

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

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>365,907,812.</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 2014 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

Signature of officer

Date

7/26/16

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
		<u>8/11/16</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P00315411</u>
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.		
	<u>YALE NEW HAVEN HEALTH SERVICES CORP</u> <u>789 HOWARD AVENUE</u> <u>NEW HAVEN, CT 06519</u>	<u>22-2529464</u>	<u>203-688-9585</u>		

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 <input type="checkbox"/> if self-employed	PTIN
	<u>Mary-Evelyn Antonetti</u>		<u>7/21/2016</u>	<input type="checkbox"/>	<u>P00431862</u>
	Firm's name	Firm's EIN	Phone no.		
	<u>KPMG LLP</u>	<u>13-5565207</u>	<u>860-297-6085</u>		
	Firm's address	Phone no.			
	<u>ONE FINANCIAL PLAZA, 755 MAIN STREET</u> <u>HARTFORD, CT 06103</u>	<u>860-297-6085</u>			

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 **and ending** SEP 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREENWICH HOSPITAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 PERRYRIDGE ROAD City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830 F Name and address of principal officer: NORMAN ROTH 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	D Employer identification number 06-0646659 E Telephone number 203-863-3000 G Gross receipts \$ 370,743,242. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.GREENWICHHOSPITAL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1903		M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE HEALTHCARE SERVICES.</u>		
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)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2094
6	Total number of volunteers (estimate if necessary)	6	625
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,982,037.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	10,299,278.	8,402,281.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,206,599.	340,737,212.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,835,603.	5,155,848.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,135,410.	11,612,471.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	359,476,890.	365,907,812.
14	Benefits paid to or for members (Part IX, column (A), line 4)	445,476.	397,291.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	155,513,957.	164,159,732.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,703,026.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	167,819,110.	167,474,118.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	323,778,543.	332,031,141.
19	Revenue less expenses. Subtract line 18 from line 12	35,698,347.	33,876,671.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	489,110,692.	494,263,689.
22	Net assets or fund balances. Subtract line 21 from line 20	147,264,308.	143,652,158.
22		341,846,384.	350,611,531.

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.

Sign Here	Signature of officer <u>EUGENE COLUCCI, SR VP</u> Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00431862
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ ONE FINANCIAL PLAZA, 755 MAIN STREET HARTFORD, CT 06103		Phone no. 860-297-6085		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 289,934,937. including grants of \$ 397,291.) (Revenue \$ 352,196,521.) 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 289,934,937.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 334, 0, 2094).

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 or note to any line in this Part VI

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 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.	24	
1b	Enter the number of voting members included in line 1a, above, who are independent	18	
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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		X

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?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	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?	X	
16b	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?	X	

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.
 Own website Another's website Upon request 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, address, and telephone number of the person who possesses the organization's books and records: **KEITH TANDLER - 203-688-9642**
789 HOWARD AVENUE, NEW HAVEN, CT 06519

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

Check if Schedule O contains a response or note to any line 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	Former			
(1) PAUL J. APOSTOLIDES DIRECTOR	1.00 1.00	X						0.	0.	0.
(2) WILLIAM BERKLEY DIRECTOR	1.00 1.00	X						0.	0.	0.
(3) RICHARD BRAUER, M.D. DIRECTOR (END 12/14)	1.00 1.00	X						0.	0.	0.
(4) ALAN BREED DIRECTOR	1.00 2.00	X						0.	0.	0.
(5) NANCY BROWN DIRECTOR	1.00 1.00	X						0.	0.	0.
(6) GAYLE CAPOZZALO DIRECTOR (END 10/14)	4.00 36.00	X						132,393.	1,191,535.	37,933.
(7) KEVIN CONBOY, M.D. DIRECTOR (END 12/14)	1.00 1.00	X						0.	0.	0.
(8) FRANK CORVINO PRES. & CEO (END 12/14)	32.00 8.00	X		X				1,151,328.	287,832.	61,252.
(9) PETER DAPUZZO DIRECTOR	1.00 2.00	X						0.	0.	0.
(10) DAVID EVANS, M.D. DIRECTOR (END 12/14)	1.00 1.00	X						0.	0.	0.
(11) ELIZABETH GALT SECRETARY	1.00 1.00	X		X				0.	0.	0.
(12) ANNE JUGE TREASURER (START 12/14)	1.00 2.00	X		X				0.	0.	0.
(13) ROBIN KANAREK DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) DONALD KIRK DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) SALLY LOCHNER DIRECTOR (START 10/14)	1.00 1.00	X						0.	0.	0.
(16) ARTHUR MARTINEZ CO CHAIR	1.00 2.00	X		X				0.	0.	0.
(17) BARBARA MILLER VICE CHAIR	1.00 2.00	X		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	Former			
(18) AMY MINELLA DIRECTOR	1.00 2.00	X						0.	0.	0.
(19) JACK MITCHELL DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) DANIEL MOSLEY CHAIRMAN (END 10/14)	1.00 4.00	X		X				0.	0.	0.
(21) CHRISTOPHER O'CONNOR DIRECTOR (START 10/14)	1.00 39.00	X						35,936.	1,161,907.	379,455.
(22) VENITA OSTERER DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) THOMAS PELLECHI DIRECTOR (START 1/15)	1.00 1.00	X						0.	0.	0.
(24) NORMAN ROTH PRESIDENT (START 1/15)	32.00 8.00	X		X				2,913,189.	728,297.	94,724.
(25) JIM SABETTA DIRECTOR (START 1/15)	39.00 1.00	X						380,023.	0.	82,974.
(26) JOHN SCHMELTZER, III DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Sub-total								4,612,869.	3,369,571.	656,338.
c Total from continuation sheets to Part VII, Section A								6,314,667.	336,629.	1,196,002.
d Total (add lines 1b and 1c)								10,927,536.	3,706,200.	1,852,340.

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 **308**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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	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		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	3,074,109.
NURSEFINDERS, INC, 524 EAST LAMAR BLVD, STE 300, ARLINGTON, TX 76011	TRAVELING NURSES	1,662,563.
UNITEX TEXTILE RENTAL, 161 SOUTH MACQUESTEN PARKWAY, MOUNT VERNON, NY 10550	UNIFORM LAUNDERING	1,402,707.
QUEST DIAGNOSTIC, 15 CAMPUS BOULEVARD, NEWTOWN SQUARE, PA 19073	MEDICAL COMPLIANCE	576,086.
M&M LAWN MAINTENANCE 22 ARTHUR STREET, GREENWICH, CT 06831	MAINTENANCE	496,158.

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 **62**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,323,948.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	173,735.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,904,598.				
	g Noncash contributions included in lines 1a-1f: \$		648,113.				
	h Total. Add lines 1a-1f		8,402,281.				
	Program Service Revenue			Business Code			
2 a OUTPATIENT PROGRAM SERVICES			621400	190,323,237.	190,323,237.		
b INPATIENT PROGRAM SERVICES			612990	142,431,880.	142,431,880.		
c OUTREACH LAB			621500	7,982,095.		7,982,095.	
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				340,737,212.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			875,413.		-58.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,000,855.				
		(ii) Personal					
		b Less: rental expenses		75,760.			
		c Rental income or (loss)		925,095.			
	d Net rental income or (loss)			925,095.		925,095.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	8,065,742.				
		(ii) Other		23,530.			
		b Less: cost or other basis and sales expenses		3,808,837.		0.	
		c Gain or (loss)		4,256,905.		23,530.	
	d Net gain or (loss)			4,280,435.		4,280,435.	
	8 a Gross income from fundraising events (not including \$ 1,323,948. of contributions reported on line 1c). See Part IV, line 18	a		178,900.			
		b Less: direct expenses		950,833.			
c Net income or (loss) from fundraising events				-771,933.		-771,933.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a PATHOLOGY SERVICES		900099	2,735,495.	2,735,495.			
	b CLINIC SERVICES		900099	1,437,258.	1,437,258.		
	c IVF SERVICE INCOME		900099	1,367,403.	1,367,403.		
	d All other revenue		900099	5,919,153.	5,919,153.		
	e Total. Add lines 11a-11d			11,459,309.			
12 Total revenue. See instructions.			365,907,812.	344,214,426.	7,982,037.	5,309,068.	

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 or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	397,291.	397,291.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,544,110.		10,544,110.	
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	116,865,962.	112,371,915.	2,907,051.	1,586,996.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,543,973.	10,273,367.	125,518.	145,088.
9 Other employee benefits	17,916,810.	17,385,955.	285,318.	245,537.
10 Payroll taxes	8,288,877.	7,970,130.	206,187.	112,560.
11 Fees for services (non-employees):				
a Management	4,883,994.	3,809,515.	1,074,479.	
b Legal	127,016.	3,965.	1,118.	121,933.
c Accounting	231,250.	180,375.	50,875.	
d Lobbying	116,429.	116,429.		
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.)	53,503,489.	42,446,153.	10,849,001.	208,335.
12 Advertising and promotion				
13 Office expenses	6,098,141.	3,940,258.	1,111,355.	1,046,528.
14 Information technology	9,355,018.	7,296,914.	2,058,104.	
15 Royalties				
16 Occupancy	16,140,380.	12,405,378.	3,498,953.	236,049.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	666,108.	519,564.	146,544.	
20 Interest	334,145.	260,633.	73,512.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,765,214.	14,636,867.	4,128,347.	
23 Insurance	1,812,189.	1,413,507.	398,682.	
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 PHARMECEUTICAL SUPPLIES	25,982,689.	25,982,689.	0.	0.
b MEDICAL SUPPLY EXPENSE	25,212,496.	25,212,496.	0.	0.
c EDUCATION & OTHER EMPL	3,440,766.	2,683,797.	756,969.	0.
d MEMBERSHIP DUES & FEES	804,794.	627,739.	177,055.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	332,031,141.	289,934,937.	38,393,178.	3,703,026.
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 or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	40,011,451.	1	24,997,890.	
	2 Savings and temporary cash investments	36,350,555.	2	74,483,889.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	37,984,141.	4	38,149,419.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	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		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	2,126,798.	8	1,636,165.	
	9 Prepaid expenses and deferred charges	7,645,355.	9	6,244,397.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 447,790,954.			
	b Less: accumulated depreciation	10b 231,814,752.	223,222,919.	10c	215,976,202.
	11 Investments - publicly traded securities	16,241,456.	11	9,085,610.	
	12 Investments - other securities. See Part IV, line 11	76,034,299.	12	88,158,568.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	49,493,718.	15	35,531,549.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	489,110,692.	16	494,263,689.		
Liabilities	17 Accounts payable and accrued expenses	32,649,839.	17	31,776,164.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	37,710,000.	20	35,105,000.	
	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	76,904,469.	25	76,770,994.	
	26 Total liabilities. Add lines 17 through 25	147,264,308.	26	143,652,158.	
Net Assets or Fund Balances	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	287,992,251.	27	298,677,899.	
	28 Temporarily restricted net assets	44,115,410.	28	41,782,451.	
	29 Permanently restricted net assets	9,738,723.	29	10,151,181.	
	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	341,846,384.	33	350,611,531.	
	34 Total liabilities and net assets/fund balances	489,110,692.	34	494,263,689.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	365,907,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,031,141.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,876,671.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	341,846,384.
5	Net unrealized gains (losses) on investments	5	-7,035,416.
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	-18,076,108.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	350,611,531.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____	X	
b	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 _____	X	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 ...						
4 Total. 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. 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 **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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 foundation

