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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GREENWICH HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5 PERRYRIDGE ROAD

City or town, state or country, and ZIP + 4
GREENWICH, CT 06830

D Employer identification number
06-0646659

E Telephone number
(203) 863-3000

G Gross receipts $ 312,830,453

F Name and address of Principal Officer
FRANK CORVINO
5 PERRYRIDGE ROAD
GREENWICH, CT 06830

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW GREENHOSP ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1903

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HEALTHCARE SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	2,324
6	Total number of volunteers (estimate if necessary)	6	821
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	7,986,649
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,496,772	17,838,989
9	Program service revenue (Part VIII, line 2g)	241,848,306	270,245,423
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,874,761	-1,044,064
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,111,829	20,576,434
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,331,668	307,616,782
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		231,412
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	128,907,177	162,382,925
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,730,440)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	121,548,647	122,663,290
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	250,455,824	285,277,627
19	Revenue less expenses Subtract line 18 from line 12	13,875,844	22,339,155

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	417,542,857	425,903,820
21	Total liabilities (Part X, line 26)	111,551,890	144,259,004
22	Net assets or fund balances Subtract line 21 from line 20	305,990,967	281,644,816

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

Please Sign Here

Signature of officer — Date: 2010-08-06

EUGENE COLUCCI CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 2010-08-10	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4	YALE NEW HAVEN HEALTH SVC 789 HOWARD AVE ROOM 2004C NEW HAVEN, CT 06519		EIN ▶ Phone no ▶

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO PROVIDE HEALTHCARE SERVICES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 202,399,819 including grants of $ 231,412) (Revenue $ 280,980,090)

