their management. Investment income is allocated to the restricted funds based on a percentage of total initial endowment to total corpus. The Board of Trustees approves spending for certain pooled funds based on total return. Realized gains and losses from the sale of securities are computed using the average cost method.

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor imposed restrictions, if any, on the contributions.

##### **Donor Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets.

##### **Cash and Cash Equivalents**

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as assets limited as to use and which are not maintained in the investment portfolios.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

Cash and cash equivalents are maintained with domestic financial institutions with deposits which exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of the financial institutions.

#### **Accounts Receivable**

Patient accounts receivable result from the healthcare services provided by the Hospital. Changes to the allowance for doubtful accounts result from changes to the provision for bad debts. Accounts written off as uncollectible are recorded as bad debt expense.

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

#### **Investments**

The Hospital has designated its investment portfolio as trading. Investment income or loss (including realized gains and losses on investments, interest and dividends) and the change in net unrealized gains and losses are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

Investments in equity securities with readily determinable fair values and investments in debt securities are measured at fair value (quoted market prices) in the accompanying balance sheets.

To diversify its investment portfolio and to enhance opportunities for increased rate of return, the Hospital has invested in alternative investments. Alternative investments include investments in non-marketable and market-traded debt and equity securities. Alternative investments are accounted for under the equity method, which is estimated using the net asset values of each alternative investment. Net asset values of these investments, provided by the investment manager or general partner, are primarily based upon financial data derived from underlying securities and other financial instruments and estimates that require varying degrees of judgment. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

investment. The financial statements of the investees are audited annually by independent auditors. Certain alternative investments are subject to various withdrawal restrictions regarding timing, fees and enhanced disclosure required transaction limits at September 30, 2013 and 2012. Future funding commitments for alternative investments aggregated approximately \$1.2 million at September 30, 2013.

Short-term investments represent those securities that are available for the Hospital's operations and can be converted to cash within one year.

#### **Inventories**

Inventories are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method.

#### **Assets Limited as to Use**

Assets so classified represent assets held by trustees under indenture agreements, beneficial interest in perpetual trusts and designated assets set aside by the Board of Trustees for future capital improvements and other Board approved uses. The Board of Trustees retains control and, at its discretion, may use for other purposes assets limited as to use for plant improvements and expansion. Amounts required to meet current liabilities are reported as current assets. These funds primarily consist of U.S. government securities, mutual funds, and money market funds.

#### **Perpetual Trusts**

The Hospital is the beneficiary of certain perpetual trusts held and administered by others. The present values of the estimated future cash receipts, which are measured based on the fair value of the assets held by the trust, are recognized as assets and contribution revenues at the dates the trusts are established. Distributions from the trusts related to earnings and investment income are recorded as contributions and the carrying value of the assets is adjusted for changes in the fair value.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

##### **Interest Rate Swap Agreements**

The Hospital utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. Interest rate swap agreements are reported at fair value. The Hospital is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Hospital is also exposed to the risk that the swap receipts may not offset its variable rate debt service. To the extent these variable rate payments do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Hospital.

##### **Beneficial Interest in the Net Assets of the Foundation**

The Hospital has recognized its beneficial interest in the net assets of the Foundation. The investment is decreased when the Foundation makes distributions to the Hospital.

##### **Deferred Financing Costs**

Issuance costs, included in other assets, related to the Hospital's bond issuance are being amortized over the term of the applicable indebtedness using the effective interest method. The accumulated amortization of deferred financing costs was approximately \$0.2 million and \$0.1 million for September 30, 2013 and 2012, respectively. Amortization, included in interest expense in the accompanying statements of operations and changes in net assets, was approximately \$30,000 for the years ended September 30, 2013 and 2012.

##### **Beneficial Interest in Trusts**

The Hospital has recognized its beneficial interest in trusts held by a third party at fair value. Under these arrangements, the Hospital is receiving distributions to fund free care programs. The Hospital received distributions of approximately \$400,000 and \$500,000 for the years ended September 30, 2013 and 2012, respectively.

# Greenwich Hospital

## Notes to Financial Statements (continued)

### **1. Organization and Significant Accounting Policies (continued)**

#### **Beneficial Interest in Remainder Trusts**

The Hospital is the ultimate beneficiary of certain charitable remainder trusts and similar arrangements. Under most of these arrangements, the Hospital is not receiving any distributions, but will be entitled to the remaining assets in the trust upon the death of the donor and any other named beneficiaries. In certain cases, use of such assets ultimately to be received by the Hospital is restricted to specific purposes.

#### **Benefits and Insurance**

The Hospital provides medical, dental, hospitalization and prescription drug benefits to employees for which it is self-insured. Liabilities have been accrued for claims, including claims incurred but not reported (IBNRs), which are based on Hospital-specific experience. At September 30, 2013 and 2012, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately \$0.9 million and \$1.2 million, respectively, and is included in accrued expenses in the accompanying balance sheets.