Check 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>38,804.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>13,711.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>410,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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	<hr/> <hr/> <hr/>	\$ <u>8,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>7,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>7,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
13	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 50,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
19	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 10,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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	<hr/> <hr/> <hr/>	\$ <u>4,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>18,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>39,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>10,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
31	<hr/> <hr/> <hr/>	\$ 31,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 11,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 25,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
37	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
<u>43</u>	_____ _____ _____	\$ <u>319,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>	_____ _____ _____	\$ <u>10,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>	_____ _____ _____	\$ <u>14,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
49	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 13,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
55	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 12,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
61	<hr/> <hr/> <hr/>	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
67	<hr/> <hr/> <hr/>	\$ 5,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 7,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 12,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
73	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 100,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 162,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 85,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
79	<hr/> <hr/> <hr/>	\$ 63,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 24,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
85		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 7,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
91	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
97	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 11,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 5,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 3,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
103	<hr/> <hr/> <hr/>	\$ <u>9,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ <u>22,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ <u>9,580.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
109	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>14,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
115	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
121	<hr/> <hr/> <hr/>	\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ <u>20,064.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ <u>10,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
127	<hr/> <hr/> <hr/>	\$ <u>25,615.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ <u>19,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
133	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ <u>5,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ <u>20,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ <u>33,326.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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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
139	<hr/> <hr/> <hr/>	\$ 11,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
145	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ <u>23,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
151	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
157	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ <u>9,796.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
163	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ 31,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ 32,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
169	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ <u>103,683.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
175	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
181	<hr/> <hr/> <hr/>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ <u>53,004.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
187	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	<hr/> <hr/> <hr/>	\$ <u>11,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
193	<hr/> <hr/> <hr/>	\$ <u>11,250.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ <u>18,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ <u>27,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ <u>14,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
199	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ <u>159,998.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ <u>13,737.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
2	I-PAD MINI	\$ 300.	01/23/15
5	TWO BOTTLES OF 1990 PICHON LONGUEVILLE CONTESSE DE LALANDE	\$ 350.	11/13/14
7	SPORTING EVENT TICKETS - DELTA SKY 360 CLUB	\$ 3,240.	11/13/14
11	SIGNED GOOSE GOSSAGE COLLECTOR'S BOX; GIFT CERTIFICATES TO UNION SQUARE HOSPITALITY GROUP; TWO BOTTLES OF 2012 WILLAMETTE VALEY VINEYARDS WINE.	\$ 410.	11/13/14
20	ZENZII NECKLACE; SPORTING EVENT TICKETS; NAVY SEAL OUTING; 2004 LIMITED DOM PERIGNON GIFT BOX.	\$ 275.	08/07/15
27	5-DAY PURIFY CLEANSE AT GREEN & TONIC; WINE AND VODKAS; 2010 SHAFER "HILLSIDE SELECT" STAGS LEAP	\$ 1,214.	08/07/15

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
47	223 SH POLYPORE INTL INC	\$ 13,492.	08/27/15
81	ROUND OF GOLF FOR FOUR WITH LUNCH	\$ 2,000.	11/13/14
88	TWO TENNIS RAQUETS AND LUNCH AT BAILIWICK CLUB; WINES	\$ 1,380.	08/07/15
122	275SH EXXON MOBIL CORP	\$ 20,064.	09/17/15
127	267SH ALTRIA GROUP, INC./256SH JOHNSON CONTROLS INC	\$ 25,615.	12/18/20
128	NANCY GONZALEZ BAG PLUS TWO GIFT CARDS WITH CLOSET CLEAN	\$ 7,500.	11/13/14

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
137	LUNCHEONS AND MAKEOVERS	\$ 2,500.	11/13/14
138	KNAPPOGUE CASTLE WHISKEY, DISTILLED IN 1951	\$ 1,600.	11/13/14
181	GIFT CERTIFICATES	\$ 200.	01/23/15
183	236SH ALLERGAN LDRSP	\$ 50,504.	12/05/14
192	PRIVATE DINNER AT BABBO WINE CELLAR FOR 12 PEOPLE.	\$ 10,000.	11/13/14
193	PORTRAIT SESSIONS AND UNFRAMED PRINTS	\$ 11,250.	11/13/14

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
194	ESTATE TAHITIAN BAROQUE PEARL NECKLACE	\$ 18,000.	11/13/14
195	HOTEL STAYS IN FLORIDA AND NEW YORK WITH FAMILY PORTRAITS.	\$ 27,000.	11/13/14
196	BULGARI COLLECTION; GOLD NECKLACE WITH PEARL STATIONS	\$ 14,500.	11/13/14
197	WATERCOLOR ON PAPER; THE KING'S BEDROOM IN STUPINIAI, TURIN BY ALEXANDER CRESWELL	\$ 40,000.	03/27/15
198	ONE WEEK AT COCO POINT LODGE, BERMUDA	\$ 10,000.	11/13/14
199	EMERALD AND DIAMOND BRACELET.	\$ 12,000.	08/07/15

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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
200	JEWELRY _____ _____ _____	\$ 10,000.	11/13/14
201	THREE MEMBERSHIPS FOR SKI CLUB. _____ _____ _____	\$ 45,000.	11/13/14
202	VACCINES _____ _____ _____	\$ 159,998.	09/30/15
203	VACCINES _____ _____ _____	\$ 13,737.	09/30/15
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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-.

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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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?														

Yes 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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	Amount
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		54,624.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		61,305.
j Total. Add lines 1c through 1i			116,429.
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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-A, lines 1 and 2 (see instructions); 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 2015.

ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS 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 \$771,458

BRIDGEPORT HOSPITAL EIN 06-0646554 \$149,774

NORTHEAST MEDICAL GROUP EIN 06-1330992 \$ 51,985

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

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 value of contributions to (during year)		
3 Aggregate value of 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.

- 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 a 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	
- 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
 - 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) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 Revenue 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 programs
- e 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b 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	87,493,000.	78,904,000.	72,853,000.	64,905,000.	69,106,000.
b Contributions	388,000.	925,000.	125,000.	100,000.	45,000.
c Net investment earnings, gains, and losses	-783,000.	10,828,000.	8,395,000.	10,512,000.	-1,833,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,415,000.	3,164,000.	2,469,000.	2,664,000.	2,413,000.
f Administrative expenses					
g End of year balance	83,683,000.	87,493,000.	78,904,000.	72,853,000.	64,905,000.

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

- a Board designated or quasi-endowment 51.90 %
- b Permanent endowment 28.20 %
- c Temporarily restricted endowment 19.90 %

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

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

b 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		230,622,802.	80,812,632.	149,810,170.
c Leasehold improvements		27,436,281.	10,111,943.	17,324,338.
d Equipment		178,820,075.	140,890,177.	37,929,898.
e Other		4,578,312.		4,578,312.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 215,976,202.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(A) OTHER SECURITIES	88,158,568.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	88,158,568.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	26,257,118.
(2) EPIC SHARED PROJECT	9,274,431.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	35,531,549.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE-3RD PARTY & OTHER PAYORS	11,228,517.
(3) EST LIABILITY-SELF INSURANCE	18,647,236.
(4) FORWARD INTEREST RATE SWAP	4,108,253.
(5) ACCRUED PENSION	42,786,988.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	76,770,994.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	355,025,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-8,465,884.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,279,584.
e	Add lines 2a through 2d	2e	813,700.
3	Subtract line 2e from line 1	3	354,211,426.
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	11,696,386.
c	Add lines 4a and 4b	4c	11,696,386.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	365,907,812.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	328,168,956.
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	1,003,050.
e	Add lines 2a through 2d	2e	1,003,050.
3	Subtract line 2e from line 1	3	327,165,906.
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	4,865,235.
c	Add lines 4a and 4b	4c	4,865,235.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	332,031,141.

Part XIII Supplemental Information.

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.

PART X, LINE 2:

THE CONSOLIDATED FINANCIAL STATEMENTS OF GREENWICH HOSPITAL INCLUDE THE FOLLOWING FIN48 DISCLOSURE:

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.

Part XIII Supplemental Information (continued)

THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED "UNRELATED BUSINESS INCOME" AND WOULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN	4,496,374.
NET ASSETS RELEASED FROM OPERATIONS	4,783,198.
MISCELLANEOUS	12.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	9,279,584.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS FROM EXPENSE - GAIN ON SALE OF ASSETS	23,530.
AUXILIARY REVENUE	1,174,724.
CONTRIBUTIONS FROM TEMPORARILY RESTRICTED	5,358,000.
RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE	-75,747.
GAIN FROM SALE OF SECURITIES	1,956,000.
RECLASS TO EXPENSE - NON-OPS	3,259,879.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	11,696,386.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS - GAIN ON SALE OF ASSETS	-23,530.
SPECIAL EVENTS RECLASS TO INCOME	950,833.
RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE	75,747.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,003,050.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA	UNDER THE STARS	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,131,228.	235,427.	136,193.	1,502,848.
	2	Less: Contributions	1,032,528.	195,227.	96,193.	1,323,948.
	3	Gross income (line 1 minus line 2)	98,700.	40,200.	40,000.	178,900.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	95,890.	24,246.	37,364.	157,500.
	7	Food and beverages	137,601.	47,473.	5,583.	190,657.
	8	Entertainment	9,000.	4,355.	3,500.	16,855.
	9	Other direct expenses	318,980.	210,765.	56,076.	585,821.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				950,833.
11	Net income summary. Subtract line 10 from line 3, column (d)				-771,933.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

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

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
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:		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		14,574	21,655,139.	409,540.	21,245,599.	6.40%
b Medicaid (from Worksheet 3, column a)		27,502	25,377,016.	12,699,959.	12,677,057.	3.82%
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0.	0.		
d Total Financial Assistance and Means-Tested Government Programs		42,076	47,032,155.	13,109,499.	33,922,656.	10.22%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	20,525	841,407.	25,000.	816,407.	.25%
f Health professions education (from Worksheet 5)	3	257	5,077,826.	1,307,410.	3,770,416.	1.14%
g Subsidized health services (from Worksheet 6)	2	8,509	5,546,774.	2,926,483.	2,620,291.	.79%
h Research (from Worksheet 7)	0	0	0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	1,746	261,885.	0.	261,885.	.08%
j Total. Other Benefits	25	31,037	11,727,892.	4,258,893.	7,468,999.	2.26%
k Total. Add lines 7d and 7j	25	73,113	58,760,047.	17,368,392.	41,391,655.	12.48%

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 letter of facility reporting group GREENWICH HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 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 12	3	X
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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SUPPLEMENTAL INFORMATION</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SUPPLEMENTAL INFORMATION</u>		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group GREENWICH HOSPITAL

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of _____ %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SUPPLEMENTAL INFORMATION</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SUPPLEMENTAL INFORMATION</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C)</p>		

Billing and Collections

17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 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 the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group GREENWICH HOSPITAL

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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?		X
If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION A:

THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN 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 6B: THE GREENWICH HOSPITAL BOARD OF TRUSTEES IS DIRECTLY INVOLVED IN THE CHNA THROUGH A SUBCOMMITTEE CALLED THE COMMUNITY ADVISORY COMMITTEE. THE COMMUNITY ADVISORY COMMITTEE INCLUDES 30 MEMBERS WHO REPRESENT A VARIETY OF COMMUNITY ORGANIZATIONS SUCH AS THE UNITED WAY, YMCA, YWCA, HOUSES OF WORSHIP, LOCAL MUNICIPAL HEALTH DEPARTMENTS, HISPANIC HEALTH COUNCIL, FAMILY CENTERS, YOUTH AND SENIOR SERVICES

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

REPRESENTATIVES, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, HOUSING AUTHORITIES OF GREENWICH AND PORT CHESTER, CHAMBER OF COMMERCE, FEDERALLY QUALIFIED HEALTH CENTERS, GREENWICH EMERGENCY MEDICAL SERVICES AND OTHER PRIVATE AND CORPORATE GROUPS.