SEE 4C BELOW AND SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

FOR MORE THAN A CENTURY, GREENWICH HOSPITAL'S STRATEGIC PLAN HAS FOCUSED ON COMMUNITY BENEFIT PROGRAMS THAT BRING PREVENTIVE SERVICES AND MEDICAL CARE TO ALL SEGMENTS OF THE COMMUNITIES SERVED ITS TRANSFORMATION FROM A COMMUNITY HOSPITAL TO A REGIONAL MEDICAL FACILITY IN THE PAST DECADE HAS ONLY STRENGTHENED THE ORGANIZATION'S COMMITMENT TO PROVIDE COMMUNITY BENEFIT PROGRAMS DURING FISCAL YEAR (FY) 2009, GREENWICH HOSPITAL PROVIDED APPROXIMATELY 20 3 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 15 6 MILLION IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 3 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 9 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AND COMMUNITY BUILDING ACTIVITIES THE 174-BED HOSPITAL, WHICH SERVES RESIDENTS FROM TWO COUNTIES IN ADJOINING STATES, HAS EXPERIENCED UNPRECEDENTED GROWTH IN THE LAST 10 YEARS IN THAT TIME, HOSPITAL ADMISSIONS GREW 56 PERCENT, EMERGENCY DEPARTMENT VISITS INCREASED 85 PERCENT, AND THE MEDICAL STAFF GREW BY 83 PERCENT THE CLOSING OF TWO FINANCIALLY TROUBLED HOSPITALS IN ADJACENT COMMUNITIES FUELED MUCH OF THIS GROWTH IN RESPONSE TO THIS GROWTH, THE HOSPITAL RECENTLY ADOPTED A NEW VISION STATEMENT AND STRATEGIC PLAN TO REFLECT THE ORGANIZATION'S WIDER SERVICE AREA AND CHANGING COMMUNITY HEALTHCARE NEEDS THE FIVE-YEAR PLAN BETTER POSITIONS THE HOSPITAL TO FACE FUTURE CHALLENGES, INCLUDING REACHING OUT TO VULNERABLE POPULATIONS COMMUNITY HEALTH WAS A SIGNIFICANT CONSIDERATION IN DEVELOPING THE NEW STRATEGIC PLAN AMONG THE STRATEGIES ADOPTED, THE HOSPITAL WILL "CONTINUE COMMUNITY AWARENESS THROUGH INVESTMENT IN OUTREACH EDUCATION IN THE TWO COUNTIES SERVED " THE HOSPITAL WILL ALSO "CREATE SPECIFIC COMMUNITY AWARENESS AND EDUCATION PROGRAMS AROUND QUALITY INDICATORS, PREVENTION AND WELLNESS PROGRAMS " TO IMPLEMENT THIS STRATEGY, THE HOSPITAL MAINTAINS A COMMUNITY HEALTH DEPARTMENT (CHD), WHICH PROVIDES A VAST ARRAY OF HEALTH SCREENINGS, EDUCATION SEMINARS, HEALTH FAIRS, SUPPORT GROUPS AND OTHER SERVICES TO THOUSANDS OF AREA RESIDENTS THE HOSPITAL'S CENTER FOR HEALTHY LIVING, CENTER FOR HEALTHY AGING AND CENTER FOR INTEGRATIVE MEDICINE ALSO OFFER HEALTH SCREENINGS AND EDUCATION PROGRAMS GREENWICH HOSPITAL'S GOAL IS TO SUPPORT THE COMMUNITY IN THE CONTINUUM OF CARE BY PROVIDING HEALTH EDUCATION AND WELLNESS PROGRAMS IN EFFORTS TO IMPROVE HEALTH, REDUCE COSTS AND INCREASE ACCESS TO HEALTH CARE SERVICES PREVENTION ACTIVITIES INCLUDE HEALTH SCREENINGS AND FAIRS, SUPPORT GROUPS, SCHOOL HEALTH PROGRAMS, AND EDUCATIONAL LECTURES INCLUDING A SPEAKERS' BUREAU GREENWICH HOSPITAL PROVIDES OUTREACH PROGRAMS BY COLLABORATING WITH OTHER DEPARTMENTS OF GREENWICH HOSPITAL AND IN PARTNERSHIP WITH OTHER NATIONAL, REGIONAL AND LOCAL COMMUNITY ORGANIZATIONS GREENWICH HOSPITAL PROVIDES CARE FOR PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, WITH CHARITY CARE AND OTHER FINANCIAL ASSISTANCE FOR UNDER / UN-INSURED PATIENTS OF LIMITED FINANCIAL MEANS GREENWICH HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITIES BY BEING RESPONSIVE TO OUR COMMUNITIES AND WE HAVE DEVELOPED AND IMPLEMENTED INNOVATIVE PROGRAMS AND SERVICES THAT MEETS THE NEEDS WHILE ADDRESSING THE CONCERNS OF OUR COMMUNITY GREENWICH HOSPITAL CONDUCTS HEALTH SCREENING AND PROVIDES EDUCATIONAL SERVICES FOR ALL MEMBERS OF THE COMMUNITY ACROSS THE LIFE SPAN SCREENING AND EDUCATIONAL LECTURES ARE CONDUCTED AT VARIOUS COMMUNITY LOCATIONS AND ARE PROVIDED IN ENGLISH AND SPANISH GREENWICH HOSPITAL PROVIDES BENEFITS TO THE BROADER COMMUNITY BY RESPONDING TO IDENTIFIED COMMUNITY NEEDS AND BY PROVIDING AND SPONSORING PROGRAMS THAT ARE DESIGNED TO IMPROVE COMMUNITY HEALTH AND INCREASE ACCESS TO HEALTH CARE SERVICES GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOME EXAMPLES OF COMMUNITY PROGRAMS AND SERVICES THAT INCLUDE COMMUNITY PARTNERS THAT WERE ESTABLISHED TO PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW CARE FOR THE UNDERSERVED THE PRIMARY SERVICE AREA OF GREENWICH HOSPITAL INCLUDES THE CONNECTICUT TOWNS OF GREENWICH, DARIEN, NEW CANAAN AND STAMFORD AS WELL AS THE NEW YORK TOWNS OF PORT CHESTER, RYE, HARRISON, LARCHMONT AND MAMARONECK IN THE PRIMARY SERVICE AREA, APPROXIMATELY 18% OF HOUSEHOLDS HAVE INCOMES LESS THAN 45,000 WHILE 47% OF HOUSEHOLDS HAVE INCOMES