The Hospital is effectively self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including IBNRs, which are based on Hospital-specific experience. At September 30, 2013 and 2012, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 2.5% in 2013 and 3.0% in 2012, aggregated approximately \$2.3 million and \$2.8 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

#### **Professional Liability Insurance**

The Hospital participates in the YNHHSC coordinated professional liability program. Based on the terms of the agreement with YNHHSC, the Hospital records the actuarially determined liabilities for professional and general liabilities.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

##### **Property, Plant, and Equipment**

Property, plant, and equipment purchased are carried at cost, and those acquired by gifts and bequests are carried at fair value established at date of contribution. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in income from operations. Depreciation of property, plant, and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives, ranging from 3 to 50 years. The cost of additions and improvements are capitalized and expenditures for repairs and maintenance, including the cost of replacing minor items not considered substantial enhancements, are expensed as incurred.

##### **Excess of Revenue Over Expenses**

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator. Peripheral or incidental transactions are included in excess of revenue and gains over expenses. Those gains and losses deemed by management to be closely related to ongoing operations are included in other revenue; other gains and losses are classified as nonoperating.

Contributions of, or restricted to, property, plant and equipment, transfers of assets to and from affiliates for other than goods and services, and pension adjustments are excluded from the performance indicator but are included in the changes in net assets.

##### **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code), and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital also is exempt from state income tax.

##### **Impairment of Assets**

The Hospital reviews property, equipment and intangible assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. If such impairment indicators are present, the Hospital recognizes a loss on the basis of whether these amounts are fully recoverable.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

##### **New Accounting Pronouncement**

In July 2011, the Financial Accounting Standards Board issued Accounting Standards Update (“ASU”) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (“ASU No. 2011-07”). In accordance with ASU No. 2011-07, the Hospital changed the presentation of its statement of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue, similar to contractual allowances and discounts. Additionally, the Hospital has provided enhanced disclosures about its policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The Hospital adopted this accounting standard update as of October 1, 2012, and retrospectively applied the presentation of the provision for bad debts in the accompanying consolidated statements of operations and changes in net assets to all periods presented. The enhanced disclosure requirements are required in the period of adoption and subsequent reporting periods (see Note 2). The Hospital’s adoption of this update has no effect on the previously reported excess of revenue over expenses or on net assets.

##### **Reclassifications**

Certain reclassifications have been made to the year ended September 30, 2012 balances previously reported in the financial statements in order to conform with the year ended September 30, 2013 presentation, including the reclassification of provision for doubtful accounts on the statements of operations and changes in net assets related to the adoption of ASU 2011-07.

#### **2. Accounts Receivable for Services to Patients and Net Patient Service Revenue**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)**

revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

Third-party payor receivables included in other receivables were \$2.3 million and \$2.2 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other current liabilities were \$3.9 million and \$3.2 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other long-term liabilities were \$12.1 million and \$11.3 million at September 30, 2013 and 2012, respectively.

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare, Medicaid and other third-party payors for adjustments to current and prior year payment rates, based on industry-wide and hospital-specific data. Such amounts are included in the accompanying balance sheets. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Revenue from Medicare and Medicaid programs accounted for approximately 28% and 3%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2013 and approximately 27% and 3%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 5%, respectively, for the year ended September 30, 2013, and approximately 38% and 6%, respectively, for the year ended September 30, 2012. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2011 for Medicare and 1995 for Medicaid. Other years remain open for settlement.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)**

The significant concentrations of accounts receivable for services to patients include 30% from Medicare, 5% from Medicaid, and 65% from non-governmental payors at September 30, 2013 and 33% from Medicare, 3% from Medicaid, and 64% from non-governmental payors at September 30, 2012.

Net patient service revenue is comprised of the following for the years ended September 30, 2013 and 2012, (in thousands):

	<b>2013</b>	<b>2012</b>
Gross revenue at charges	<b>\$ 1,081,143</b>	\$ 971,611
Deductions:		
Contractual allowances	<b>737,594</b>	645,389
Charity and free care (at charges)	<b>15,851</b>	21,876
Provision for doubtful accounts	<b>14,716</b>	14,042
Net patient service revenue	<b>\$ 312,982</b>	\$ 290,304

Patient service revenue for the year ended September 30, 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources based on primary insurance designation, is as follows:

	<b>Third-Party</b>	<b>Self-Pay</b>	<b>Total All Payors</b>
	<i>(in thousands)</i>		
Patient service revenue (net of contractual allowances and discounts)	\$319,268	\$8,430	\$327,698

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience. Accounts receivable are also reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)**

major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts totaled approximately \$19.1 million and \$19.7 million at September 30, 2013 and 2012, respectively. The allowance for doubtful accounts for self-pay patients was approximately 60.1% and 51.6% of self-pay accounts receivable as of September 30, 2013 and 2012, respectively. Overall, the total of self-pay discounts and write-offs did not change significantly in 2013. The Hospital did not experience significant changes in write-off trends and did not change its charity care policy in 2013.

