

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREENWICH HEALTH CARE SERVICES, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 PERRYRIDGE ROAD City, town, or post office, state, and ZIP code GREENWICH, CT 06830 F Name and address of principal officer: FRANK CORVINO 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	D Employer identification number 22-2593399 E Telephone number 203-863-3000 G Gross receipts \$ 562,295. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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: ▶ N/A		
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: 1984 M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SUPPORT SERVICES TOWARD THE OPERATION OF GREENWICH HOSPITAL AND ITS AFFILIATES.		
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	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	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)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64.	43.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,581,265.	562,252.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,581,329.	562,295.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
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)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,311.	825.
19	Revenue less expenses. Subtract line 18 from line 12	1,311.	825.
20	Total assets (Part X, line 16)	3,580,018.	561,470.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	1,285,461.	1,709,138.
		478,220.	688,042.
		807,241.	1,021,096.

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: EUGENE COLUCCI, SENIOR VP Type or print name and title	Date: 8/7/14
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Paid Preparer Use Only	Print/Type preparer's name Christopher B. Boggs	Preparer's signature 	Date 08/07/14	Check if self-employed <input type="checkbox"/>	PTIN P00032493
	Firm's name ▶ ERNST & YOUNG U.S., LLP	Firm's EIN ▶ 34-6565596			
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204	Phone no. 317-681-7000			

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

Exempt Organization Declaration and Signature for Electronic Filing

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

2012

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 HEALTH CARE SERVICES, INC

Employer identification number

22-2593399

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.

Table with 5 rows (1a-5a) and 2 columns (Type of return, Amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 562295

Part II Declaration of Officer

- 6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. [] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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

Sign Here [X] Signature of officer [Signature] Date 8/7/14 Title SENIOR VP

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 [Signature], Date 8/13/14, Check if also paid preparer [], Check if self-employed [], ERO's SSN or PTIN P00315411, Firm's name (or yours if self-employed), address, and ZIP code YALE NEW HAVEN HEALTH SERVICES CORP, 789 HOWARD AVENUE, NEW HAVEN, CT 06519, EIN 22-2529464, Phone no. 203-688-9585

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE A VARIETY OF SUPPORT SERVICES TOWARD THE OPERATION OF GREENWICH HOSPITAL AND ITS AFFILIATES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) SUPPORT GREENWICH HOSPITAL AND ITS AFFILIATES.

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

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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (20), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GENE COLUCCI - 203-863-3000
5 PERRYRIDGE ROAD, GREENWICH, CT 06830

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM BERKLEY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(2) ALAN BREED DIRECTOR	1.00 2.00	X					0.	0.	0.	
(3) NANCY BROWN DIRECTOR	1.00 1.00	X					0.	0.	0.	
(4) GAYLE CAPOZZALO DIRECTOR	1.00 39.00	X					0.	1,146,524.	161,371.	
(5) SHIRLEE HILTON DIRECTOR	1.00 1.00	X					0.	0.	0.	
(6) JAMES MCTAGGART DIRECTOR	1.00 1.00	X					0.	0.	0.	
(7) BARBARA MILLER VICE CHAIR	1.00 2.00	X		X			0.	0.	0.	
(8) JACK MITCHELL DIRECTOR	1.00 1.00	X					0.	0.	0.	
(9) MARGARET MOORE DIRECTOR	1.00 2.00	X					0.	0.	0.	
(10) DANIEL MOSLEY CHAIRMAN	1.00 4.00	X		X			0.	0.	0.	
(11) RICHARD O'CONNELL DIRECTOR	1.00 1.00	X					0.	0.	0.	
(12) VENITA OSTERER DIRECTOR	1.00 1.00	X					0.	0.	0.	
(13) NANCY RAQUET DIRECTOR	1.00 1.00	X					0.	0.	0.	
(14) JOHN L. TOWNSEND, III TREASURER/VICE CHAIR	1.00 2.00	X		X			0.	0.	0.	
(15) BRUCE WARWICK DIRECTOR	1.00 1.00	X					0.	0.	0.	
(16) FRANK CORVINO PRES. & CEO	1.00 39.00	X		X			0.	1,324,329.	157,560.	
(17) ELIZABETH GALT SECRETARY	1.00 1.00	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) DONALD J. KIRK DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) ARTHUR MARTINEZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) DAVID EVANS, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) LARRY THOMPSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) KEVIN CONBOY, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) RICHARD BRAUER, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) ANNE JUUGE DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) JOHN SCHMELTZER, III DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) JOHN TONER DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Sub-total								0.	2,470,853.	318,931.
c Total from continuation sheets to Part VII, Section A								0.	4,311,541.	721,336.
d Total (add lines 1b and 1c)								0.	6,782,394.	1,040,267.