BETWEEN 45,000 AND 150,000 AND THE REMAINING 35% OF HOUSEHOLDS HAVE INCOMES GREATER THAN 150,000 THE HOSPITAL HAS SEVERAL FREE CARE PROGRAMS FOR PATIENTS WHO ARE UNABLE TO AFFORD TO PAY FOR THEIR HOSPITAL SERVICES THESE INCLUDE FREE BED FUNDS, SLIDING SCALE PROGRAMS THROUGH THE HOSPITAL CLINIC AND A CHARITY CARE PROGRAM GREENWICH HOSPITAL USES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE TO LOW INCOME INDIVIDUALS THE HOSPITAL PROVIDED FREE CARE TO PATIENTS WHO FELL BELOW 250 PERCENT OF THE FEDERAL POVERTY LEVEL A FAMILY OF FOUR WITH INCOME AT OR BELOW 51,625 WAS ELIGIBLE FOR FREE CARE IF THEY DID NOT QUALIFY FOR STATE MEDICAID FOR PATIENTS WITH HOUSEHOLD INCOMES BETWEEN 250 PERCENT AND 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES (82,600), CARE WAS DISCOUNTED TO COST IN FY 2009, UNCOMPENSATED CARE FOR MORE THAN 43,800 PATIENTS TOTALED 12 8 MILLION THIS INCLUDED 9 5 MILLION FOR THE PROVISION OF FREE AND CHARITY CARE AND 3 3 MILLION IN BAD DEBT EXPENSE THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES DURING FY 2009, THE HOSPITAL DISTRIBUTED 800 APPLICATIONS FOR HOSPITAL FREE BED FUNDS THAT RESULTED IN FREE CARE OF 1 5 MILLION THE FUNDS WERE DONATED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE USED FOR FINANCIAL ASSISTANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARDSHIP IN FY 2009, GREENWICH HOSPITAL HAD A TOTAL OF 17,000 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISITS THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 6 1 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES ADDITIONALLY, THE HOSPITAL ASSISTED 624 CONNECTICUT PATIENTS AND 180 NEW YORK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FY 2009 THE HOSPITAL OPERATES SEVERAL OUTPATIENT CLINIC PROGRAMS IN THE AREAS OF MEDICAL, DENTAL, BEHAVIORAL HEALTH, PRENATAL AND PEDIATRICS IN FY 2009 THE TOTAL COMBINED NUMBER OF CLINIC VISITS IN THESE AREAS WAS 25,256 BEHAVIORAL HEALTH PROGRAMS MENTAL ILLNESS IS FREQUENTLY CALLED THE SKELETON IN THE CLOSET GREENWICH HOSPITAL HAS BEEN IN THE FOREFRONT OF PROMOTING AWARENESS ABOUT MENTAL HEALTH BY SPONSORING THREE BEHAVIORAL HEALTH SUMMITS BY COLLABORATING WITH OTHER SERVICE AGENCIES AND PROVIDERS GREENWICH HOSPITAL IN PARTNERSHIP WITH THE UNITED WAY, FAMILY CENTERS AND THE GREENWICH DEPARTMENT OF HEALTH ASSISTED IN THE DEVELOPMENT OF A COMPUTERIZED MENTAL HEALTH PROVIDER GRID AND MATRIX INCREASING ACCESS TO MENTAL HEALTH SERVICES HAS BEEN A FOCUS OF GREENWICH HOSPITAL AND THE DEVELOPMENT OF THE MATRIX CONTINUE TO SERVE AS A VALUABLE COMMUNITY TOOL FOR IMPROVING ACCESS TO LOCAL AND REGIONAL MENTAL HEALTH RESOURCES GREENWICH HOSPITAL IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIPS) SPONSORED THREE FREE BEHAVIORAL HEALTH SUMMITS DRAWING MORE THAN 300 PARTICIPANTS TO DISCUSS MENTAL HEALTH ISSUES IMPACTING CHILDREN AND ADULTS ACROSS A LIFESPAN THE GOAL OF THE SUMMITS WAS TO IMPROVE MENTAL HEALTH SERVICES AND ACCESS FOR THE ESTIMATED 110,000 FAIRFIELD COUNTY RESIDENTS IMPACTED BY MENTAL ILLNESS MORE THAN 150 PEOPLE ATTENDED THE FIRST SUMMIT IN NOVEMBER 2006 TO HEAR A KEYNOTE ADDRESS BY FORMER CONNECTICUT LIEUTENANT GOVERNOR KEVIN SULLIVAN THE SUMMIT INCLUDED A ROUNDTABLE DISCUSSION BY LOCAL MENTAL HEALTH PROVIDERS AND REPRESENTATIVES FROM THE NATIONAL ASSOCIATION ON MENTAL DISORDERS THE SECOND SUMMIT IN MARCH 2008 DREW 125 PEOPLE THE COMMUNITY HEALTH PLANNER FOR THE GREENWICH DEPARTMENT OF HEALTH UNVEILED THE MENTAL HEALTH MATRIX DEVELOPED LISTING THE SERVICES PROVIDED BY MORE THAN 75 AREA AGENCIES THE MENTAL HEALTH MATRIX HAS BECOME AN ESSENTIAL COMMUNITY RESOURCE MORE THAN 200 ORGANIZATIONS (SOCIAL SERVICE AGENCIES, POLICE DEPARTMENTS AND OTHERS) HAVE DOWNLOADED THE MATRIX FROM THE WEBSITE TO AND UTILIZE IT TO BETTER SERVE THEIR CLIENTS IN NEED IN NOVEMBER 2008 A THIRD SUMMIT WAS CONDUCTED, AND 80 PARTICIPANTS ATTENDED ATTENDEES VIEWED THE MOVIE "CANVAS" WHICH ILLUSTRATES ONE FAMILY'S STRUGGLE WITH SCHIZOPHRENIA AND THE DEVASTATING IMPACT IT HAD ON FAMILY RELATIONSHIPS FOLLOWING THE MOVIE, PETER CASE, THE PRESIDENT OF THE LOCAL NAMI CHAPTER, FACILITATED A PANEL DISCUSSION AMONG MENTAL HEALTH EXPERTS IN JULY 2009 GREENWICH HOSPITAL AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP MENTAL HEALTH STAFF CO-SPONSORED A HEALTH AND WELLNESS FAIR AT A SUBSIDIZED LOW-INCOME HOUSING COMPLEX FR