#### **3. Uncompensated Care and Community Benefit Expense**

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$11.2 million and \$13.2 million for the years ended September 30, 2013 and 2012, respectively. The estimated cost of uncompensated care is determined by the Hospital's cost accounting system. This analysis calculates the actual percentage of accounts written off or designated as bad debt vs. charity care while taking into account the total costs incurred by the hospital for each account analyzed.

The estimated cost of charity care provided was \$5.8 million and \$8.1 million for the years ended September 30, 2013 and 2012, respectively. The estimated cost of charity care is determined by the Hospital's cost accounting system.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **3. Uncompensated Care and Community Benefit Expense (continued)**

For the years ended September 30, 2013 and 2012, bad debt expense, at charges, was \$14.7 million and \$14.0 million, respectively. For the years ended September 30, 2013 and 2012, bad debt expense, at cost, was \$5.4 million and \$5.2 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program (CDSHP) was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by an assessment on hospital net patient service revenue. During the years ended September 30, 2013 and 2012, the Hospital received \$2.8 million and \$4.6 million, respectively, in CDSHP distributions, of which approximately \$1.4 million and \$2.8 million was related to charity care. The Hospital made payments into the CDSHP of \$12.1 million for the years ended September 30, 2013 and 2012, respectively, for the assessment.

Additionally, the Hospital provides benefits for the broader community which includes services provided to other needy populations that may not qualify as poor but need special services and support. Benefits include the cost of health promotion and education of the general community, interns and residents, health screenings, and medical research. The benefits are provided through the community health centers, some of which service non-English speaking residents, disabled children, and various community support groups.

In addition to the quantifiable services defined above, the Hospital provides additional benefits to the community through its advocacy of community service by employees. The Hospital's employees serve numerous organizations through board representation, membership in associations and other related activities. The Hospital also solicits the assistance of other healthcare professionals to provide their services at no charge through participation in various community seminars and training programs.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **4. Investments and Assets Limited as to Use**

The composition of investments and assets limited as to use at September 30 is set forth in the following table (in thousands):

	<b>2013</b>	<b>2012</b>
Money market funds	\$ <b>58,410</b>	\$ 62,195
U.S. equity securities	<b>9,849</b>	6,744
U.S. equity securities – common collective trusts	<b>4,752</b>	3,160
International equity securities <sup>(c)</sup>	<b>9,107</b>	8,222
Fixed income:		
U.S. government	<b>3,754</b>	4,381
U.S. government – common collective trusts	<b>6,911</b>	7,794
International government	<b>1,073</b>	1,220
Corporate debt <sup>(a)</sup>	<b>13,250</b>	12,048
Mortgage backed securities <sup>(b)</sup>	<b>44</b>	250
Hedge funds:		
Absolute return <sup>(d)</sup>	<b>4,385</b>	3,815
Private equity <sup>(e)</sup>	<b>1,911</b>	1,543
Commodities	<b>1,356</b>	1,409
Real assets <sup>(f)</sup>	<b>725</b>	622
	<b>\$ 115,527</b>	\$ 113,403

- (a) Investments consist of PIMCO short-term and total return funds as well as bonds issued by US corporations.
- (b) Investments consist of Fannie Mae, Ginnie Mae, and Federal Home Loan Mortgage Corporation Bonds.
- (c) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.
- (d) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions.
- (e) Investments in funds which are directly investing into private companies.
- (f) Investments made in pooled investment funds.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **4. Investments and Assets Limited as to Use (continued)**

The Hospital participates in the Yale-New Haven Health System Investment Trust (the Trust), a unitized Delaware Investment Trust created to pool assets for investment by the Health System nonprofit entities. The Hospital's ownership percentage of the Trust was approximately 1.3% and 1.4% as of September 30, 2013 and 2012, respectively.

#### **5. Endowment**

The Hospital's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (CUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment related to the Hospital's beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA.

In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment and spending policies of the Hospital.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **5. Endowment (continued)**

Changes in endowment net assets for the year ended September 30, 2013 are as follows (in thousands):

	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Endowment net assets, beginning of year	\$ 38,014	\$ 13,050	\$ 21,789	\$ 72,853
Investment return:				
Investment income	95	–	–	95
Net appreciation (realized and unrealized)	7,302	676	322	8,300
Total investment return	<u>7,397</u>	<u>676</u>	<u>322</u>	<u>8,395</u>
Contributions	–	–	125	125
Appropriation of endowment assets for expenditure	(2,400)	(69)	–	(2,469)
Endowment net assets, end of year	<u>\$ 43,011</u>	<u>\$ 13,657</u>	<u>\$ 22,236</u>	<u>\$ 78,904</u>

Changes in endowment net assets for the year ended September 30, 2012 are as follows (in thousands):

	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Endowment net assets, beginning of year	\$ 32,673	\$ 11,840	\$ 20,392	\$ 64,905
Investment return:				
Investment income	336	125	–	461
Net appreciation (realized and unrealized)	7,477	1,277	1,297	10,051
Total investment return	<u>7,813</u>	<u>1,402</u>	<u>1,297</u>	<u>10,512</u>
Contributions	–	–	100	100
Appropriation of endowment assets for expenditure	(2,472)	(192)	–	(2,664)
Endowment net assets, end of year	<u>\$ 38,014</u>	<u>\$ 13,050</u>	<u>\$ 21,789</u>	<u>\$ 72,853</u>

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **5. Endowment (continued)**

##### **Return Objectives and Risk Parameters**

The Hospital has adopted an investment and a spending policy for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that over time provide a rate of return that meets the spending policy objectives adjusted for inflation. Actual returns in any given year may vary from this amount.