IN 2003, THE COMMUNITY ADVISORY COUNCIL ESTABLISHED THE GREENWICH COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP TO ASSIST WITH MEETING THE HEALTH NEEDS OF THE GREENWICH COMMUNITY. GREENWICH COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP MEMBERS INCLUDE REPRESENTATIVES FROM TOWN OF GREENWICH DEPARTMENT OF HEALTH, DEPARTMENT OF SOCIAL SERVICES, THE UNITED WAY, BOARD OF EDUCATION, PTA, GREENWICH LIBRARY, LEAGUE OF WOMEN'S VOTERS, HOUSING AUTHORITY OF GREENWICH, CHILD GUIDANCE CENTERS, GREENWICH POLICE DEPARTMENT, FAMILY CENTERS, INC., PATHWAYS, YMCA, YWCA, COMMUNITIES 4 ACTION, LOWER FAIRFIELD REGIONAL ACTION COUNCIL (LFRAC) SOUTHWEST REGIONAL MENTAL HEALTH BOARD, NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), GREENWICH EMERGENCY MEDICAL SERVICES (GEMS) SENIOR AND YOUTH REPRESENTATIVES (BOYS & GIRLS CLUB, GREENWICH ADULT DAY CARE), GREENWICH ALLIANCE FOR EDUCATION AND NUMEROUS INTERESTED COMMUNITY MEMBERS.

IN NEW YORK, GREENWICH HOSPITAL COLLABORATES WITH THE COUNCIL OF COMMUNITY SERVICES OF PORT CHESTER, RYE BROOK, AND RYE TOWN TO PROVIDE COMMUNITY HEALTH OUTREACH ACTIVITIES. THE COUNCIL OF COMMUNITY SERVICES BOARD MEMBERS MEET BI-MONTHLY AND A GREENWICH HOSPITAL REPRESENTATIVE IS A BOARD MEMBER. THE COUNCIL OF COMMUNITY SERVICES HAS APPROXIMATELY 10 COMMUNITY COALITIONS THAT MEET MONTHLY AND REPORT UP TO THE COUNCIL OF COMMUNITY SERVICES BOARD AND INCLUDE THE ADOLESCENT HEALTH TASK FORCE, HEALTH NETWORK, LATINO NETWORK, SENIOR NETWORK, HOUSING INFORMATION NETWORK, AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PORT CHESTER CARE COMMITTEE.

PART V, SECTION B, LINE 7A WEBSITE:

[HTTPS://WWW.GREENWICHHOSPITAL.ORG/ABOUT/COMMUNITY/
COMMUNITY-HEALTH/NEEDS-ASSESSMENT.ASPX](https://www.greenwichhospital.org/about/community/community-health/needs-assessment.aspx)

PART V, SECTION B, LINE 7B WEBSITE:

[HTTP://CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/
2014/GREENWICH_HOSPITAL.PDF](http://ct.gov/dph/lib/dph/ohca/community_needs_assessment/chna/2014/greenwich_hospital.pdf)

PART V, SECTION B, LINE 10B WEBSITE:

[HTTPS://WWW.GREENWICHHOSPITAL.ORG/ABOUT/COMMUNITY/
COMMUNITY-HEALTH/NEEDS-ASSESSMENT.ASPX](https://www.greenwichhospital.org/about/community/community-health/needs-assessment.aspx)

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 11: 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 BEHAVIORAL 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. TO LEARN MORE ABOUT HOW GREENWICH HOSPITAL AND ITS COMMUNITY PARTNERS ARE MEETING THESE NEEDS PLEASE REVIEW THE GREENWICH HOSPITAL COMMUNITY HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

IMPROVEMENT PLAN ATTACHED TO THIS FILING.

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 V, SECTION B, LINE 16A WEBSITE:

[HTTPS://WWW.GREENWICHHOSPITAL.ORG/PATIENTS-VISITORS/
BILLING-INSURANCE/FINANCIAL-ASSISTANCE.ASPX](https://www.greenwichhospital.org/patients-visitors/billing-insurance/financial-assistance.aspx)

PART V, SECTION B, LINE 16B WEBSITE:

[HTTPS://WWW.YNHHS.ORG/FORMS.ASPX](https://www.ynhhs.org/forms.aspx)

PART V, SECTION B, LINE 16C WEBSITE:

[HTTPS://WWW.YNHHS.ORG/FORMS.ASPX](https://www.ynhhs.org/forms.aspx)

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 13H: THESE PROGRAMS COVER MEDICALLY NECESSARY CARE ONLY.

GREENWICH HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

SEE PART V, SUPPLEMENTAL INFORMATION

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 22D: 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.

SCHEDULE H, PART V, SECTION D

THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE OFF-CAMPUS OUTPATIENT HEALTH CARE FACILITIES THAT GREENWICH HOSPITAL OPERATED DURING THE TAX YEAR UNDER ITS STATE HOSPITAL LICENSE.

Part V Facility Information *(continued)***Section D. 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? 17

Name and address	Type of Facility (describe)
1 PHYSICAL MEDICINE & REHAB CENTER 2015 WEST MAIN STREET STAMFORD, CT 06902	DIAGNOSTIC; LAB; REHAB
2 AMBULATORY SURGICAL CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830	OUTPATIENT FACILITY
3 GREENWICH HOSPITAL HOME CARE 500 WEST PUTNAM AVENUE GREENWICH, CT 06831	HOME CARE
4 GREENWICH HOSPITAL LAB 49 LAKE AVENUE GREENWICH, CT 06830	BLOOD DRAW CENTER
5 GREENWICH HOSPITAL LAB 90 MORGAN STREET STAMFORD, CT 06905	BLOOD DRAW CENTER
6 HOSPITAL OUTPATIENT MEDICAL ONCOLOGY; 15 VALLEY DRIVE GREENWICH, CT 06831	CANCER CENTER; BLOOD DRAW
7 GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVENUE GREENWICH, CT 06831	BLOOD DRAW CENTER
8 GREENWICH HOSPITAL OCCUP HEALTH 75 HOLLY HILL LANE GREENWICH, CT 06830	OCC HEALTH; WOMEN'S HEALTH; LAB
9 GREENWICH HOSPITAL LAB 40 CROSS STREET NORWALK, CT 06850	BLOOD DRAW CENTER
10 GREENWICH HOSPITAL LAB 90 SOUTH RIDGE STREET RYE BROOK, NY 10573	BLOOD DRAW CENTER

Schedule H (Form 990) 2014

Part V Facility Information *(continued)*

Section D. 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)
11 GREENWICH HOSPITAL LAB 1275 SUMMER STREET STAMFORD, CT 06902	BLOOD DRAW CENTER
12 GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE GREENWICH, CT 06830	BLOOD DRAW CENTER
13 GREENWICH HOSPITAL LAB 31 RIVER ROAD GREENWICH, CT 06830	BLOOD DRAW CENTER
14 GREENWICH HOSPITAL LAB 106 NOROTON AVENUE DARIEN, CT 06820	BLOOD DRAW CENTER
15 GREENWICH HOSPITAL LAB 148 EAST AVENUE NORWALK, CT 06850	BLOOD DRAW CENTER
16 GREENWICH HOSPITAL OUTPATIENT 260 LONG RIDGE ROAD STAMFORD, CT 06902	MEDICAL FACILITY
17 GREENWICH HOSPITAL MEDICAL CENTER 35 RIVER ROAD COS COB, CT 06807	INTEGRATIVE MEDICINE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

PART I, LINE 3C:

THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THE FINANCIAL ASSISTANCE POLICY PROVIDES FOR ELIGIBILITY OF DISCOUNTED CARE REGARDLESS OF INCOME.

PART I, LINE 7:

THE HOSPITAL USES A COST ACCOUNTING SYSTEM, STRATAJAZZ, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

PART I, LINE 7 CONTINUED

DESCRIPTION OF INCONSISTENCIES FROM REPORTING IN PRIOR YEARS:

THE CATHOLIC HOSPITAL ASSOCIATION'S WHAT COUNTS TASK FORCE DISCUSSED WHETHER THE COSTS FOR CANCER REGISTRIES SHOULD BE REPORTED AS COMMUNITY BENEFIT. THE TASK FORCE WAS ASKED TO REVIEW ITS RECOMMENDATION THAT CANCER REGISTRIES NOT BE REPORTED AS COMMUNITY BENEFIT. THE TASK FORCE CONCLUDED THAT SINCE REGISTRIES ARE REQUIRED FOR ACCREDITATION AS A CANCER HOSPITAL, IT SHOULD AFFIRM ITS GUIDANCE THAT THEIR COST NOT BE

Part VI Supplemental Information (Continuation)

REPORTED AS COMMUNITY BENEFIT. IN 2014, GREENWICH HOSPITAL ATTRIBUTED \$468,440 IN TOTAL COSTS TO ITS CANCER REGISTRY.

PART II, COMMUNITY BUILDING ACTIVITIES:

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 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, AND ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. DURING FISCAL YEAR 2015, GREENWICH HOSPITAL PROVIDED \$330,077 IN FINANCIAL AND IN-KIND DONATIONS IN THE AREA OF COMMUNITY BUILDING ACTIVITIES. 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. THIS

Part VI Supplemental Information (Continuation)

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 COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CROPS. OVER THE PAST SEVERAL YEARS, THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CHESTER FAMILIES WITH FRESH VEGETABLES. THE COMMUNITY GARDENS ENCOURAGE HEALTHY EATING HABITS, ENCOURAGE CHILDREN TO TRY NEW VEGETABLES, CONNECT CHILDREN TO NATURE AND THE ENVIRONMENT, AIM TO PREVENT CHILDHOOD OBESITY, AND PROMOTE PHYSICAL ACTIVITY WHILE ENCOURAGING NEW WAYS OF LEARNING AND PROMOTING HEALTH EDUCATION. THE HOSPITAL PROVIDES IN-KIND SUPPORT FOR THE INITIATIVE.

TO SUPPORT DRIVING SAFETY, GREENWICH HOSPITAL AND THE AARP CO-SPONSORED AN EDUCATIONAL DRIVING PROGRAM FOR OLDER ADULTS WITH APPROXIMATELY 350 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. RECENT STUDIES HAVE PROVEN THE HEALTH AND WELLNESS BENEFITS ASSOCIATED WITH BEING IN NATURE. VARIOUS COMMUNITY CEREMONIES AND CELEBRATIONS ARE CONDUCTED IN THE GARDEN INCLUDING CANCER SURVIVOR PROGRAMS AND THE TREE OF LIGHT PROGRAM.

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,

Part VI Supplemental Information (Continuation)

GREENWICH HOSPITAL SPONSORED SEVERAL PROGRAMS TO INTRODUCE MIDDLE AND HIGH SCHOOL STUDENTS TO POTENTIAL HEALTH CARE CAREERS.

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 23 STUDENTS PARTICIPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFILLING HEALTH CARE CAREERS.

PART III, LINE 2:

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

PART III, LINE 3:

THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

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

Part VI Supplemental Information (Continuation)

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 THE PROVISION FOR BAD DEBT REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$12.3 MILLION AND \$17.0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, 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 AND FREE CARE PROVIDED WAS APPROXIMATELY \$7.7 MILLION AND \$7.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM. FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE PROVISION FOR BAD DEBT, AT CHARGES, WAS APPROXIMATELY \$12.5 MILLION AND \$25.1 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, BAD DEBT EXPENSE, AT COST, WAS APPROXIMATELY \$4.6 MILLION AND \$9.5 MILLION, RESPECTIVELY. THE PROVISION FOR BAD DEBT IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

Part VI Supplemental Information (Continuation)

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, 2015 AND 2014, THE HOSPITAL RECEIVED APPROXIMATELY \$0.4 MILLION AND \$1.2 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$0.3 MILLION WAS RELATED TO CHARITY CARE, RESPECTIVELY. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF APPROXIMATELY \$14.0 MILLION AND \$12.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY, FOR THE ASSESSMENT.