(Code) (Expenses $ including grants of $) (Revenue $)

ROTARY CLUBS GREENWICH HOSPITAL LEADERSHIP STAFF ARE VERY ACTIVE IN LOCAL ROTARY CLUBS AND SERVES ON THEIR BOARDS ROTARY IS A GLOBAL NETWORK OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS WE PARTICIPATE IN LOCAL, REGIONAL AND INTERNATIONAL HUMANITARIAN SERVICE PROJECTS WHICH CONNECT PEOPLE AROUND THE WORLD AND PROMOTE CROSS-CULTURAL UNDERSTANDING, PEACE AND HEALTH ROTARY'S TOP PHILANTHROPIC GOAL IS TO ERADICATE POLIO WORLDWIDE LOCAL AND REGIONAL SERVICE PROJECTS INCLUDE CAMP SCHOLARSHIPS TO NEEDY CHILDREN, PROVIDING COLLEGE SCHOLARSHIPS, MIDDLE SCHOOL SPELLING BEES, FOOD DRIVES, ENVIRONMENTAL PROTECTION PROJECTS, PEDESTRIAN SAFETY PROGRAMS AND HABITAT FOR HUMANITY CHAMBER OF COMMERCE GREENWICH HOSPITAL LEADERSHIP STAFF PARTICIPATES IN LOCAL CHAMBERS OF COMMERCE AND WE PROVIDE SUPPORT AND ASSIST THESE ORGANIZATIONS IN THEIR COMMUNITY ENDEAVORS AND SERVICE PROJECTS GREENWICH THINKS PINK THIS PROGRAM IS A PARTNERSHIP BETWEEN THE GREENWICH SCHOOLS, DOH, AMERICAN CANCER SOCIETY AND CH@GH EVERY OCTOBER THIS PROGRAM EDUCATES THE PUBLIC REGARDING PERFORMING BREAST SELF-EXAMS TO PROMOTE THE EARLY DETECTION OF BREAST CANCER THE GREENWICH FIRST SELECTMAN'S CANCER AWARENESS CAMPAIGN THE CAMPAIGN IS A COLLABORATIVE EFFORT BETWEEN THE TOWN OF GREENWICH DEPARTMENT OF HEALTH, THE AMERICAN CANCER SOCIETY AND GREENWICH HOSPITAL THE CAMPAIGN PROMOTES CANCER SCREENING PROGRAMS TO PREVENT, DETECT AND TREAT CANCER IN THE COMMUNITY GODS' GREEN MARKET THIS PROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES AND AREA CHURCHES WHICH PROVIDES FRESH VEGETABLES TO NEEDY PARTICIPANTS IN PORT CHESTER'S 4 FOOD PANTRIES, 7 SOUP KITCHENS AND NUTRITION CENTERS SINCE 2007 THIS PROGRAM HAS PROVIDED THOUSANDS OF NEEDY PORT CHESTER FAMILIES WITH FRESH VEGETABLES AND EDUCATIONAL PROGRAMS THAT PROMOTE HEALTHIER EATING THE COUNCIL COLLABORATES WITH LOCAL ORGANIZATIONS AND CHURCHES TO BRING FRESH VEGETABLES TO LOW-INCOME FAMILIES THE COUNCIL OF COMMUNITY SERVICES (WHICH INCLUDES THE HOSPITAL) RENTS THE FARMLAND AND PROVIDES VOLUNTEERS TO HARVEST THE CROPS SIXTY TO 100 PEOPLE RECEIVED FREE VEGETABLES EACH WEEKEND FROM JULY THROUGH OCTOBER THE HOSPITAL FUNDS THE IMITATIVE, STAFFS THE MARKET AND THE HOSPITAL'S DIETICIANS AND NURSES PROVIDED NUTRITION EDUCATION AND HEALTHY RECIPES IN ENGLISH AND SPANISH HEALTH EDUCATION THE HOSPITAL OFFERS A WIDE VARIETY OF HEALTH EDUCATION PROGRAMS AND INFORMATION THROUGH THE WOMEN'S RESOURCE CENTER, THE CENTER FOR HEALTHY AGING, THE CENTER FOR HEALTHY LIVING AND THE CENTER FOR INTEGRATIVE MEDICINE THE TENDER BEGINNINGS PROVIDES PARENTING CLASSES ON ALL PHASES OF THE BIRTHING EXPERIENCE TO EXPECTANT PARENTS, SIBLINGS AND GRANDPARENTS PARISH NURSE PROGRAM A PARTNERSHIP PROGRAM WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH WHICH PROVIDES A REGISTERED PROFESSIONAL NURSE, WHO CONDUCTS SCREENINGS AND SUPPORT GROUPS, ADMINISTERS FLU SHOTS AND PROVIDES HEALTH INFORMATION TO OVER 2,000 CHURCH