##### **Strategies Employed for Achieving Objectives**

To satisfy its long-term rate of return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

##### **Spending Policy and How the Investment Objectives Relate to Spending Policy**

The Hospital has a policy of appropriating funds for distribution each year based on the greater of \$800,000 or 5% of the average market value of its investments for the prior 12 quarters. In establishing this policy, the Hospital considered the long-term expected return on its endowment.

Net assets released from donor-imposed restrictions used for operations and included in other revenue consisted of the following at September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
Restricted funds to support operations	\$ <b>3,177</b>	\$ 3,183
Free care fund	<b>444</b>	576
	<b>\$ 3,621</b>	\$ 3,759

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **6. Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes at September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
Other specified capital expenditures	\$ 3,262	\$ 3,150
Indigent care	1,717	1,234
Indigent care funds held by trustee	10,410	10,507
Specified health care services and operations	18,517	12,421
Education	2,637	2,687
	<b>\$ 36,543</b>	<b>\$ 29,999</b>

Permanently restricted net assets are restricted as follows at September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
Principal to be held in perpetuity (held by the Foundation), with income expendable to support health care services and other activities (reported as nonoperating gains)	\$ 13,283	\$ 13,208
Principal to be held in perpetuity (held by the trustee), with income expendable to support free care programs (reported as an increase in unrestricted net assets)	1,834	1,634
Principal to be held in perpetuity, with income to be spent for restricted purposes as specified by donor (reported as additions to temporarily restricted net assets until released upon satisfaction of restriction)	7,094	6,947
	<b>\$ 22,211</b>	<b>\$ 21,789</b>

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### 7. Long-Term Debt

Long-term debt consists of the following at September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
State of Connecticut Health and Educational Facilities		
Authority Tax Exempt Bonds, Series C (variable interest rates with an average rate of approximately 3.22% for fiscal 2013)	\$ <b>40,215</b>	\$      42,645
Less current portion	<b>(2,505)</b>	(2,430)
Long-term portion	<b>\$ 37,710</b>	\$ 40,215

On March 1, 1996, the State of Connecticut Health and Educational Facilities Authority (CHEFA) issued \$62.9 million of its Revenue Bonds on behalf of Greenwich Hospital, Series A, consisting of \$12.8 million of serial bonds and \$50.1 million of term bonds, the proceeds of which have been loaned by CHEFA to the Hospital for the master facility renovation project.

On April 3, 2006, CHEFA issued \$56.6 million of its Revenue Bonds on behalf of Greenwich Hospital, Series B, consisting of auction rate certificates. The proceeds were utilized for the defeasance and retirement of the outstanding Series A revenue bonds at a redemption price of 102%, which occurred on July 1, 2006.

On May 6, 2008, CHEFA issued \$53.6 million of its Revenue Bonds on behalf of Greenwich Hospital, Series C, consisting of variable rate demand bonds. The proceeds were utilized for the refunding of the outstanding Series B revenue bonds. Principal amounts related to the Series C revenue bonds mature annually each July 1 through fiscal 2026. The effective interest rate of 3.22% is the result of the variable rate paid to bondholders, disclosed as interest expense of approximately \$0.1 million and net counterparty payments of approximately \$1.3 million in connection with the interest rate swap included in nonoperating gains and losses.

The Series C bonds are required to be supported by a letter of credit which has been executed with Bank of America. The letter of credit is scheduled to expire in May 2016.

For the years ended September 30, 2013 and 2012, the Hospital paid approximately \$0.1 million for interest related to long-term debt, exclusive of the swap agreements.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **7. Long-Term Debt (continued)**

Aggregate principal and sinking fund payments required by the Hospital for the Series C revenue bonds for fiscal 2014 through fiscal 2018 and thereafter are as follows (in thousands):

Years ending:	
2014	\$ 2,505
2015	2,605
2016	2,675
2017	2,790
2018	2,870
Thereafter	<u>26,770</u>
	<u><u>\$ 40,215</u></u>

Required payments on the Series C revenue bonds by the Hospital are made to a trustee in amounts sufficient to provide for the payment of principal, interest and sinking fund installments as the same become due, and certain other payments. Additionally, the Hospital has granted a collateral interest to CHEFA on its gross receipts.

Pursuant to the State of Connecticut Health and Educational Authority Trust Indenture (Trust Indenture), dated May 1, 2008, the Hospital is required to maintain a debt service fund with a trustee to cover payment of principal and interest. The Hospital is required to comply with a variety of covenants, including a debt service coverage ratio. In connection with the Series C revenue bonds, the Parent is part of the Obligated Group with the Hospital (including the Hospital's Foundation). At September 30, 2013 and 2012, the Obligated Group was in compliance with its debt covenants.