THE STATE OF CONNECTICUT IMPLEMENTED CHANGES TO THE HOSPITAL FUNDING LEVELS FOR THE CDSHP IN THEIR FISCAL 2016 BIENNIUM BUDGET. AS A RESULT OF THESE BUDGET CHANGES, THE FUNDING FOR THIS PROGRAM WAS REDUCED EFFECTIVE JULY 1, 2015. THE REDUCTION IN FUNDING WAS APPROXIMATELY \$0.3 MILLION FOR THE PERIOD JULY 1, 2015 TO SEPTEMBER 30, 2015 AND THE FUNDING HAS BEEN ELIMINATED FOR THE STATE FISCAL YEAR 2016 IN THE AMOUNT OF \$1.4 MILLION. 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

Part VI Supplemental Information (Continuation)

OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTH CARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

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, STRATAJAZZ.

PART III, LINE 9B:

IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE. THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED. AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY. IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY.

Part VI Supplemental Information (Continuation)

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, LINE 3:

GREENWICH HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS. THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT. FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROCESS. THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL. THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS.

PART VI, LINE 4:

GREENWICH HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE SPECIFICALLY FOCUSED IN THE TOWNS WHERE THE HOSPITAL IS ENGAGED WITH COMMUNITY PARTNERS. THIS GEOGRAPHIC AREA INCLUDES THE TOWN OF GREENWICH, CONNECTICUT AND THE FOLLOWING TOWNS LOCATED IN THE STATE OF NEW YORK: ARMONK, BEDFORD, LARCHMONT, MAMARONECK, POUND RIDGE, PORT CHESTER / RYE BROOK, AND RYE.

Part VI Supplemental Information (Continuation)

OVER 191,400 PEOPLE LIVE IN THESE TOWNS INCLUDING 47,414 UNDER THE AGE OF 18, 34,361 BETWEEN THE AGES OF 18 AND 34, 78,873 BETWEEN THE AGES OF 35 AND 64, AND 30,766 OVER THE AGE OF 65.

APPROXIMATELY 23% OF HOUSEHOLDS HAVE INCOMES LESS THAN \$50,000, 36% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$50,000 AND \$150,000 AND THE REMAINING 41% OF HOUSEHOLDS HAVE INCOMES GREATER THAN \$150,000.

PART VI, LINE 5:

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 2015, GREENWICH HOSPITAL PROVIDED \$41.4 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES.

GREENWICH HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF COMMUNITY BENEFITS AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF TRUSTEES WITH MANY OF THE BOARD MEMBERS RESIDING OR 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 FISCAL YEAR 2015 THERE WERE A TOTAL OF 646 MEMBERS OF THE GREENWICH HOSPITAL MEDICAL STAFF.

GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, WITH MORE THAN 13,296 INPATIENT DISCHARGES AND 287,300 OUTPATIENT

Part VI Supplemental Information (Continuation)

ENCOUNTERS LAST YEAR. THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS. GREENWICH HOSPITAL IS ONE OF THE TOP FIVE EMPLOYERS IN GREENWICH WITH 1,820 EMPLOYEES IN 2015.

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**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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 Domestic Organizations and Domestic Governments. 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.

1 (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
AMERICAN CANCER SOCIETY 372 DANBURY ROAD WILTON, CT 06897	13-1788491	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	13,500.	0.			SUPPORT ORGANIZATION
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)(3)	55,000.	0.			SUPPORT ORGANIZATION
COLUMBUS CITIZENS FOUNDATION 8 E 69TH STREET NEW YORK, NY 10021	13-6118967	501(C)(3)	7,500.	0.			SUPPORT ORGANIZATION
GEMS 111 E PUTNAM AVE RIVERSIDE, CT 06878	22-2721171	501(C)(3)	83,417.	0.			SUPPORT ORGANIZATION
GREENWICH UNITED WAY ONE LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	501(C)(3)	11,834.	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) (2014)

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
LYME RESEARCH ALLIANCE 2001 WEST MAIN STREET STAMFORD, CT 06902	06-1559393	501(C)(3)	13,500.	0.			SUPPORT ORGANIZATION
ONS FOUNDATION 6 GREENWICH OFFICE PARK GREENWICH, CT 06831	26-1394760	501(C)(3)	55,000.	0.			SUPPORT ORGANIZATION
TOWN OF GREENWICH 101 FIELD POINT ROAD GREENWICH, CT 06830	06-6002006	N/A	10,000.	0.			SUPPORT ORGANIZATION
VISITING NURSE ASSOCIATION 360 MAMARONECK AVE WHITE PLAINS, NY 10605	13-2601443	501(C)(3)	6,700.	0.			SUPPORT ORGANIZATION
YWCA OF GREENWICH 259 E PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	20,000.	0.			SUPPORT ORGANIZATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS. THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION. GREENWICH HOSPITAL ("GH") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3 ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVES. GH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO GH. ASSISTANCE DONATED BY GH TO THESE QUALIFYING

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 directors, trustees, and officers, including 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), 501(c)(4), and 501(c)(29) 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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAYLE CAPOZZALO DIRECTOR (END 10/14)	(i)	79,650.	26,292.	26,451.	2,310.	1,483.	136,186.	7,627.
	(ii)	716,846.	236,632.	238,057.	20,790.	13,350.	1,225,675.	68,639.
(2) FRANK CORVINO PRES. & CEO (END 12/14)	(i)	793,691.	265,365.	92,272.	22,329.	26,673.	1,200,330.	0.
	(ii)	198,423.	66,341.	23,068.	5,582.	6,668.	300,082.	0.
(3) CHRISTOPHER O'CONNOR DIRECTOR (START 10/14)	(i)	24,868.	8,110.	2,958.	10,735.	649.	47,320.	629.
	(ii)	804,053.	262,212.	95,642.	347,102.	20,969.	1,529,978.	20,337.
(4) NORMAN ROTH PRESIDENT (START 1/15)	(i)	414,853.	116,769.	2,381,567.	63,929.	11,850.	2,988,968.	810,445.
	(ii)	103,713.	29,192.	595,392.	15,982.	2,963.	747,242.	202,611.
(5) JIM SABETTA DIRECTOR (START 1/15)	(i)	322,345.	32,698.	24,980.	36,285.	46,689.	462,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINE BEECHNER VP	(i)	147,744.	45,687.	8,125.	12,455.	26,273.	240,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN BROWN SENIOR VP	(i)	317,591.	47,815.	2,075.	36,285.	22,084.	425,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EUGENE COLUCCI SENIOR VP	(i)	377,172.	85,825.	57,445.	151,090.	15,641.	687,173.	4,706.
	(ii)	94,293.	21,456.	14,361.	37,772.	3,910.	171,792.	42,352.
(9) DEBORAH HODYS VP	(i)	367,529.	55,372.	22,808.	15,689.	23,003.	484,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARC KOSAK VP	(i)	242,903.	38,842.	17,746.	17,694.	25,078.	342,263.	152.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NANCY LEVITT-ROSENTHAL SENIOR VP	(i)	308,676.	75,609.	40,879.	146,623.	3,520.	575,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SPIKE LIPSCHUTZ, M.D. VP	(i)	405,625.	61,633.	29,872.	15,970.	18,955.	532,055.	16,056.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MELISSA TURNER SENIOR VP	(i)	144,380.	38,305.	23,834.	59,090.	11,184.	276,793.	0.
	(ii)	144,380.	38,305.	23,834.	59,090.	11,184.	276,793.	0.
(14) BRIAN DORAN SENIOR VP (END 5/2015)	(i)	421,013.	111,825.	63,599.	201,397.	21,986.	819,820.	287,100.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) VICKI ALTMAYER DIRECTOR OF PATHOLOGY	(i)	525,946.	48,273.	26,897.	36,285.	19,199.	656,600.	4,591.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) RICHARD EISEN DIRECTOR OF PATHOLOGY	(i)	514,968.	12,111.	25,410.	30,204.	25,498.	608,191.	15,897.
	(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.

(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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ERIC DIAMOND PATHOLOGIST	(i)	437,625.	0.	24,182.	40,285.	16,987.	519,079.	32,045.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DOROTHY BLACKMUN PATHOLOGIST	(i)	451,752.	0.	18,229.	20,222.	9,744.	499,947.	21,242.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STEPHEN JONES CHIEF SAFETY OFFICER/DIRECTOR	(i)	351,326.	14,428.	24,907.	36,285.	25,320.	452,266.	18,271.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) QUINTON FRIESEN FORMER OFFICER (9/2012)	(i)	0.	0.	278,684.	0.	0.	278,684.	278,684.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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:

THE INDIVIDUALS LISTED BELOW 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.

	SEVERENCE	NONQUALIFIED	EQUITY-BASED
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CHRISTOPHER O'CONNOR	\$0	\$198,387	\$0
BRIAN DORAN	\$0	\$114,425	\$0
EUGENE COLUCCI	\$0	\$103,662	\$0
NANCY LEVITT-ROSENTHAL	\$0	\$ 78,423	\$0
MELISSA TURNER	\$0	\$ 70,493	\$0

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 2014 CALENDAR YEAR THAT
WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2014
CALENDAR YEAR FORM W-2.

Part III Supplemental Information

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.

NORMAN ROTH \$2,901,058

GAYLE CAPOZZALO \$ 171,683

ONE FORMER OFFICER RECEIVED A PAYMENT FROM A NONQUALIFIED PLAN. THIS AMOUNT IS INCLUDED IN SECTION II, COLUMN B (III) THE FOLLOWING PAYMENT WAS MADE DIRECTLY TO HIM FROM THE RABBI TRUST:

QUINTON FRIESEN \$127,684

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:

Part III Supplemental Information

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.

THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF 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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

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 2008 - SERIES C	06-0806186	20774UYC3	05/07/08	53,630,000.	REFINANCE SERIES 2006B		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	18,525,000.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	55,211,662.								
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	54,662,047.								
12 Other unspent proceeds									
13 Year of substantial completion	2008								
	Yes	No	Yes	No	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									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		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?	<input checked="" type="checkbox"/>							
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?		<input checked="" type="checkbox"/>						
c Are there any research agreements that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>							
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?		<input checked="" type="checkbox"/>						
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	1.86 %							
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 government31 %							
6 Total of lines 4 and 5	2.17 %							
7 Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>						
b Exception to rebate?	<input checked="" type="checkbox"/>							
c No rebate due?	<input checked="" type="checkbox"/>							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>						
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. Provide additional information for responses to questions on Schedule K (see instructions).

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

PART II, LINE 3

THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (A) AND TOTAL PROCEEDS REPORTED ON PART II, LINE 3 IS DUE TO EITHER INVESTMENT EARNINGS OR PREMIUM RECEIVED FROM PURCHASER.

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 & PART V

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.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C

ISSUER NAME: CHEFA 2008 - SERIES C

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2009 & 06/30/2014

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE PART V	> THAN 35% OWNED	120,000.	CONSULTANT		X
SUBST CONTR #32	VENDOR	120,000.	CONSULTANT		X
SUBST CONTR #182	VENDOR	1,337,135.	LAUNDRY		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

NAME OF INTERESTED PERSON: CORVINO AND CORVINO CONSULTING

OFFICER/TRUSTEE FRANK A. CORVINO IS A GREATER THAN 35% OWNER OF CORVINO AND CORVINO CONSULTING. CORVINO AND CORVINO CONSULTING PROVIDED CONSULTING SERVICES TO THE HOSPITAL.

AMOUNT OF TRANSACTION: \$120,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **GREENWICH HOSPITAL** Employer identification number **06-0646659**

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	X	1	40,000.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		79,895.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	109,675.	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				
19 Food inventory	X	8	3,125.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	2	173,735.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	353	115,143.	FAIR MARKET VALUE
26 Other ▶ (VACATION/ENT)	X	23	107,540.	FAIR MARKET VALUE
27 Other ▶ (PHOTOGRAPHY)	X	9	19,000.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

GREENWICH HOSPITAL

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06-0646659

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

AS A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM (YNHHS), GREENWICH HOSPITAL
ENHANCED CLINICAL PROGRAMS, IMPLEMENTED BEST MEDICAL AND NURSING
PRACTICES AND IDENTIFIED EFFICIENCIES TO STRENGTHEN ITS FISCAL
PERFORMANCE.