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 **0**

	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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PETER DAPUZZO DIRECTOR (APPOINTED 01/13)	1.00 1.00	X						0.	0.	0.
(28) AMY MINELLA DIRECTOR (APPOINTED 11/12)	1.00 1.00	X						0.	0.	0.
(29) PAUL J. APOSTOLIDES TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) SUSAN BROWN SENIOR VP	1.00 39.00			X				0.	335,038.	51,376.
(31) EUGENE COLUCCI SENIOR VP	1.00 39.00			X				0.	569,804.	162,337.
(32) NANCY LEVITT-ROSENTHAL SENIOR VP	1.00 39.00			X				0.	402,165.	116,920.
(33) MELISSA TURNER SENIOR VP	1.00 39.00			X				0.	331,027.	110,915.
(34) CHRISTINE BEECHNER VP	1.00 39.00			X				0.	158,592.	32,823.
(35) MARC KOSAK VP	1.00 39.00			X				0.	237,008.	40,616.
(36) GEORGE PAWLUSH VP	1.00 39.00			X				0.	230,518.	33,861.
(37) BRIAN DORAN, M.D. SENIOR VP	1.00 39.00			X				0.	517,723.	64,091.
(38) DEBORAH HODYS VP	1.00 39.00			X				0.	376,668.	33,956.
(39) SPIKE LIPSCHUTZ, M.D. VP	1.00 39.00			X				0.	456,458.	42,251.
(40) QUINTON FRIESEN FORMER OFFICER 9/2012	0.00 0.00						X	0.	696,540.	32,190.
Total to Part VII, Section A, line 1c								4,311,541.	721,336.	

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43.		43.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a PARTNERSHIP INCOME	900099	562,252.			562,252.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		562,252.				
12 Total revenue. See instructions.		562,295.	0.	0.	562,295.	

Part IX Statement of Functional Expenses

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

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

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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.)				
12 Advertising and promotion				
13 Office expenses	825.		825.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	825.	0.	825.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	214,492.	2	520,828.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,070,969.	15	1,188,310.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,285,461.	16	1,709,138.	
Liabilities	17 Accounts payable and accrued expenses	91,597.	17	0.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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	386,623.	25	688,042.
	26 Total liabilities. Add lines 17 through 25	478,220.	26	688,042.
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	807,241.	27	1,021,096.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	807,241.	33	1,021,096.	
34 Total liabilities and net assets/fund balances	1,285,461.	34	1,709,138.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	562,295.
2	Total expenses (must equal Part IX, column (A), line 25)	2	825.
3	Revenue less expenses. Subtract line 2 from line 1	3	561,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	807,241.
5	Net unrealized gains (losses) on investments	5	
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	-347,615.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,021,096.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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
2b	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	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **GREENWICH HEALTH CARE SERVICES, INC** Employer identification number **22-2593399**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
GREENWICH HOSPITAL	06-06466593		X						0.
Total	1								0.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

GREENWICH HEALTH CARE SERVICES, INC

Employer identification number

22-2593399

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange 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? 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- 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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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

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

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

(a) Description	(b) Book value
(1) INVESTMENT IN SUBSIDIARIES	1,188,310.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,188,310.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED AUDIT FEES	7,000.
(3) DUE TO YNHSC	681,042.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	688,042.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

GREENWICH HEALTH CARE SERVICES, INC

Employer identification number

22-2593399

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAYLE CAPOZZALO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	632,222.	247,820.	266,482.	143,200.	18,171.	1,307,895.	0.
(2) FRANK CORVINO PRES. & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	797,817.	294,160.	232,352.	137,100.	20,460.	1,481,889.	71,024.
(3) SUSAN BROWN SENIOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	282,907.	50,231.	1,900.	34,992.	16,384.	386,414.	11,132.
(4) EUGENE COLUCCI SENIOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	389,389.	112,988.	67,427.	141,725.	20,612.	732,141.	0.
(5) NANCY LEVITT-ROSENTHAL SENIOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	289,761.	72,626.	39,778.	115,611.	1,309.	519,085.	5,175.
(6) MELISSA TURNER SENIOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	226,345.	61,538.	43,144.	84,818.	26,097.	441,942.	0.
(7) CHRISTINE BEECHNER VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	127,364.	24,244.	6,984.	11,106.	21,717.	191,415.	2,149.
(8) MARC KOSAK VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	188,067.	31,683.	17,258.	14,556.	26,060.	277,624.	0.
(9) GEORGE PAWLUSH VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,358.	45,989.	24,171.	15,605.	18,256.	264,379.	5,008.
(10) BRIAN DORAN, M.D. SENIOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	396,062.	103,784.	17,877.	32,819.	31,272.	581,814.	0.
(11) DEBORAH HODYS VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	302,823.	56,819.	17,026.	13,629.	20,327.	410,624.	0.
(12) SPIKE LIPSCHUTZ, M.D. VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	368,372.	64,084.	24,002.	12,885.	29,366.	498,709.	0.
(13) QUINTON FRIESEN FORMER OFFICER 9/2012	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	397,490.	110,745.	188,305.	20,469.	11,721.	728,730.	85,154.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B: PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND**EQUITY-BASED PAYMENTS:**