MEMBERS COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP THE COLLABORATIVE PARTNERS ON THE CHIP INCLUDE REPRESENTATIVES FROM GREENWICH HOSPITAL, UNITED WAY, DEPARTMENT OF COMMUNITY DEVELOPMENT, COMMISSION ON AGING, HOUSING AUTHORITY, LIBRARIES, DEPARTMENT OF SOCIAL SERVICES, HISPANIC HEALTH COUNCIL, AND DEPARTMENT OF HEALTH AND EMERGENCY MEDICAL SERVICES MANY MORE AGENCIES ATTEND THE MONTHLY MEETINGS THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP IS A TRULY INCLUSIVE FORUM - ALL COMMUNITY MEMBERS ARE INVITED TO PARTICIPATE AND WORK TOWARD IMPROVING COMMUNITY HEALTH THE CHIP WAS ESTABLISHED AS A DIRECT RESULT OF THE HEALTH NEEDS SURVEY CONDUCTED BY THE HOSPITAL IN 2003 THE STUDY LED TO A CALL TO ACTION THAT SUCCESSFULLY MOTIVATED PEOPLE FROM ALL SEGMENTS TO COLLABORATE TO SOLVE COMMUNITY HEALTH ISSUES SIX YEARS LATER, MANY ORGANIZATIONS, AGENCIES AND INDIVIDUALS CONTINUE TO ATTEND MONTHLY MEETINGS TO IDENTIFY NEW OPPORTUNITIES TO HELP THOSE IN NEED OF ASSISTANCE IN JULY 2009 IN COLLABORATION WITH THE UNITED WAY AND BOYS' AND GIRLS' CLUB AND GREENWICH HOSPITAL, CHIPS SPONSORED A BASKETBALL TOURNAMENT AT A LOCAL LOW- INCOME HOUSING PROJECT THE GOAL OF THIS PROGRAM WAS TO CONDUCT A FREE HEALTH FAIR, PROMOTE HEALTH AND ENCOURAGE EXERCISE TO REDUCE OBESITY AND PROMOTE CONNECTIONS AND INTERACTION WITH LOCAL SERVICE AGENCIES THAT CAN PROVIDE NEEDED RESOURCES OVER 110 PEOPLE PARTICIPATED IN THIS EVENING EVENT SPEAKER'S BUREAU/LECTURES A VARIETY OF HEALTH PROMOTION AND HEALTH EDUCATION PROGRAMS ARE PROVIDED TO THE WESTCHESTER AND FAIRFIELD COUNTY COMMUNITIES BASED ON THEIR NEEDS AND DESIRES SPEAKERS INCLUDE PHYSICIANS, NURSES, DIETICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS AND PHARMACISTS OVER 30 LECTURES WERE CONDUCTED IN 2009 AND SOME OF THE TOPICS FOCUSED ON DIABETES, BREAST, UTERINE, PROSTATE, LUNG AND COLON CANCER, KNOWING YOUR CHOLESTEROL NUMBERS, HEALTHY HABITS & HYGIENE, HEART HEALTH, IMMUNIZATION, NUTRITION, OSTEOPOROSIS, PARKINSON'S DISEASE, PROSTATE EDUCATION EMERGENCY PREPAREDNESS, STROKE, HEART ATTACK, BENEFITS OF EXERCISE AND WEIGHT MANAGEMENT COMMUNITY ADVISORY BOARD A MEMBER OF THE HOSPITAL'S BOARD OF TRUSTEES CHAIRS THE COMMUNITY ADVISORY BOARD (CAB), AN ENTITY THAT INCLUDES REPRESENTATIVES FROM A CROSS SECTION OF COMMUNITY ORGANIZATIONS THE CAB CHAIRMAN UPDATES THE BOARD OF TRUSTEES ABOUT ANY HEALTH ISSUES RAISED BY THE ADVISORY GROUP THE 30-MEMBER CAB INCLUDES REPRESENTATIVES FROM THE HOSPITAL, CITY HEALTH DEPARTMENT, LIBRARIES, UNITED WAY, YMCA, HOUSES OF WORSHIP, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, HISPANIC HEALTH COUNCIL, COUNCIL OF COMMUNITY SERVICES, FEDERALLY SUBSIDIZED HEALTH CARE CLINIC (OPEN DOOR) CHAMBERS OF COMMERCE AND OTHER COMMUNITY GROUPS THAT REPRESENT THE COMMUNITY QUARTERLY CAB MEETINGS ENABLE THE HOSPITAL TO STAY ABREAST OF CHANGING COMMUNITY NEEDS AND DEVELOP PARTNERSHIPS WITH LOCAL ORGANIZATIONS TO ADDRESS CONCERNS THE HOSPITAL'S VICE PRESIDENT FOR PUBLIC RELATIONS AND COMMUNITY