THE HOSPITAL STRENGTHENED EFFORTS TO CREATE A SAFE ENVIRONMENT FOR
PATIENTS AND STAFF, INCLUDING THE USE OF SAFETY CHAMPIONS, DAILY SAFETY
HUDDLES AND LEADERSHIP QUALITY SAFETY ROUNDS. IN 2015, THE HOSPITAL
CONTINUED ITS HIGH RELIABILITY ORGANIZATION JOURNEY COMMITTING TO LEVEL
3 PARTICIPATION IN THE STATE HIGH RELIABILITY WORK WITH HEALTHCARE
PERFORMANCE IMPROVEMENT. THE VIDEO FALLS RISK MONITORING PROGRAM, WHICH
HAS GARNERED NATIONAL ATTENTION, HELPED REDUCE INPATIENT FALLS BY 44
PERCENT. MORE THAN 50 SAFETY IMPROVEMENTS WERE IMPLEMENTED RESULTING
FROM STAFF REPORT OF GREAT CATCHES. THE INFANT SECURITY PROGRAM WAS
ENHANCED WITH THE HUGS AND KISSES PROGRAM. EBOLA PREPARATIONS WERE
SUCCESSFULLY COMPLETED.

THE HOSPITAL RECEIVED A GUARDIAN OF EXCELLENCE AWARD FROM PRESS GANEY
FOR MAINTAINING SUPERIOR PATIENT SATISFACTION SCORES AND WAS THE ONLY
CONNECTICUT HOSPITAL TO RECEIVE THE HEALTHGRADES 2015 OUTSTANDING
PATIENT EXPERIENCE AWARD. THE HOSPITAL EARNED FOUR WOMEN'S CHOICE
AWARDS FOR PATIENT EXPERIENCE, OBSTETRICS, CANCER CARE AND BREAST
CANCER CARE FOR A SECOND YEAR IN A ROW.

THE JOINT COMMISSION CERTIFIED THE HOSPITAL IN INPATIENT DIABETES (THE

Name of the organization

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ONLY HOSPITAL IN CONNECTICUT), STROKE, JOINT, SPINE AND HOME HOSPICE.

THE HOSPITAL RECEIVED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR SPINAL FUSION, TOTAL HIP AND KNEE REPLACEMENT SURGERY AND THE SILVER PLUS AWARD FOR STROKE FROM THE AMERICAN HEART ASSOCIATION. THE AMERICAN DIABETES ASSOCIATION RECERTIFIED THE OUTPATIENT DIABETES EDUCATION PROGRAM.

THE HOSPITAL EXPANDED ITS ABILITY TO TREAT CARDIAC PATIENTS WITH THE ADDITION OF TWO CARDIOLOGISTS WHO SPECIALIZE IN CARDIAC CAUTERIZATION AND ELECTROPHYSIOLOGY. RENOVATIONS BEGAN TO CREATE AN ADDITIONAL FOUR PATIENT ROOMS TO ACCOMMODATE THE GROWING NUMBER OF PEOPLE VISITING THE EMERGENCY DEPARTMENT. THE NEW INSIGHT TELE-ICU ESTABLISHED BY YNHHS AND STAFFED BY INTENSIVIST PHYSICIANS AND OTHER HEALTHCARE PROVIDERS GIVES HOSPITAL PATIENTS IN THE INTENSIVE CARE UNIT AN ADDED LAYER OF PROTECTION OVERNIGHT. A RECORD 2,814 BIRTHS TOOK PLACE, MAKING THE HOSPITAL THE REGION'S DESTINATION MATERNITY HOSPITAL WITH THE FOURTH HIGHEST BIRTH NUMBERS IN THE STATE.

THE NURSING DIVISION WAS REORGANIZED TO IMPROVE PATIENT CARE, FULLY INTEGRATE NURSING STAFF AND PROVIDE SERVICES IN A MORE SAFE AND COST-EFFECTIVE MANNER. THE HOSPITAL BEGAN THE JOURNEY TO EARN MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER, AND AS PART OF THE INITIATIVE, REVITALIZED THE SHARED GOVERNANCE COUNCILS THAT EMPOWER NURSES TO PARTICIPATE IN DECISION-MAKING THROUGHOUT THE HOSPITAL. THE HOSPITAL ALSO ENHANCED PROFESSIONAL DEVELOPMENT AND EDUCATIONAL OPPORTUNITIES FOR NURSES.

THE HOSPITAL BECAME THE FIRST HOSPITAL IN CONNECTICUT TO TREAT A

Name of the organization GREENWICH HOSPITAL	Employer identification number 06-0646659
--	--

PATIENT WITH INTRA OPERATIVE RADIATION. THE HOSPITAL ALSO MOVED FORWARD WITH THE INSTALLATION OF A NEW TRUE BEAM LINEAR ACCELERATOR. THE CANCER CARE TEAM ADDED A BREAST SURGEON, A RADIATION ONCOLOGIST, A SURGEON SPECIALIZING IN GYNECOLOGIC ONCOLOGY, A CANCER PAIN MANAGEMENT PHYSICIAN AND AN ONCOLOGY SOCIAL WORKER. A NEW GENETIC COUNSELING PROGRAM WAS LAUNCHED IN COLLABORATION WITH YNHHS.

THE ROBOTICS PROGRAM WAS ADVANCED WITH THE PURCHASE OF THE DA VINCI ROBOT XI TO EXPAND GYNECOLOGY, UROLOGY, GENERAL SURGERY AND ONCOLOGY SURGERIES. THE SURGICAL PHYSICIAN ASSISTANT PROGRAM EXPANDED.

COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER REACHED MORE THAN 17,000 PEOPLE AT HEALTH FAIRS, FREE SCREENINGS, SUPPORT GROUPS, WELLNESS PROGRAMS, EDUCATIONAL WORKSHOPS, LECTURES AND HEALTH CAREER PROGRAMS IN FAIRFIELD AND WESTCHESTER COUNTIES. THE COMMUNITY ADVISORY COMMITTEE MONITORED IMPLEMENTATION OF A THREE-YEAR COMMUNITY IMPROVEMENT PLAN. THE HOSPITAL COLLABORATED WITH GREENWICH COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP AND THE RYE TOWN COUNCIL OF COMMUNITY SERVICES. THE DEPARTMENT RECEIVED THE "COMMUNITY LEADER AWARD" FROM THE COUNCIL OF COMMUNITY SERVICES. MORE THAN 6,600 PEOPLE RECEIVED FREE BLOOD PRESSURE SCREENINGS THROUGH THE NURSE IS IN AND THE PARISH NURSE PROGRAM AND SCORES HAD FREE PROSTATE CANCER SCREENINGS AT AN EDUCATIONAL EVENT. UNINSURED WOMEN RECEIVED FREE MAMMOGRAMS THROUGH A COLLABORATIVE EFFORT WITH THE BREAST CANCER ALLIANCE. THE 17TH ANNUAL TEDDY BEAR CLINIC DREW AN ALL-TIME HIGH 1,700 RESIDENTS FROM FAIRFIELD AND WESTCHESTER COUNTIES. SCHOOL-BASED HEALTH PROGRAMS AND WELLNESS FAIRS WERE EXPANDED TO MAMARONECK AND BRUNSWICK SCHOOLS. HOSPITAL-SPONSORED COMMUNITY PROGRAMS INCLUDED FAMILY NIGHT

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OUT AT THE CARVER CENTER IN PORT CHESTER; KIDS COOKING IN THE KITCHEN AT THE BOYS & GIRLS CLUB IN GREENWICH; THE NEW ORAL HISTORY SENIOR PROJECT IN PORT CHESTER AND RYE BROOK; AND "FRIDAY HEALTH TALKS" LECTURES AT THE GREENWICH YMCA. THE HOSPITAL RECEIVED THE AARP DRIVER SAFETY HOST AWARD FOR A SECOND YEAR IN A ROW FOR HAVING THE MOST PARTICIPANTS IN CONNECTICUT.

PART I, LINE 4 & PART VI, LINE 1B

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

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 EIGHTEEN (18) VOTING MEMBERS ARE INDEPENDENT.

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.

THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM HAS AN OWNERSHIP INTEREST. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATE AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE

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SYSTEM.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS:

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:

Name of the organization

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(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;

(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

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OF THE SYSTEM TAX DEPARTMENT. THE RETURN IS INITIALLY REVIEWED BY THE HOSPITAL DIRECTOR OF CORPORATE FINANCE. SUBSEQUENTLY, IT IS SENT TO KPMG LLP FOR THEIR INITIAL REVIEW. AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE HOSPITAL AND A FINAL VERSION OF THE RETURN IS SENT BACK TO KPMG 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

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIALS:

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

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

COMPENSATION COMMITTEES, AND PROVIDED TO THE BOARDS OF YNHHS AND THE HOSPITAL.

FORM 990, PART VI, SECTION B, LINE 15B:

COMPENSATION PROCESS FOR OFFICERS

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

Name of the organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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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/OR THE HOSPITAL, AS APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF FORM 990, FORM 1023 (IF AVAILABLE) 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:

LAUNDERING SERVICE:

PROGRAM SERVICE EXPENSES	875,932.
MANAGEMENT AND GENERAL EXPENSES	247,058.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,122,990.

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	31,787,719.
MANAGEMENT AND GENERAL EXPENSES	7,842,776.

Name of the organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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FUNDRAISING EXPENSES	208,335.
TOTAL EXPENSES	39,838,830.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	9,782,502.
MANAGEMENT AND GENERAL EXPENSES	2,759,167.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,541,669.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	53,503,489.

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

PENSION ADJUSTMENT	-12,742,000.
AMORTIZATION	-163,000.
TRANSFERS TO AFFILIATES	-8,458,000.
ASSETS RELEASED FOR OPERATIONS	-4,783,000.
RESTRICTED CONTRIBUTIONS	5,358,000.
REALIZED GAIN ON INVESTMENTS	1,956,000.
CHANGE IN FOUNDATION NET ASSETS	-801,567.
CHANGE IN AUXILIARY NET ASSETS	321,932.
BOOK TO TAX ITEMS	1,235,527.
TOTAL TO FORM 990, PART XI, LINE 9	-18,076,108.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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 SERVICES	CONNECTICUT	1,633,204.	263,317.	GREENWICH HOSPITAL
GREENWICH PATHOLOGY ASSOCIATES, LLC - 06-6140101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	3,134,300.	482,824.	GREENWICH HOSPITAL

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	X	
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 7	BRIDGEPORT HOSPITAL	X	
CARITAS INSURANCE - TERMINATED 12/15/2014 - 03-0322238, 40 MAIN STREET, BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	X	

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

Schedule R (Form 990) 2014

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
NORTHEAST MEDICAL GROUP INC - 06-1330992 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	X	
NORTHEAST MEDICAL GROUP, PLLC -- 35-2380180 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		BRIDGEPORT HOSPITAL	X	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	N/A		X
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME	CONNECTICUT	501C3	LINE 3	YALE-NEW HAVEN HOSPITAL	X	
YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	X	
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP	X	
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS, INC. - 06-6048427, 120 COLUMBINE DRIVE, TRUMBULL, CT 06611	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	X	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) Disproportionate 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		Yes	No	
SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	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 SERVICES	CT	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 SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TOTAL HEALTH CONNECTICUT, LLC - 47-4070024, 789 HOWARD AVENUE, NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	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" on 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
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH HEALTH SERVICES INC - TERMINATED 6/30/2015 - 06-1233643, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY, PC - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER PHARMACY, INC. - 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, INC. - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	REAL ESTATE	CT	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
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE 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 OF NJ, PC - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LUKAN INDEMNITY COMPANY - TERMINATED 3/31/2015 - 98-1072793, 58 PAR-LA-VALLIS RD, HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
PRIMARYNET OF CONNECTICUT, INC. - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC. - 06-1110797, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC. - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT	CT	N/A	C CORP	N/A	N/A	N/A	X	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN HEALTH SERVICES CORP	M	6,048,814.	FAIR MARKET VALUE
(2) YALE NEW HAVEN HEALTH SERVICES CORP	P	44,125,764.	FAIR MARKET VALUE
(3) GREENWICH HEALTH CARE SERVICES, INC.	R	8,910,519.	CASH/NET ASSET TRANSFER
(4) GREENWICH HOSPITAL ENDOWMENT FUND	S	2,510,421.	FAIR MARKET VALUE
(5) PERRYRIDGE CORPORATION	K	783,384.	FAIR MARKET VALUE
(6) PERRYRIDGE CORPORATION	Q	277,329.	ACTUAL COST

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) PERRYRIDGE CORPORATION	L	37,440.	FAIR MARKET VALUE
(8) PERRYRIDGE CORPORATION	S	470,397.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



GREENWICH HOSPITAL

Financial Statements

September 30, 2015 and 2014

(With Independent Auditors' Report Thereon)

GREENWICH HOSPITAL

Financial Statements

September 30, 2015 and 2014

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KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Board of Trustees
Greenwich Hospital:

We have audited the accompanying financial statements of Greenwich Hospital (the Hospital), which comprise the balance sheet as of September 30, 2015, and the related statements of operations and changes in net assets and cash flows for the year 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 from material misstatement, whether due to fraud or error.