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

PART III - OTHER ADDITIONAL INFORMATION

THIS ENTITY HAS NO EMPLOYEES. ALL COMPENSATION REPORTED WAS PAID BY A RELATED ENTITY. THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN DEFERRED COMPENSATION PAID FROM A RELATED ORGANIZATION.

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

Part III Supplemental Information

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

FRANK CORVINO \$ 128,277

GAYLE CAPOZZALO \$ 185,042

QUINTON FRIESEN \$ 145,221

ONE FORMER OFFICER, QUINTON FRIESEN, RECEIVED PAYMENTS FROM THE
NONQUALIFIED PLAN. THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C. THE
FOLLOWING PAYMENT WAS MADE DIRECTLY TO HIM FROM THE TRUST:

QUINTON FRIESEN \$ 31,921

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization: GREENWICH HEALTH CARE SERVICES, INC
Employer identification number: 22-2593399

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

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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		0.			X

Part V Supplemental Information

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

SCHEDULE L, PART V:

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS -

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

SCHEDULE 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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

GREENWICH HEALTH CARE SERVICES, INC

Employer identification number

22-2593399

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY
EMPLOYEES:

TRUSTEE WILLIAM R. BERKLEY, JR. AND OFFICER/TRUSTEE FRANK A. CORVINO ARE
BOARD MEMBERS OF THE SAME BUSINESS ENTITY.

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

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 18 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO
REASON TO BELIEVE THAT THE REMAINING 2 INDEPENDENT VOTING MEMBERS ARE NOT

Name of the organization GREENWICH HEALTH CARE SERVICES, INC	Employer identification number 22-2593399
---	--

INDEPENDENT.

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

PURSUANT TO SECTION 3 OF THE ORGANIZATION'S CERTIFICATE OF INCORPORATION, THE SOLE MEMBER OF THE ORGANIZATION IS YALE NEW HAVEN HEALTH SERVICES CORPORATION (YNHHS).

FORM 990, PART VI, SECTION A, LINE 7A:

YALE NEW HAVEN HEALTH SERVICES CORPORATION (YNHHS), THE SOLE MEMBER OF GREENWICH HEALTH CARE SERVICES INC (GHCSI), HAS THE AUTHORITY TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF GHCSI AND APPROVE NOMINEES TO GHCSI'S BOARD OF TRUSTEES IN ACCORDANCE WITH GHCSI'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:

GREENWICH HEALTH CARE SERVICES INC (GHCSI) HAS RESERVED POWERS TO YALE NEW HAVEN HEALTH SYSTEM (YNHHS). IN ACCORDANCE WITH THE GHCSI'S BYLAWS AND THE AFFILIATION AGREEMENT, YNHHS HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES VIS-A-VIS GHCSI:

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

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

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

Name of the organization GREENWICH HEALTH CARE SERVICES, INC	Employer identification number 22-2593399
---	--

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

(E) TO CONSENT TO (I) THE SALE OF ALL OR SUBSTANTIALLY ALL OF GHCSI'S ASSETS, (II) ANY MERGER OR CONSOLIDATION INVOLVING GHCSI, (III) ANY CONTRACT TO MANAGE OR ADMINISTER GHCSI OR ANY SUBSTANTIAL PART OF THE BUSINESS OF GHCSI, (IV) ANY LIQUIDATION OR DISSOLUTION OF GHCSI OR FILING FOR BANKRUPTCY OR SIMILAR PROTECTION, OR (V) ANY CHANGE IN THE NAME OF GHCSI.

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

FORM 990, PART VI, SECTION B, LINE 10B:

GHCSI IS THE SOLE MEMBER OF GREENWICH AMBULATORY SURGERY CENTER, LLC (THE "LLC"), WHICH, IN TURN HAS A MEMBERSHIP INTEREST IN A PHYSICIAN JOINT VENTURE FORMED FOR THE PURPOSE OF OPERATING A FREESTANDING AMBULATORY SURGERY CENTER. THE SOLE ACTIVITY OF THE LLC IS TO HOLD THIS MEMBERSHIP INTEREST AND THUS IT DOES NOT HAVE ITS OWN POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT. THE RETURN IS INITIALLY REVIEWED BY THE HOSPITAL DIRECTOR OF CORPORATE FINANCE. SUBSEQUENTLY, IT IS SENT TO ERNST & YOUNG US LLP FOR THEIR INITIAL REVIEW. AFTER ALL COMMENTS FROM THE ABOVE ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US LLP FOR FINAL REVIEW. PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES BY WEB PORTAL.