AFFAIRS ALSO MAINTAINS AN ONGOING DIALOGUE WITH CAB MEMBERS THESE ISSUES ARE SO IMPORTANT TO THE HOSPITAL THAT "COMMUNITY BENEFITS" AND "COMMUNITY OUTREACH" ARE DIRECTLY TIED TO THE PERFORMANCE REVIEWS OF TWO HOSPITAL EXECUTIVES THE VICE PRESIDENT FOR PUBLIC RELATIONS AND COMMUNITY AFFAIRS AND THE DIRECTOR OF THE COMMUNITY HEALTH DEPARTMENT THE HOSPITAL USES VARIOUS COMMUNICATIONS TOOLS TO INFORM PEOPLE ABOUT THE DIVERSE HEALTH SCREENINGS, WELLNESS PROGRAMS, EDUCATION SEMINARS AND OTHER PROGRAMS THAT ARE AVAILABLE THE HOSPITAL'S ANNUAL MEETING PROVIDES THE CHIEF EXECUTIVE OFFICER WITH AN OPPORTUNITY TO REPORT ON MAJOR ACCOMPLISHMENTS AND FUTURE PLANS IN ALL AREAS, INCLUDING COMMUNITY BENEFIT THIS INFORMATION IS PUBLISHED IN THE HOSPITAL'S ANNUAL REPORT, WHICH IS MAILED TO 15,000 AREA HOMES AND ORGANIZATIONS HEALTH EXTENSIONS MAGAZINE PROVIDES INFORMATION ON COMMUNITY WELLNESS PROGRAMS, HEALTH SCREENINGS AND SUPPORT GROUPS SPONSORED BY THE HOSPITAL THE MAGAZINE IS MAILED TO APPROXIMATELY 95,000 RESIDENCES FIVE TIMES A YEAR COMMUNITY OUTREACH PROGRAMS ARE HIGHLIGHTED IN NEWSPAPER ADVERTISEMENTS PURCHASED BY THE HOSPITAL THE HOSPITAL'S PUBLIC RELATIONS DEPARTMENT ORGANIZES A WEEKLY, HALF-HOUR SHOW CALLED "SPOTLIGHT ON MEDICINE" ON THE LOCAL RADIO STATION DOCTORS, NURSES, DIETICIANS AND OTHER HEALTHCARE PROFESSIONALS SPEAK ABOUT A VARIETY OF TOPICS "SPOTLIGHT ON MEDICINE" IS ADVERTISED IN HEALTH EXTENSIONS AND THE LOCAL DAILY NEWSPAPER MEDIA RELEASES ABOUT COMMUNITY PROGRAMS ARE ROUTINELY SENT TO LOCAL AND AREA MEDIA OUTLETS THE HOSPITAL HAS ESTABLISHED GOOD RELATIONSHIPS WITH REPRESENTATIVES FROM NEWSPAPERS, MAGAZINES AND RADIO STATIONS THE HOSPITAL'S WEBSITE ALSO CONTAINS VALUABLE INFORMATION ABOUT COMMUNITY PROGRAMS THE WEBSITE RECEIVES ABOUT ONE MILLION VISITS PER YEAR THE OVERALL OBJECTIVE OF THE COMMUNICATIONS STRATEGY IS TO BUILD HEALTHY COMMUNITIES BY MAKING IT CONVENIENT FOR PEOPLE TO ACCESS HEALTHCARE SERVICES AND RESOURCES THE HOSPITAL ACHIEVES THIS OBJECTIVE BY USING MULTIPLE COMMUNICATIONS SOURCES TO INFORM THE COMMUNITY ABOUT PROGRAMS AND SERVICES AT EMPLOYEE ORIENTATION, NEW STAFF MEMBERS ARE ENCOURAGED TO TAKE AN ACTIVE ROLE IN THE HOSPITAL'S MISSION TO PROVIDE COMMUNITY SERVICE THE HOSPITAL REACHES OUT TO TARGETED AUDIENCES, INCLUDING VULNERABLE POPULATIONS, IN MANY UNIQUE AND CREATIVE WAYS WHILE OTHER INSTITUTIONS HAVE CUT BACK ON OUTREACH SERVICES DUE TO BUDGET CONSTRAINTS, THE HOSPITAL MAINTAINS A STRONG COMMITMENT TO SUPPORTING COMMUNITY BENEFIT PROGRAMS THE HOSPITAL REACHES VULNERABLE POPULATIONS BY MAKING IT CONVENIENT FOR PEOPLE TO EASILY ACCESS HEALTHCARE SERVICES, RESOURCES AND EDUCATION HOSPITAL PHYSICIANS, NURSES AND OTHER CLINICIANS OFFER HEALTH SCREENINGS AND EDUCATIONAL PROGRAMS AT SENIOR CENTERS, PUBLIC LIBRARIES, PLACES OF WORSHIP, SCHOOLS, CORPORATIONS, HEALTH FAIRS AND OTHER SITES COMMUNITY EVENTS, SUCH AS THE MULTICULTURAL HEALTH AND HERITAGE FAIR THAT TOOK PLACE AT A MIDDLE SCHOOL, ARE HELD AT NEIGHBORHOOD SITES THE HO