Auditors' 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 of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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 auditors' 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 as of September 30, 2015, and the results of its operations and changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.



Other Matter

The accompanying financial statements of Greenwich Hospital as of September 30, 2014 and for the year then ended were audited by other auditors whose report thereon dated December 23, 2014, expressed an unmodified opinion on those financial statements.

KPMG LLP

December 23, 2015

GREENWICH HOSPITAL

Balance Sheets

September 30, 2015 and 2014

(In thousands)

Assets	<u>2015</u>	<u>2014</u>
Current assets:		
Cash and cash equivalents	\$ 26,854	43,811
Short-term investments (note 4)	72,659	31,934
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$57,791 in 2015 and \$49,979 in 2014 (note 2)	39,519	37,984
Other receivables (note 2)	26,373	28,313
Professional liabilities insurance recoveries receivable – current portion (note 9)	6,309	8,030
Other current assets	7,407	9,268
Total current assets	<u>179,121</u>	<u>159,340</u>
Assets limited as to use (note 4)	44,236	38,804
Beneficial interest in the net assets of the Foundation	56,878	60,140
Long-term investments (note 4)	51,340	51,525
Professional liabilities insurance recoveries receivable – noncurrent (note 9)	10,208	17,916
Other assets (note 1)	12,900	15,737
Property, plant, and equipment (note 1):		
Land and land improvements	11,707	10,618
Buildings and fixtures	252,685	252,748
Equipment	180,617	172,367
	<u>445,009</u>	<u>435,733</u>
Less accumulated depreciation	<u>(232,778)</u>	<u>(212,977)</u>
	212,231	222,756
Construction in progress	4,579	461
	<u>216,810</u>	<u>223,217</u>
Total assets	<u>\$ 571,493</u>	<u>566,679</u>

See accompanying notes to financial statements.

Liabilities and Net Assets	2015	2014
Current liabilities:		
Accounts payable	\$ 8,485	8,178
Accrued expenses (note 12)	24,038	24,436
Professional liabilities – current portion (note 9)	6,309	8,030
Current portion of long-term debt (note 7)	2,675	2,605
Other current liabilities (note 2)	11,502	12,282
Total current liabilities	53,009	55,531
Long-term debt, net of current portion (note 7)	32,430	35,105
Accrued pension and postretirement benefit obligations (note 8)	42,787	31,684
Professional liabilities - noncurrent (note 9)	17,819	24,769
Interest rate swap (note 7)	4,108	3,817
Other long-term liabilities (note 2)	14,846	14,411
Total liabilities	164,999	165,317
Net assets (note 6):		
Unrestricted	341,118	334,040
Temporarily restricted	41,782	44,115
Permanently restricted	23,594	23,207
Total net assets	406,494	401,362
Commitments and contingencies		
Total liabilities and net assets	\$ 571,493	566,679

GREENWICH HOSPITAL
Statements of Operations and Changes in Net Assets
Years ended September 30, 2015 and 2014
(In thousands)

	2015	2014
Operating revenue:		
Net patient service revenue	\$ 361,338	357,292
Less provision for bad debts, net	(12,494)	(25,085)
Net patient service revenue, less provision for bad debts, net	348,844	332,207
Other revenue (note 13)	14,393	17,848
Total operating revenue	363,237	350,055
Operating expenses:		
Salaries and benefits	153,755	150,222
Supplies and other	152,680	142,360
Depreciation	24,014	24,929
Interest (note 7)	310	343
Total operating expenses	330,759	317,854
Income from operations	32,478	32,201
Nonoperating losses and gains:		
Change in fair value of swap, including counterparty payments (note 7)	(1,430)	(847)
Change in unrealized gains and losses on investments	(7,035)	6,345
Other nonoperating gains and losses, net (note 13)	2,843	(1,327)
Excess of revenue over expenses	26,856	36,372
Other changes in unrestricted net assets:		
Other changes in net assets	(163)	(71)
Transfers to affiliates (note 12)	(8,800)	(11,614)
Transfer from affiliate – close out of GHSI	342	—
Net assets released from restrictions for purchases of fixed assets	1,585	—
Pension related changes other than net periodic benefit cost	(12,742)	(9,492)
Increase in unrestricted net assets	\$ 7,078	15,195

GREENWICH HOSPITAL

Statements of Operations and Changes in Net Assets

Years ended September 30, 2015 and 2014

(In thousands)

	<u>2015</u>	<u>2014</u>
Temporarily restricted net assets:		
Net realized gains and income from investments	\$ 1,936	1,091
Change in net unrealized gains and losses on investments	(2,764)	2,417
Bequests and contributions	4,970	7,074
Net assets released from restrictions for purchases of fixed assets	(1,585)	—
Net assets released from restriction for operations	(4,783)	(3,010)
Net assets released from restrictions for nonoperating activities	(107)	—
(Decrease) increase in temporarily restricted net assets	<u>(2,333)</u>	<u>7,572</u>
Permanently restricted net assets:		
Contributions	388	925
Net realized gains on investments	20	12
Change in net unrealized gains and losses on investments	(21)	34
Increase in permanently restricted net assets	<u>387</u>	<u>971</u>
Increase in net assets	5,132	23,738
Net assets at beginning of year	<u>401,362</u>	<u>377,624</u>
Net assets at end of year	\$ <u><u>406,494</u></u>	<u><u>401,362</u></u>

See accompanying notes to financial statements.

GREENWICH HOSPITAL
Statements of Cash Flows
Years ended September 30, 2015 and 2014
(In thousands)

	<u>2015</u>	<u>2014</u>
Operating activities:		
Increase in net assets	\$ 5,132	23,738
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	24,014	24,929
Change in net interest in the net assets of the Foundation	3,261	(3,751)
Net realized and change in net unrealized gains and losses on investments	(7,864)	9,898
Provision for bad debts, net	12,494	25,085
Bequests and contributions	(5,358)	(7,999)
Pension related changes other than net periodic benefit cost	12,742	9,492
Change in fair value of interest rate swap agreement	291	(349)
Changes in operating assets and liabilities:		
Accounts receivable, net	(14,029)	(28,270)
Other receivables	1,941	(6,369)
Professional liabilities and related insurance recoveries receivable	758	1,098
Due from affiliate	—	501
Other assets	4,698	547
Accounts payable	307	2,189
Accrued expenses	(398)	1,891
Other current liabilities, accrued pension, and post retirement benefit obligations and other long-term liabilities	(1,984)	(3,014)
Net cash provided by operating activities	<u>36,005</u>	<u>49,616</u>
Investing activities:		
Acquisition of property, plant, and equipment, net	(17,607)	(20,009)
Net Purchase of Investment	(40,580)	(14,493)
Net Sale of Investment	7,904	3,188
Net purchase of assets limited as to use	(5,432)	(5,329)
Net cash used in investing activities	<u>(55,715)</u>	<u>(36,643)</u>
Financing activities:		
Bequests and contributions	5,358	7,999
Repayment of long-term debt	(2,605)	(2,505)
Net cash provided by financing activities	<u>2,753</u>	<u>5,494</u>
Net (decrease) increase in cash and cash equivalents	(16,957)	18,467
Cash and cash equivalents at beginning of year	43,811	25,344
Cash and cash equivalents at end of year	<u>\$ 26,854</u>	<u>43,811</u>

See accompanying notes to financial statements.

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

(1) Organization and Significant Accounting Policies

(a) 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.

During 2015, GHCS dissolved its wholly owned subsidiary, Greenwich Health Services, Inc., a Connecticut business corporation. The activity and eliminations for Greenwich Pathology Associates, LLC, Greenwich Clinical Pathology Associates, LLC, Greenwich Fertility and IVF center, P.C., Occupational Health of New Jersey and Occupational Health of New York are now reported as part of Greenwich Hospital.

(b) 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. Actual results could differ from those estimates.

During fiscal 2015 and 2014, the Hospital recorded a change in estimate of approximately \$0.3 million and \$2.1 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2015 and 2014, respectively.

(c) 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

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

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.

(d) 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.

(e) 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.

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.

(f) 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.

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

The amount of the allowances 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. Management periodically assesses the adequacy of this allowance based upon historical collection and write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible patient accounts receivable. After satisfaction of amounts due from insurance, The System follows established guidelines for placing certain patient balances with collection agencies, subject to certain restrictions on collection efforts as determined by the System policy. See note 2 for additional information relative to third-party payor programs.

Net patient accounts receivable has been adjusted to the estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors. Such receivables do not bear interest.

(g) 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 nonmarketable and market-traded debt and equity securities. Alternative investments are accounted 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 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, 2015 and 2014. Future funding commitments for alternative investments aggregated approximately \$4.1 million at September 30, 2015.

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

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

(h) Inventories

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

(i) 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 for future capital improvements.

(j) 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. Income distributions received from the trusts are recorded as temporarily restricted contributions when received.

(k) 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 nonperformance 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.

(l) 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.

(m) 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. Deferred financing costs capitalized totaled approximately \$0.6 million for September 30, 2015 and 2014. The accumulated amortization of deferred financing costs was approximately \$0.2 million for September 30, 2015 and 2014. 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, 2015 and 2014.

(n) 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 \$1.1 million for the year ended September 30, 2015. No distributions were recorded for the year ended September 30, 2014.

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

(o) 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 named beneficiaries. In certain cases, use of such assets ultimately to be received by the Hospital is restricted to specific purposes.

(p) Benefits and Insurance

The Hospital provides medical, dental, hospitalization and prescription drug benefits to employees for which it is self-insured. The Hospital has a stop loss arrangement to limit exposure for self-insured benefits. Liabilities have been accrued for claims, including claims incurred but not reported (IBNRs), which are based on Hospital-specific experience. At September 30, 2015 and 2014, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately \$0.8 million and \$0.9 million, respectively, and is included in accrued expenses in the accompanying balance sheets.

The Hospital is effectively self-insured for workers' compensation claims. The Hospital has a stop loss arrangement to limit exposure for workers' compensation claims. Estimated amounts are accrued for claims, including IBNRs, which are based on Hospital-specific experience. At September 30, 2015 and 2014, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 2.0% and 2.5% respectively, aggregated approximately \$1.7 million and \$2.0 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

(q) Professional Liability Insurance

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

(r) 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.

Leases are classified as capital leases or operating leases in accordance with the terms of the underlying lease agreements. Lease payments under operating leases are charged directly to rental

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

expense, and are included in supplies and other expenses in the accompanying consolidated statements of operations.