At September 30, 2013 and 2012, the Obligated Group was in compliance with its debt covenants.

In connection with its Series C revenue bonds, the Hospital entered into an interest rate swap agreement (the swap) with a financial institution. Under the terms of the swap, the Hospital will receive variable interest payments and pay fixed interest payments on a notional value of \$27.4 million.

For the year ended September 30, 2013 and 2012 the Hospital paid approximately \$0.1 million for interest related to long-term debt, exclusive of swap agreements.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **7. Long-Term Debt (continued)**

There was a favorable change in fair value of approximately \$2.3 million for the year ended September 30, 2013 and an unfavorable change in fair value of \$0.4 million for the year ended September 30, 2012, which were recorded in the excess of revenue over expenses. Although an unfavorable change in market value of the Series C swap has occurred during the year ended September 30, 2012, the terms of the swap agreement have not required the Hospital to collateralize funds to be held by the financial institution as of September 30, 2013 and 2012.

#### **8. Retirement Plan**

##### **Defined Contribution Pension Plan**

The Hospital provides a defined contribution pension plan for those employees eligible to participate. The plan contains three separate benefits. The incentive contribution, which is generally available to all non-management employees, is designed to reward employees when the Hospital meets certain predetermined quality and financial measures (if paid, this benefit varies based on service from 1% to 3% of pay). Effective January 1, 2007, a matching contribution, which is generally available to all employees no longer accruing benefits under the defined benefit plan, is designed to provide an incentive to employees to save for retirement by matching employee contributions (employees can receive up to 3% of pay on contributions equal to 5% of pay).

The length of service contribution, effective January 1, 2007, which is generally available to all employees no longer accruing benefits under the defined benefit plan, is designed to provide future retirement income that rewards continued service at the Hospital (this benefit varies based on service from 3% to 8% of pay).

In total, the Hospital contributed approximately \$5.2 million and \$5.5 million to the Plan for the years ended September 30, 2013 and 2012, respectively.

##### **Defined Benefit Pension Plan**

Prior to December 31, 2006, the Hospital provided a noncontributory defined benefit pension plan (the Plan) covering substantially all employees. The benefits provided are based on age, years of service and compensation. The Hospital's policy is to at least make annual contributions to fund the Plan's minimum required contribution as defined by the Employee Retirement Income Security Act of 1974. Effective as of December 31, 2006, the Plan was amended to

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **8. Retirement Plan (continued)**

freeze benefits for employees who were under age 50 with less than five years of service. This amendment is reflected in the tables below. Future retirement benefits will be provided through the defined contribution plan for those employees affected by the freeze. Employees who were age 50 or older with five years of service continue to accumulate benefits under the defined benefit plan and do not participate in the employer matching and length of service portions of the defined contribution plan.

The Hospital is required to measure plan assets and benefit obligations at a date consistent with its fiscal year-end balance sheet. Included in unrestricted net assets at September 30, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	<b>2013</b>	<b>2012</b>
Unrecognized actuarial loss	\$ (35,339)	\$ (67,659)
Unrecognized prior service cost	(6)	(13)
	<b><u>\$ (35,345)</u></b>	<b><u>\$ (67,672)</u></b>

The actuarial loss and prior service cost included in unrestricted net assets at September 30, 2013 and expected to be recognized in net periodic benefit cost during the year ending September 30, 2014, are as follows (in thousands):

Unrecognized actuarial loss	\$ 4,592
Unrecognized prior service cost	6
	<b><u>\$ 4,598</u></b>

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **8. Retirement Plan (continued)**

The following table sets forth the change in benefit obligations, change in plan assets and the funded status of the Hospital's plan at September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
Change in benefit obligations:		
Benefit obligation, at prior measurement date	\$ 193,078	\$ 167,284
Service cost	2,852	2,942
Interest cost	7,579	8,363
Actuarial (gain) loss	(17,328)	20,749
Benefits paid	(6,976)	(6,260)
Benefit obligation, at current measurement date	<b>\$ 179,205</b>	<b>\$ 193,078</b>
Change in plan assets:		
Fair value of plan assets, at prior measurement date	\$ 138,914	\$ 121,216
Actual return on plan assets	18,087	19,258
Employer contributions	5,300	4,700
Benefits paid	(6,976)	(6,260)
Fair value of plan assets, at current measurement date	<b>\$ 155,325</b>	<b>\$ 138,914</b>
Pension liability	<b>\$ (23,880)</b>	<b>\$ (54,164)</b>

The actuarial loss in 2013 and actuarial gain in 2012 primarily relates to changes in the discount rate used to measure the benefit obligation.