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 202,399,819 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	266		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,324		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 25		
b	Enter the number of voting members that are independent . .	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

FRANK CORVINO
GREENWICH HOSPITAL
5 PERRYRIDGE ROAD
5 PERRYRIDGE ROAD
GREENWICH, CT 06830
(203) 863-3000

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								6,347,984	1,039,490	1,715,001

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 259

			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*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREENWICH ULTRASOUND ASSOCIATION 67 HOLLY HILL LANE GREENWICH, CT 06831	ULTRASOUND SRV	1,932,953
CARPEDIA 75 NAVY STREET OAKVILLE, ONTARIO 02494 CA	CONSULTING	1,775,599
UNITEX TEXTILE RENTAL 155 SOUTH TERRACE AVE MOUNT VERNON, NY 10550	LAUNDRY/UNIFORM	1,216,592
PFG BROADLINE 1 IKEA DRIVE ELIZABETH, NJ 07207	FOOD SERVICE	458,430
TELESERV LLC 98 SOUTH TURNPIKE RD WALLINGFORD, CT 06492	COMMUNICATIONS	437,552

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 65

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 1,470,531				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 16,368,458				
	g	Noncash contributions included in lines 1a-1f $ 479,928				
	h	**Total (Add lines 1a-1f)**	17,838,989			
Program Service Revenue		Business Code				
	2a	OUTPATIENT PROGRAM SERVICES 621,400	145,657,157	145,657,157		
	b	INPATIENT PROGRAM SERVICES 621,990	116,601,617	116,601,617		
	c	OUTREACH LAB 621,500	7,986,649		7,986,649	
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 270,245,423				
	3	Investment income (including dividends, interest other similar amounts)	811,404			811,404
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 892,171				
	b	Less rental expenses 30,939				
	c	Rental income or (loss) 861,232				
	d	Net rental income or (loss)	861,232	861,232		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,675,665 / 41,050				
	b	Less cost or other basis and sales expenses 4,476,091 / 96,092				
	c	Gain or (loss) -1,800,426 / -55,042				
	d	Net gain or (loss)	-1,855,468	-1,855,468		
Other Revenue	8a	Gross income from fundraising events (not including $ 116,880 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 1,470,531				
	b	Less direct expenses b 610,199				
	c	Net income or (loss) from fundraising events	-493,319	-493,319		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a 43,800				
	b	Less direct expenses b 350				
	c	Net income or (loss) from gaming activities	43,450	43,450		
	10a	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				
	11a	AUXLIARY SERVICES 900,099	20,165,071	20,165,071		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 20,165,071				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	307,616,782	280,979,740	7,986,649	811,404

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) but are not required to complete columns (B), (C), and (D).

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 U S See Part IV, line 21	231,412	231,412		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,311,769		5,311,769	
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	122,853,577	95,505,011		544,279
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,739,432	3,645,662	1,072,994	20,776
9 Other employee benefits	21,179,868	16,513,599	4,502,985	163,284
10 Payroll taxes	8,298,279	6,383,195	1,878,706	36,378
11 Fees for services (non-employees)				
a Management	1,084,197	158,953	925,244	
b Legal	388,179	56,074	332,105	
c Accounting	254,004		254,004	
d Lobbying	80,953	80,953		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	27,833,996	11,542,267	16,238,979	52,750
12 Advertising and promotion	1,064,782	113,436	951,346	
13 Office expenses	42,254,820	40,498,596	1,558,377	197,847
14 Information technology				
15 Royalties				
16 Occupancy	8,426,195	3,670,709	4,755,486	
17 Travel	534,778	296,757	236,829	1,192
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest	585,228		585,228	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,989,328	10,747,555	8,241,773	
23 Insurance	3,312,723	1,200	3,311,523	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIRS & MAINTENANCE	8,459,824	4,791,389	3,668,435	
b BAD DEBTS	7,851,327	7,851,327		
c FUNDRAISING EVENTS	590,841			590,841
d MISCELLANEOUS	547,588	311,724	112,771	123,093
e RECRUITING, PLACEMENT FEE	404,527		404,527	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	285,277,627	202,399,819	81,147,368	1,730,440
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	4,685,900	1	18,607,778
	2	Savings and temporary cash investments	51,469,920	2	42,292,806
	3	Pledges and grants receivable, net	1,260,738	3	112,449
	4	Accounts receivable, net	33,602,034	4	32,087,863
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	943,673	8	1,087,078
	9	Prepaid expenses and deferred charges	2,562,180	9	3,062,602
	10a	Land, buildings, and equipment cost basis — 10a: 398,813,969			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 153,840,332	238,087,106	10c	244,973,637
	11	Investments—publicly traded securities	10,757,904	11	10,000,000
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	42,099,886	12	54,564,278
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	32,073,516	15	19,115,329
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	417,542,857	16	425,903,820
Liabilities	17	Accounts payable and accrued expenses	33,027,902	17	36,125,492
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	51,570,000	20	49,455,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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		24	
	25	Other liabilities *Complete Part X of Schedule D*	26,953,988	25	58,678,512
	26	**Total liabilities.** *Add lines 17 through 25*	111,551,890	26	144,259,004
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	271,915,347	27	247,098,149
	28	Temporarily restricted net assets	26,410,522	28	25,901,701
	29	Permanently restricted net assets	7,665,098	29	8,644,966
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	305,990,967	33	281,644,816
	34	Total liabilities and net assets/fund balances	417,542,857	34	425,903,820