(s) *Derivative Contracts*

In the normal course of business, the Hospital procures fuel and has entered into forward delivery agreements and commodity contracts. Substantially all of the Hospital's contracts to procure fuel are designated as, and qualify as, normal purchases; accordingly, such contracts are not accounted for as derivative contracts.

(t) *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.

(u) *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.

There are certain transactions that could be deemed "Unrelated Business Income" and would result in a tax liability. Management reviews transactions to estimate potential tax liabilities using a threshold of more likely than not that the position will be sustainable based on the merits of the position. It is management's estimation that there are no material tax liabilities that need to be recorded.

(v) *Impairment of Assets*

The Hospital reviews property, plant and equipment for impairment at least annually, and more frequently 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. No impairment charge was recorded for the years ended September 30, 2015 or 2014.

(w) *New Accounting Pronouncement*

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*, which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also removes the

GREENWICH HOSPITAL

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requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Reporting entities will be required to disclose the amount of investments measured at net asset value (or its equivalent) using the practical expedient to reconcile total investments in the fair value hierarchy to total investments measured at fair value. ASU 2015-07 is effective for public business entities for fiscal years beginning after December 15, 2015, and interim periods within those fiscal years. The effective date for all other entities is fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. Early adoption is permitted. Management has adopted and applied ASU 2015-07 retrospectively to all periods presented.

In April, 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-03, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs*. ASU No. 2015-03 is intended to simplify the presentation of debt issuance costs, requiring them to be presented as a direct reduction from the carrying value of the related debt liability. This guidance is effective for fiscal years beginning after December 15, 2015 and management is currently evaluating the effect of this guidance on its consolidated financial statements.

(x) Reclassifications

Certain reclassifications have been made to the year ended September 30, 2014, balances previously reported in the financial statements in order to conform with the year ended September 30, 2015 presentation.

(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 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 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 approximately \$0.6 million and \$2.9 million at September 30, 2015 and 2014, respectively. Third-party payor liabilities included in other current liabilities were approximately \$5.4 million and \$4.0 million at September 30, 2015 and 2014, respectively. Third-party payor liabilities included in other long-term liabilities were approximately \$11.9 million and \$10.9 million at September 30, 2015 and 2014, 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 hospital-specific data. Such amounts are included in the accompanying balance sheets.

GREENWICH HOSPITAL

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September 30, 2015 and 2014

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 27% and 4%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2015 and approximately 29% and 4%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2014. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 35% and 7%, respectively, for the year ended September 30, 2015 and approximately 36% and 6%, respectively, for the year ended September 30, 2014. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. In April 2014, the Hospital began participation in the Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement initiative. Under the Bundled Payments for Care Improvement initiative, the Hospital has entered into payment arrangements that include financial and performance accountability for episodes of care.

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 2012 for Medicare and 2013 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 34% from Medicare, 3% from Medicaid, and 63% from nongovernmental payors at September 30, 2015 and 37% from Medicare, 3% from Medicaid, and 60% from nongovernmental payors at September 30, 2014.

Net patient service revenue is comprised of the following for the years ended September 30, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Gross revenue at charges	\$ 1,185,801	1,149,849
Deductions:		
Contractual allowances	803,900	772,804
Charity and free care (at charges)	20,563	19,753
Provision for doubtful accounts	12,494	25,085
Net patient service revenue	<u>\$ 348,844</u>	<u>332,207</u>

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

Patient service revenue for the years ended September 30, 2015 and 2014, 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 (in thousands):

	<u>Third-party</u>	<u>Self-pay</u>	<u>Total all payors</u>
2015 Patient service revenue (net of contractual allowances and discounts)	\$ 358,448	2,890	361,338
2014 Patient service revenue (net of contractual allowances and discounts)	341,172	16,120	357,292

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 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 \$57.8 million and \$50.0 million at September 30, 2015 and 2014, respectively. The allowance for doubtful accounts for self-pay patients was approximately 71% and 53% of self-pay accounts receivable as of September 30, 2015 and 2014, respectively. Substantially all write-offs are related to self-pay patients.

(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 the provision for bad debt represent uncompensated care. The estimated cost of total uncompensated care is approximately \$12.3 million and \$17.0 million for the years ended September 30, 2015 and 2014, 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.

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The estimated cost of charity care and free care provided was approximately \$7.7 million and \$7.5 million for the years ended September 30, 2015 and 2014, respectively. The estimated cost of charity care is determined by the Hospital's cost accounting system.

For the years ended September 30, 2015 and 2014, the provision for bad debt, at charges, was approximately \$12.5 million and \$25.1 million, respectively. For the years ended September 30, 2015 and 2014, bad debt expense, at cost, was approximately \$4.6 million and \$9.5 million, respectively. The provision for bad debt 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, 2015 and 2014, the Hospital received approximately \$0.4 million and \$1.2 million, respectively, in CDSHP distributions, of which approximately \$0.3 million was related to charity care, respectively. The Hospital made payments into the CDSHP of approximately \$14.0 million and \$12.1 million for the years ended September 30, 2015 and 2014, respectively, for the assessment.

The State of Connecticut implemented changes to the hospital funding levels for the CDSHP in their fiscal 2016 biennium budget. As a result of these budget changes, the funding for this program was reduced effective July 1, 2015. The reduction in funding was approximately \$0.3 million for the period July 1, 2015 to September 30, 2015 and the funding has been eliminated for the state fiscal year 2016 in the amount of \$1.4 million.

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 health care professionals to provide their services at no charge through participation in various community seminars and training programs.

GREENWICH HOSPITAL

Notes to Financial Statements

September 30, 2015 and 2014

(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):

	2015		2014
Money market funds	\$ 53,125	\$	58,569
U.S. equity securities	6,475		8,019
International equity securities ^(c)	8,844		10,119
Fixed income:			
U.S. government	76,395		8,003
International government	1,678		1,125
Corporate debt ^(a)	2,040		15,795
Mortgage backed securities ^(b)	—		24
Hedge funds:			
Absolute return ^(d)	2,996		3,126
Long/short equity ^(f)	1,830		640
Commodities	397		652
Private equity ^(e)	1,976		2,154
Perpetual trusts	12,479		14,037
	\$ 168,235	\$	122,263

^(a) Investments consist of PIMCO short-term and total return funds as well as bonds issued by U.S. 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 U.S. 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 with an external long/short equity fund of funds manager underlying portfolio investments consisting of publicly traded equity positions.

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September 30, 2015 and 2014

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 1.0% and 1.1% as of September 30, 2015 and 2014, 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. Changes in endowment net assets for the year ended September 30, 2015 are as follows (in thousands):

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 46,772	17,514	23,207	87,493
Investment return:				
Investment loss	(877)	(330)	—	(1,207)
Net appreciation (realized and unrealized)	360	65	(1)	424
Total investment return	(517)	(265)	(1)	(783)
Contributions	—	—	388	388
Appropriation of endowment assets for expenditure	(2,820)	(595)	—	(3,415)
Endowment net assets, end of year	\$ <u>43,435</u>	<u>16,654</u>	<u>23,594</u>	<u>83,683</u>

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Changes in endowment net assets for the year ended September 30, 2014 are as follows (in thousands):

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 43,011	15,472	22,236	80,719
Investment return:				
Investment (loss) income	(565)	58	—	(507)
Net appreciation (realized and unrealized)	<u>6,874</u>	<u>2,600</u>	<u>46</u>	<u>9,520</u>
Total investment return	6,309	2,658	46	9,013
Contributions	—	—	925	925
Appropriation of endowment assets for expenditure	<u>(2,548)</u>	<u>(616)</u>	<u>—</u>	<u>(3,164)</u>
Endowment net assets, end of year	<u>\$ 46,772</u>	<u>17,514</u>	<u>23,207</u>	<u>87,493</u>

From time to time, the fair value of assets associated with permanently restricted endowment funds may fall below the level determined under Connecticut UPMIFA.

(a) 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.

(b) 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.

(c) 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.

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(6) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Other specified capital expenditures	\$ 4,389	5,649
Indigent care	9,755	10,065
Indigent care funds held by trustee	10,832	11,918
Specified health care services and operations	10,329	9,868
Education	6,477	6,615
	<u>\$ 41,782</u>	<u>44,115</u>

Permanently restricted net assets are restricted as follows at September 30, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Principal to be held in perpetuity (held by the Greenwich Hospital Endowment, Inc.), with income expendable to support health care services and other activities (reported as nonoperating gains)	\$ 13,443	13,418
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)	1,941	1,941
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)	8,210	7,848
	<u>\$ 23,594</u>	<u>23,207</u>

(7) Long-Term Debt

Long-term debt consists of the following at September 30, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
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 2015)	\$ 35,105	37,710
Less current portion	(2,675)	(2,605)
Long-term portion	<u>\$ 32,430</u>	<u>35,105</u>

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On May 6, 2008, the State of Connecticut Health and Educational Facilities Authority (CHEFA) issued approximately \$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 outstanding revenue bonds. Principal amounts related to the Series C revenue bonds mature annually each July 1 through fiscal 2026.

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 2018.

The Hospital maintains the bank letter of credit to ensure the availability of funds to purchase any bonds tendered by bondholders that the remarketing agents are unable to remarket to new bondholders. Draws related to such tenders under the letters of credit will become Bank Bonds. As Bank Bonds, they can still be remarketed by the remarketing agents. If not remarketed successfully as Bank Bonds, the Hospital will have the opportunity to refinance them during a period of 90 days from initial draw date. If the Bank Bonds are not refunded and remain outstanding exceeding such period from initial draw date, the Hospital will be required to make monthly payments over three years. There were no draws under the letter of credit as of September 30, 2015.

For the years ended September 30, 2015 and 2014, the Hospital paid approximately \$0.1 million for interest related to long-term debt, exclusive of the swap agreements.

Aggregate principal and sinking fund payments required by the Hospital for the Series C revenue bonds for fiscal 2016 through fiscal 2020 and thereafter are as follows (in thousands):

Years ending:		
2016	\$	2,675
2017		2,790
2018		2,870
2019		2,970
2020		3,065
Thereafter		<u>20,735</u>
	\$	<u>35,105</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, GHCS is part of the Obligated Group with the Hospital (including the Hospital's Foundation).

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 approximately \$24.0 million.

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There was a favorable change in fair value of approximately \$0.3 million for the years ended September 30, 2015 and 2014, respectively, which was recorded in excess of revenue over expenses. 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, 2015 and 2014.

(8) Retirement Plan

(a) 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 nonmanagement 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 \$7.2 million and \$5.5 million to the Plan for the years ended September 30, 2015 and 2014, respectively.