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets were as follows at September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
Projected benefit obligation	\$ 179,205	\$ 193,078
Accumulated benefit obligation	172,322	183,789
Fair value of plan assets	155,325	138,914

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **8. Retirement Plan (continued)**

The following table provides the components of the net periodic benefit cost for the plan for the years ended September 30, 2013 and 2012 (in thousands):

	<b>2013</b>	<b>2012</b>
Service cost	\$ 2,852	\$ 2,942
Interest cost	7,579	8,363
Expected return on plan assets	(11,067)	(10,821)
Amortization of prior service cost	6	6
Amortization loss	7,976	3,908
<b>Net periodic benefit cost</b>	<b>\$ 7,344</b>	<b>\$ 4,398</b>

The weighted-average assumptions used in the measurement of the Hospital's net periodic benefit cost and benefit obligations for the years ended September 30, 2013 and 2012, are shown in the following table:

	<b>Net Periodic Benefit Cost</b>		<b>Benefit Obligation</b>	
	<b>2013</b>	<b>2012</b>	<b>2013</b>	<b>2012</b>
Discount rate	<b>4.00%</b>	5.10%	<b>4.90%</b>	4.00%
Rate of compensation increase	<b>3.50</b>	3.50	<b>3.50</b>	3.50
Expected rate of return on plan assets	<b>7.75</b>	7.75	—	—

The asset allocation of the Plan at September 30, 2013 and 2012 was as follows:

	<b>2014 Target Allocation</b>	<b>2013</b>	<b>2012</b>
Equity securities	60% – 90%	<b>54%</b>	51%
Debt securities	10% – 40%	<b>16</b>	20
Alternative investments	0% – 25%	<b>30</b>	29
		<b>100%</b>	100%

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **8. Retirement Plan (continued)**

The plan assets carried at fair value as of September 30, 2013, are classified in the table below in one of the three categories described in Note 15 (in thousands):

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market funds	\$ 1,603	\$ —	\$ —	\$ 1,603
US equity securities	21,349	23,664	—	45,013
International equity securities	—	38,332	—	38,332
Fixed income:				
Corporate debt	22,601	—	—	22,601
Commodities			4,491	4,491
Private equity	—	—	9,843	9,843
Hedge funds:				
Absolute return	—	18,452	14,990	33,442
	<b>\$ 45,553</b>	<b>\$ 80,448</b>	<b>\$ 29,324</b>	<b>\$ 155,325</b>

The plan assets carried at fair value as of September 30, 2012, are classified in the table below in one of the three categories described in Note 15 (in thousands):

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market funds	\$ 1,898	\$ —	\$ —	\$ 1,898
US equity securities	18,311	22,026	—	40,337
International equity securities	—	30,433	—	30,433
Fixed income:				
Corporate debt	26,595	—	—	26,595
Commodities			4,580	4,580
Private equity	—	—	8,319	8,319
Hedge funds:				
Absolute return	—	16,173	10,579	26,752
	<b>\$ 46,804</b>	<b>\$ 68,632</b>	<b>\$ 23,478</b>	<b>\$ 138,914</b>

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **8. Retirement Plan (continued)**

The composition and presentation of financial assets categorized as Level 3 investments in the tables above for the fiscal year ended September 30, 2012 and 2011 are as follows (in thousands):

	<b>Private Equity</b>	<b>Commodities</b>	<b>Hedge Funds</b>	<b>Total</b>
Beginning balance as of				
October 1, 2012	\$ 8,319	\$ 4,580	\$ 10,579	\$ 23,478
Income and realized gains (losses)	643	–	503	1,146
Unrealized gains (losses)	1,487	(89)	632	2,030
Sales, distributions	(346)	–	(3,724)	(4,070)
Purchases, sales, issuance, settlements, transfers, other	(260)	–	7,000	6,740
Ending balance as of				
September 30, 2013	<u>\$ 9,843</u>	<u>\$ 4,491</u>	<u>\$ 14,990</u>	<u>\$ 29,324</u>
Beginning balance as of				
October 1, 2011	\$ 7,444	\$ 4,237	\$ 9,848	\$ 21,529
Income and realized gains( losses)	678	–	45	723
Unrealized gains (losses)	578	343	915	1,836
Sales, distributions	(47)	–	(229)	(276)
Purchases, sales, issuance, settlements, transfers, other	(334)	–	–	(334)
Ending balance as of				
Seber 30, 2012	<u>\$ 8,319</u>	<u>\$ 4,580</u>	<u>\$ 10,579</u>	<u>\$ 23,478</u>

#### **Description of Investment Policies and Strategies**

The Hospital's investment strategy for its pension assets, balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term while ensuring security of principal to meet near term expenses and obligations through the fixed income allocation. The allocations of the investment pool to various sectors of the markets are designed to reduce volatility in the portfolio.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **8. Retirement Plan (continued)**

The Hospital's pension portfolio return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses.

#### **Cash Flows**

*Contributions:* The Hospital expects to make cash contributions of approximately \$5.5 million to the Plan in fiscal 2014.