Name of the organization GREENWICH HEALTH CARE SERVICES, INC	Employer identification number 22-2593399
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FORM 990, PART VI, SECTION B, LINE 12C:

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

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

COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE.

Name of the organization GREENWICH HEALTH CARE SERVICES, INC	Employer identification number 22-2593399
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COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

TRANSFERS TO AFFILIATES	-1,726,613.
PASSTHROUGH TAX ADJUSTMENTS FROM ASC JV	1,378,998.
TOTAL TO FORM 990, PART XI, LINE 9	-347,615.

Related Organizations and Unrelated Partnerships

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

2012
Open to Public
Inspection

Name of the organization **GREENWICH HEALTH CARE SERVICES, INC** Employer identification number **22-2593399**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
2015 WEST MAIN STREET ASSOCIATES, LLC - 73-1718563, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	RENTAL	CONNECTICUT	757,412.	2,800,494.	PERRYRIDGE CORPORATION
900 KING STREET ASSOCIATES, LLC - 26-0805259 5 PERRYRIDGE ROAD GREENWICH, CT 06830	BUILDING OPERATIONS	CONNECTICUT	0.	0.	GREENWICH HOSPITAL
GH REALTY HOLDINGS, LLC - 06-1623145 5 PERRYRIDGE ROAD GREENWICH, CT 06830	RENTAL	CONNECTICUT	1,102,196.	9,172,833.	PERRYRIDGE CORPORATION
GREENWICH AMBULATORY SURGERY CENTER - 26-0810580, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	7,835,000.	1,616,000.	GREENWICH HEALTH CARE SERVICES, INC

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

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

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

Schedule R (Form 990) 2012

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC - 26-2455578, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	1,729,461.	330,158.	GREENWICH HOSPITAL
GREENWICH ENDOSCOPY CENTER, LLC - 26-0805473 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	0.	0.	GREENWICH HEALTH CARE SERVICES, INC
GREENWICH PATHOLOGY ASSOCIATES, LLC - 06-6140101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	3,602,408.	1,461,173.	GREENWICH HOSPITAL

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CARITAS INSURANCE - 03-0322238 30 MAIN STREET BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	X	
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC.	X	
NORMA F PFREIM BREAST CANCER INC - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP INC - 06-1330992 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
SOUTHERN CT HEALTH SYSTEM PROPERTIES INC - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		BRIDGEPORT HOSP & HEALTHCARE SERVICES	X	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT	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	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	YNH NETWORK CORP	X	
YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE	CONNECTICUT	501C3	LINE 3	YNH NETWORK CORP	X	
YNH NETWORK CORP - 06-1513687 789 HOWARD AVE NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	X	

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
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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH AMBULATORY SURGERY CENTER, LLC	RELATED	932,448.	991,211.		X	N/A	X		35.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHC PHYSICIANS, P.C. - 06-1436530 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C CORP	2,195,159.	1,881,741.	100.00%	X	
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH CARE SERVICES CORP	C CORP	589,458.	892,052.	100.00%	X	
GREENWICH INTEGRATIVE MEDICINE - 26-0236411 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C CORP	193,909.	0.	100.00%	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC-NY - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C CORP	320,047.	159,542.	100.00%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GREENWICH PEDIATRIC SERVICES PC - 74-3054409 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C CORP	30,952.	927.	100.00%	X	
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL	CT	N/A	C CORP	N/A	N/A	N/A	X	
QUINNIPIAC MEDICAL PC - 06-1405531 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNH GERIATRICS PC - 06-1561581 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNH MEDICAL SERVICES PC - 06-1561583 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE 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 NEW JERSEY - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NJ		C CORP	84,102.	84,102.	100.00%	X	
LUKAN INDEMNITY COMPANY - 98-1072793 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREENWICH HOSPITAL	S	9,969,283.	CASH
(2) GREENWICH FERTILITY AND IVF CENTER, P.C.	R	233,760.	CASH
(3) GREENWICH HEALTH SERVICES, INC.	R	20,311.	CASH
(4) YALE NEW HAVEN HEALTH SERVICES CORP	R	11,783,018.	CASH
(5) PERRYRIDGE	K	738,516.	CASH
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

ORTHOPAEDIC & NEUROSURGERY CENTER

DIRECT CONTROLLING ENTITY: GREENWICH AMBULATORY SURGERY CENTER, LLC