(b) 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 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, 2015 and 2014 are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	<u>2015</u>	<u>2014</u>
Unrecognized actuarial loss	\$ (57,579)	(44,837)
Unrecognized prior service cost	—	—
	<u>\$ (57,579)</u>	<u>(44,837)</u>

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Notes to Financial Statements

September 30, 2015 and 2014

The actuarial loss included in unrestricted net assets at September 30, 2015 and expected to be recognized in net periodic benefit cost during the year ending September 30, 2015 is as follows (in thousands):

Unrecognized actuarial loss	\$	<u>7,537</u>
	\$	<u><u>7,537</u></u>

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, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Change in benefit obligations:		
Benefit obligation, at prior measurement date	\$ 202,762	179,205
Service cost	2,211	2,298
Interest cost	8,544	8,594
Actuarial loss	3,474	19,811
Benefits paid	<u>(8,024)</u>	<u>(7,146)</u>
Benefit obligation, at current measurement date	<u>208,967</u>	<u>202,762</u>
Change in plan assets:		
Fair value of plan assets, at prior measurement date	171,078	155,325
Actual return on plan assets	(4,074)	17,399
Employer contributions	7,200	5,500
Benefits paid	<u>(8,024)</u>	<u>(7,146)</u>
Fair value of plan assets, at current measurement date	<u>166,180</u>	<u>171,078</u>
Pension liability	\$ <u>(42,787)</u>	\$ <u>(31,684)</u>

The actuarial loss in 2015 primarily relates to changes in the discount rate and mortality table used to measure the benefit obligation, and the actuarial gain in 2014 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, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Projected benefit obligation	\$ <u>208,967</u>	<u>202,762</u>
Accumulated benefit obligation	204,656	197,893
Fair value of plan assets	166,180	171,078

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The following table provides the components of the net periodic benefit cost for the Plan for the years ended September 30, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Service cost	\$ 2,211	2,298
Interest cost	8,544	8,594
Expected return on plan assets	(12,731)	(11,678)
Amortization of prior service cost	—	6
Amortization loss	<u>7,537</u>	<u>4,592</u>
Net periodic benefit cost	<u>\$ 5,561</u>	<u>3,812</u>

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, 2015 and 2014 are shown in the following table:

	<u>Net periodic benefit cost</u>		<u>Benefit obligation</u>	
	<u>2015</u>	<u>2014</u>	<u>2015</u>	<u>2014</u>
Discount rate	4.30%	4.90%	4.40%	4.30%
Rate of compensation increase	2.50	3.50	2.50	2.50
Expected rate of return on plan assets	7.75	7.75	—	—

The asset allocation of the Plan at September 30, 2015 and 2014 was as follows:

	<u>2016 Target allocation</u>	<u>2015</u>	<u>2014</u>
Equity securities	46%	46%	55%
Debt securities	21	21	15
Alternative investments	33	33	30
	<u>100%</u>	<u>100%</u>	<u>100%</u>

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Notes to Financial Statements

September 30, 2015 and 2014

The plan assets carried at fair value as of September 30, 2015 are classified in the table below in one of the categories described in note 14 (in thousands):

	Investments measured at NAV	Investments classified in the fair value hierarchy Level I	Total
Money market funds	\$ —	\$ 13,367	\$ 13,367
U.S. equity securities	23,951	11,889	35,840
International equity securities	35,108	7,153	42,261
Fixed income:			
U.S. government	—	5,401	5,401
Corporate debt	—	15,921	15,921
Commodities	2,694	—	2,694
Hedge funds:			
Absolute return	29,438	—	29,438
Long/short equity	10,453	—	10,453
Private equity	10,805	—	10,805
	<u>\$ 112,449</u>	<u>\$ 53,731</u>	<u>\$ 166,180</u>

The plan assets carried at fair value as of September 30, 2014 are classified in the table below in one of the categories described in note 14 (in thousands):

	Investments measured at NAV	Investments classified in the fair value hierarchy Level I	Total
Money market funds	\$ —	\$ 1,249	\$ 1,249
U.S. equity securities	40,362	16,004	56,366
International equity securities	29,843	8,297	38,140
Fixed income:			
Corporate debt	—	23,987	23,987
International government	—	—	—
Commodities	4,484	—	4,484
Hedge funds:			
Absolute return	30,083	—	30,083
Long/short equity	4,919	—	4,919
Private equity	11,850	—	11,850
	<u>\$ 121,541</u>	<u>\$ 49,537</u>	<u>\$ 171,078</u>

There are no pension investments that are measured at fair value based on Level 2 or Level 3 inputs at September 30, 2015 or 2014.

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September 30, 2015 and 2014

(c) 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.

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, reduced for administrative expenses. The actual return on assets of the Plan was (2.1%) and 7.3% for the one and five years ended September 30, 2015, respectively.

(d) Cash Flows

Contributions: The Hospital expects to make cash contributions of approximately \$3.7 million to the Plan in fiscal 2016.

Estimated Future Benefit Payments: Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows (in thousands):

Years ending:	
2016	\$ 8,820
2017	9,613
2018	10,297
2019	11,184
2020	11,863
2021 to 2025	67,553

(9) Professional Liability Insurance

Yale-New Haven Hospital (Y-NHH) 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 Y-NHH 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 claims made coverage and are actuarially determined based on actual experience of the Hospital and the Captive. The Hospital pays insurance premiums to YNHSC.

The estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$24.1 million and \$32.8 million at September 30, 2015 and 2014, respectively. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$8.4 million and \$7.7 million at September 30, 2015 and 2014, respectively, and is included in professional liabilities in the accompanying balance sheets at the actuarially determined

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present value of approximately \$7.6 million and \$6.9 million, respectively, based on a discount rate 2.0% and 2.5% for the years ended September 30, 2015 and 2014, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$16.5 million and \$25.9 million at September 30, 2015 and 2014, 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 \$7.9 million and \$8.3 million for fiscal 2015 and 2014, respectively.

Future minimum lease payments for each of the following three years subsequent to September 30, 2015 under noncancelable operating leases and service contracts are as follows (in thousands):

Years ending:		
2016	\$	6,384
2017		4,714
2018		2,305
Thereafter		<u>15,648</u>
	\$	<u>29,051</u>

The Hospital has been involved in leasing leased and owned houses and properties to Hospital employees. Expenses for the years ended September 30, 2015 and 2014, 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 13).

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 \$3.2 million and \$3.5 million for fiscal 2015 and 2014, respectively. It is anticipated that this arrangement will be renewed in the future.

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Effective October 2015, GH entered into a lease for 54,755 sq. ft. located at 260 Long Ridge Road in Stamford, Connecticut for a 12 year term commencing on February 1st, 2017 with two five year renewal options. Management has evaluated the lease, and has determined that the lease will be recorded as an operating lease. The amounts relating to the transaction are included in the above schedule of minimum lease payments.

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.

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 Expenses

Functional expenses related to the Hospital's operating activities for the years ended September 30, 2015 and 2014 are as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Health care services	\$ 257,992	228,855
General and administrative	72,767	88,999
	<u>\$ 330,759</u>	<u>317,854</u>

(12) Related-Party Transactions

The Hospital purchased certain services from YNHHS for the years ended September 30, 2015 and 2014 as follows (in thousands):

	<u>2015</u>	<u>2014</u>
Professional and general liability insurance	\$ 5,199	4,670
Information systems	13,638	13,068
Management services	4,805	4,670
Other support services	26,532	29,633
Hospitalist Program	9,865	9,761
EPIC shared project	3,355	5,035
	<u>\$ 63,394</u>	<u>66,837</u>

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The Hospital has amounts due to YNHSC of approximately \$5.5 million and \$6.8 million, included in accrued expenses and other current liabilities in the accompanying balance sheets, at September 30, 2015 and 2014, respectively.

During the years ended September 30, 2015 and 2014, the Hospital transferred approximately \$8.8 million and \$11.6 million, respectively, related to operations to GHCS.

(13) Supplemental Operating Data

Other revenue consisted of the following (in thousands):

	Year ended September 30	
	2015	2014
Foundation distributed income	\$ 2,820	2,532
Pathology services	—	4,104
Cafeteria and vending	1,170	1,173
Greenwich Ambulatory Surgery Center Joint Venture	1,739	1,499
Net assets released from restrictions for operations	4,783	3,010
Invitro fertilization	—	1,295
Electronic health record incentive payment	696	1,190
Other	3,185	3,045
	<u>\$ 14,393</u>	<u>17,848</u>

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 \$0.7 million and \$1.1 million for the years ended September 30, 2015 and 2014, respectively, and Medicaid EHR incentive payment revenue was approximately \$0.1 million for the year ended September 30, 2014. The Hospital did not receive any Medicaid EHR incentive payments for the year ended September 30, 2015.

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EHR incentive payment revenue is included in other revenue in the accompanying statements 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.

Other nonoperating gains and losses, net for the years ended September 30, 2015 and 2014 consisted of the following (in thousands):

	<u>2015</u>	<u>2014</u>
Income from Foundation operations, primarily investment income and net realized gains	\$ 4,496	1,464
Less Foundation income distributed to the Hospital included in other revenue	<u>(2,820)</u>	<u>(2,532)</u>
	1,676	(1,068)
Unrestricted contributions	2,760	2,412
Interest and investment income	1,937	718
Fundraising expenses	(2,994)	(2,660)
Community Health at Greenwich Hospital	(643)	(729)
Net assets released from restrictions used for nonoperating activities, net	<u>107</u>	<u>—</u>
	<u>\$ 2,843</u>	<u>(1,327)</u>

Contributions received consisted of the following (in thousands):

	<u>2015</u>	<u>2014</u>
Unrestricted contributions	\$ 2,760	2,412
Temporarily restricted contributions	4,970	7,074
Permanently restricted contributions	<u>388</u>	<u>925</u>
Total contributions	8,118	10,411
Less fundraising costs	<u>2,994</u>	<u>2,660</u>
	<u>\$ 5,124</u>	<u>7,751</u>

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.

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September 30, 2015 and 2014

ASC 820-10, *Fair Value Measurements*, establishes a valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The levels are defined as follows:

- Net Asset Value: Determined by the respective external investment managers, including general partners, if market values are not readily ascertainable.
- 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, 2015 are classified in the table below in one of the categories described above (in thousands):

	Investments Measured at NAV	Investments classified in the fair value hierarchy		Total
		Level 1	Level 2	
Cash and cash equivalents	\$ —	\$ 26,854	\$ —	\$ 26,854
Money market funds	—	53,125	—	53,125
U.S. equity securities	4,369	2,106	—	6,475
International equity securities	7,114	1,730	—	8,844
Fixed income:				
U.S. government	6,965	69,430	—	76,395
Corporate debt	—	2,040	—	2,040
International government	826	851	—	1,677
Commodities	—	397	—	397
Real estate	—	—	—	—
Hedge funds:				
Absolute return	2,996	—	—	2,996
Long/short equity	1,830	—	—	1,830
Private equity	1,976	—	—	1,976
Perpetual trusts	14,148	—	—	14,148
Total investments as of September 30, 2015	\$ 40,224	\$ 156,533	\$ —	\$ 196,757
Liabilities:				
Interest rate swap	\$ —	\$ —	\$ (4,108)	\$ (4,108)

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September 30, 2015 and 2014

Financial assets and liabilities carried at fair value as of September 30, 2014 are classified in the table below in one of the categories described above (in thousands):

	Investments Measured at NAV	Investments classified in the fair value hierarchy		Total
		Level 1	Level 2	
Cash and cash equivalents	\$ —	\$ 43,811	\$ —	\$ 43,811
Money market funds	—	58,569	—	58,569
U.S. equity securities	5,063	2,956	—	8,019
International equity securities	8,227	1,892	—	10,119
Fixed income:				
U.S. government	4,024	3,979	—	8,003
Corporate debt	—	15,795	—	15,795
International government	558	566	—	1,124
Mortgage backed securities	—	24	—	24
Commodities	652	—	—	652
Real estate	—	—	—	—
Hedge funds:				
Absolute return	3,126	—	—	3,126
Long/short equity	640	—	—	640
Private equity	2,154	—	—	2,154
Perpetual trusts	15,984	—	—	15,984
Total investments as of September 30, 2014	\$ 40,428	\$ 127,592	\$ —	\$ 168,020
Liabilities:				
Interest rate swap	\$ —	\$ —	\$ (3,817)	\$ (3,817)

The fair value of long-term debt was approximately \$32.4 million and \$35.1 million at September 30, 2015 and 2014, 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.

There are no assets or liabilities that are measured at fair value based on Level 3 inputs at September 30, 2015 or 2014.

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Notes to Financial Statements

September 30, 2015 and 2014

The following is a summary of total investments as of September 30, 2015, with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

<u>Description of investment</u>	<u>Fair value</u>	<u>Unfunded commitments</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>
Private equity	\$ 1,976	4,150	N/A	N/A
Hedge funds:				
Absolute return	3,135	N/A	N/A	N/A
Long/short equity	1,830	N/A	N/A	N/A
Global equity	9,210	N/A	30 days	2 years
Total	<u>\$ 16,151</u>			

(15) Subsequent Events

Management has evaluated subsequent events through December 23, 2015, which is the date the financial statements were issued. No events have occurred that require disclosure to or adjustment of the financial statements.