*Estimated Future Benefit Payments:* Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows (in thousands):

Years Ending:	
2014	\$ 7,730
2015	8,232
2016	8,972
2017	9,783
2018	10,549
2019 to 2023	62,459

#### **9. Professional Liability Insurance**

Yale-New Haven Hospital (YNHH) and a number of academic medical centers are shareholders in The Medical Center Insurance Company, Ltd. ("the Captive"). The Captive was formed to insure for professional and comprehensive general liability risks of its shareholders and certain affiliated entities of the shareholders. On October 1, 1997, the Hospital was added to the YNHH program as an additional insured. The Captive and its wholly-owned subsidiary write direct insurance and reinsurance for varying levels of per claim limit exposure. The Captive has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, and the Captive. The Hospital pays insurance premiums to YNHHSC.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **9. Professional Liability Insurance (continued)**

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred and not reported aggregated approximately \$26.3 and \$16.4 million at September 30, 2013 and 2012, respectively. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$6.5 million and \$6.2 million at September 30, 2013 and 2012, respectively, and is included in professional liabilities in the accompanying balance sheets at the actuarially determined present value of approximately \$5.8 million and \$5.5 million, respectively, based on a discount rate of 2.5% and 3.0% for the years ended September 30, 2013 and 2012, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$20.5 million and \$10.9 million at September 30, 2013 and 2012, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

#### **10. Commitments and Contingencies**

##### **Leases**

The Hospital leases various equipment and properties under operating leases and has long-term commitments under service contracts expiring at various dates through fiscal 2019. Expense under such leases and service contracts was approximately \$7.6 million and \$5.3 million for fiscal 2013 and 2012, respectively.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **10. Commitments and Contingencies (continued)**

Future minimum lease payments for each of the following five years subsequent to September 30, 2013, under noncancelable operating leases and service contracts are as follows (in thousands):

Years ending:	
2014	\$ 8,045
2015	7,898
2016	7,983
2017	3,094
2018	751
	<hr/>
	\$ 27,771

The Hospital has been involved in leasing leased and owned houses and properties to Hospital employees. Expenses for the years ended September 30, 2013 and 2012, under these leases are included in supplies and other expenses. The amounts received from employees relating to these leases are included in other revenue (see Note 12).

The Hospital has a leasing arrangement, renewable annually, with an affiliate, Perryridge Corporation, to rent four office buildings (the Cohen Pavilion, 55 Holly Hill Lane, 500 West Putnam Avenue and 2015 West Main Street). Included in supplies and other expenses was approximately \$3.4 million and \$3.1 million for fiscal 2013 and 2012, respectively. It is anticipated that this arrangement will be renewed in the future.

#### **Litigation**

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **10. Commitments and Contingencies (continued)**

The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

#### **11. Functional Expense**

Functional expenses related to the Hospital's operating activities for the years ended September 30, 2013 and 2012, are as follows (in thousands):

	<b>2013</b>	<b>2012</b>
Health care services	\$ 167,895	\$ 148,238
General and administrative	<u>143,124</u>	<u>150,279</u>
	<b><u>\$ 311,019</u></b>	<b><u>\$ 298,517</u></b>

#### **12. Related-Party Transactions**

The Hospital purchased certain services from YNHHSC for the years ended September 30, 2013 and 2012, as follows (in thousands):

	<b>2013</b>	<b>2012</b>
Operating expenses:		
Professional and general liability insurance	\$ 4,573	\$ 5,575
Information systems	9,540	6,979
Management services	4,661	3,793
Other support services	19,268	15,445
Physician related strategic support	2,334	2,496
EPIC shared project	8,299	7,076
Expense recoveries	—	(2,176)
	<b><u>\$ 48,675</u></b>	<b><u>\$ 39,188</u></b>

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **12. Related-Party Transactions (continued)**

The Hospital has amounts due to YNHHSC of approximately \$7.5 million and \$12.5 million, included in accrued expenses and other current liabilities, for the years ended September 30, 2013 and 2012, respectively.

In July 2001, the Hospital granted an \$11.0 million line of credit to GH Realty Holding LLC, a wholly owned subsidiary of the Perryridge Corporation (an affiliate of the Hospital), which was fully paid at September 30, 2012. In April 2004, the Hospital granted a \$10.0 million line of credit to 2015 West Main Street Associates, LLC, a wholly owned subsidiary of the Perryridge Corporation, of which approximately \$2.1 million and \$3.7 million was outstanding at September 30, 2013 and 2012, respectively.

Future payments under these loans are as follows (in thousands):

	<b>2013</b>	<b>2012</b>
Amounts due in one year (included in other receivables)	\$ 1,600	\$ 1,600
Amounts due in two to five years	501	2,101

During the years ended September 30, 2013 and 2012, the Hospital transferred approximately \$10.0 million and \$6.6 million, respectively, related to operations to GHCS.

#### **13. Supplemental Operating Data**

Other revenue consisted of the following (in thousands):

	<b>Year Ended September 30</b>	
	<b>2013</b>	<b>2012</b>
Pathology services	\$ 4,651	\$ 5,073
Foundation distributed income	2,400	2,472
Cafeteria and vending	1,260	1,377
Greenwich Ambulatory Surgery Center Joint Venture	1,417	1,346
Net assets released from restrictions for operations	3,621	3,759
Electronic health record incentive payment	1,762	2,043
In vitro fertilization	1,269	1,290
Other	3,417	2,782
	<b>\$ 19,797</b>	<b>\$ 20,142</b>

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **13. Supplemental Operating Data (continued)**

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2012 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. Medicare EHR incentive payment revenue was approximately \$1.7 million and \$1.9 million for the years ended September 30, 2013 and 2012, respectively, and Medicaid EHR incentive payment revenue was approximately \$0.1 million for the years ended September 30, 2013 and 2012. EHR incentive payment revenue is included in other revenue in the accompanying statement of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **13. Supplemental Operating Data (continued)**

Other non-operating gains and losses, net for the years ended September 30, 2013 and 2012, consisted of the following (in thousands):

	<b>2013</b>	<b>2012</b>
Income from Foundation operations, primarily investment income and net realized gains	\$ <b>2,020</b>	\$ 665
Less Foundation income distributed to the Hospital included in other revenue	<b>(2,400)</b>	(2,472)
	<b>(380)</b>	(1,807)
Unrestricted contributions	<b>3,284</b>	1,780
Interest and investment income	<b>304</b>	237
Fundraising expenses	<b>(2,424)</b>	(1,925)
Community Health at Greenwich Hospital	<b>(649)</b>	(647)
Net assets released from restrictions used for non- operating activities, net	<b>5</b>	139
	<b>\$ 140</b>	\$ (2,223)

Annually, the Foundation has committed to make a distribution to the Hospital, calculated as the greater of \$800,000 or 5% of the average market value of its investments for the prior 12 quarters (see Note 1).

#### **14. Fair Value Measurements**

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **14. Fair Value Measurements (continued)**

ASC 820-10, *Fair Value Measurements*, establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets and liabilities carried at fair value as of September 30, 2013, are classified in the table below in one of the three categories described above (in thousands):

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 25,344	\$ —	\$ —	\$ 25,344
Money market funds	58,411	—	—	58,410
U.S. equity securities	5,667	—	—	5,667
International equity securities	1,288	—	—	1,288
Fixed income:				
U.S. government	3,754	—	—	3,754
Corporate debt	13,250	—	—	13,250
Mortgage Backed Securities	44	—	—	44
International government	528	545	—	1,073
Commodities	690	—	—	690
Real estate	725	—	—	725
Beneficial interest in remainder trusts	1,832	—	—	1,832
Investments at fair value	<u>\$ 111,533</u>	<u>\$ 545</u>	<u>\$ —</u>	<u>\$ 112,077</u>
Common collective trusts				11,663
Alternative investments				18,963
Investments not at fair value				30,626
Total investments as of September 30, 2013				<u>\$ 142,703</u>
Liabilities:				
Interest rate swaps	\$ —	\$ (4,166)	\$ —	\$ (4,166)

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **14. Fair Value Measurements (continued)**

The amounts reported in the table above exclude assets invested in the Hospital's defined benefit pension plan (See Note 8).

Financial assets and liabilities carried at fair value as of September 30, 2012, are classified in the table below in one of the three categories described above (in thousands):

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 11,793	\$ —	\$ —	\$ 11,793
Money market funds	62,195	—	—	62,195
U.S. equity securities	4,691	—	—	4,691
International equity securities	1,816	—	—	1,816
Fixed income:				
U.S. government	4,381	—	—	4,381
Corporate debt	12,048	—	—	12,048
Mortgage Backed Securities	250	—	—	250
International government	659	561	—	1,220
Commodities	769	—	—	769
Real estate	622	—	—	622
Beneficial interest in remainder trusts	1,641	—	—	1,641
Investments at fair value	<u>\$ 100,865</u>	<u>\$ 561</u>	<u>\$ —</u>	<u>\$ 101,426</u>
Common collective trusts				10,954
Alternative investments				<u>14,457</u>
Investments not at fair value				<u>25,410</u>
Total investments as of September 30, 2012				<u><u>\$ 126,837</u></u>
Liabilities:				
Interest rate swaps	<u>\$ —</u>	<u>\$ (6,417)</u>	<u>\$ —</u>	<u>\$ (6,417)</u>

The fair value of long-term debt was approximately \$37.7 million and \$42.7 million at September 30, 2013 and 2012, respectively. The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan. In addition, included in the table above are investments at September 30, 2013 and 2012 in common collective trusts totaling approximately \$11.7 million and \$11.0 million, respectively, other alternative investments totaling

## Greenwich Hospital

### Notes to Financial Statements (continued)

#### **14. Fair Value Measurements (continued)**

approximately \$19.0 million and \$14.5 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2013 and 2012.

The following is a summary of total investments as of September 30, 2013 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

Description of Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity	\$ 7,227	1,218	N/A	N/A
Hedge funds:				
Absolute return	2,745	N/A	N/A	N/A
Global equity	7,097	N/A	30 days	3 years
Total	<u>\$ 17,069</u>			

#### **15. Subsequent Events**

Management has evaluated subsequent events through December 23, 2013, which is the date the financial statements were available to be issued. No events have occurred that require disclosure to or adjustment of the financial statements.

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