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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 331/3% 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 331/3% 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).** (See instructions)

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 - Other

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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(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 support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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 ▶

b **33 1/3% Test - 2007.** If the organization did not check the 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 ▶

17a **10% Facts and Circumstances Test - 2008.** 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 ▶

b **10% Facts and Circumstances Test - 2007.** 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 ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

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

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☑ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		52,720
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		27,733
j	Total lines 1c through 1i			80,953
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2009 THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS THESE MEETINGS DO NOT ATTEMPT TO INFLUENCE SPECIFIC LEGISLATION GREENWICH HOSPITAL HAS CERTAIN STAFF MEMBERS THAT LOBBY ON BEHALF OF THE HOSPITAL ON VARIOUS HEALTHCARE ISSUES GREENWICH HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES YALE NEW HAVEN HOSPITAL EIN 06-0646652 344,170 BRIDGEPORT HOSPITAL EIN 06-0646554 162,569

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☑ 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 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 XIV

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 Trust, 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 why in Part XIV 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 XIV

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	68,156,000				
b	Contributions					
c	Investment earnings or losses	2,401,000				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	3,701,000				
f	Administrative expenses					
g	End of year balance	66,856,000				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 50 860 %
- b Permanent endowment ▶ 16 600 %
- c Term endowment ▶ 32 540 %

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)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,962,540		4,962,540
b Buildings		218,476,605	46,109,143	172,367,462
c Leasehold improvements		12,504,684	2,116,404	10,388,280
d Equipment		159,758,728	105,137,782	54,620,946
e Other		3,111,412	477,003	2,634,409
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				244,973,637

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CORPORATE BONDS	27,011,984	F
Other OTHER LONG TERM INVESTMENTS HELD	16,101,716	F
Other BENEFICIAL INTEREST IN TRUST	11,450,578	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	54,564,278	

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
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION	27,901,612
DUE - 3RD PARTY & OTHER PAYORS	15,634,298
ESTIMATED LIABILITY - SELF INSURANCE	11,687,448
FORWARD INTEREST RATE SWAP	3,455,154
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	58,678,512

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	307,616,782
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	285,277,627
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,339,155
4	Net unrealized gains (losses) on investments	4	6,098,117
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-18,955,667
9	Total adjustments (net) Add lines 4 - 8	9	-12,857,550
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,481,605

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	293,013,076
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,098,117		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-4,609,848		
e	Add lines **2a** through **2d**			2e	1,488,269
3	Subtract line **2e** from line **1**			3	291,524,807
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 XIV)	4b	16,091,975		
c	Add lines **4a** and **4b**			4c	16,091,975
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	307,616,782

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	283,531,471
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	-977,115		
e	Add lines **2a** through **2d**			2e	-977,115
3	Subtract line **2e** from line **1**			3	284,508,586
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 XIV)	4b	769,041		
c	Add lines **4a** and **4b**			4c	769,041
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	285,277,627

Part XIV 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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT GREENWICH HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE GREENWICH HOSPITAL POOLED INVESTMENT POLICY
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN -2,067,168 UNREALIZED LOSS ON INTEREST RATE SWAP -2,692,680 AUXILIARY CONTRIBUTIONS 150,000 FUNDRAISING EXPENSES -1,673,287 INTEREST & INVESTMENT INCOME FROM TEMP RESTRICTED 1,223,000 RECLASS FROM EXPENSE - LOSS SALE OF ASSETS 55,042 AUXILIARY REVENUE -929,859 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED -15,408,000 SPECIAL EVENTS RECLASS TO INCOME 610,199 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 30,930 RECLASS - LOSS ON SALE OF ASSETS -55,042 FUNDRAISING EXPENSES 1,673,286 SPECIAL EVENTS RECLASS TO INCOME -610,199 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE -30,930 AUXILIARY EXPENSES 769,041
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN -2,067,168 UNREALIZED LOSS ON INTEREST RATE SWAP -2,692,680 AUXILIARY CONTRIBUTIONS 150,000
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	FUNDRAISING EXPENSES 1,673,287 INTEREST & INVESTMENT INCOME FROM TEMP RESTRICTED - 1,223,000 RECLASS FROM EXPENSE - LOSS SALE OF ASSETS -55,042 AUXILIARY REVENUE 929,859 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED 15,408,000 SPECIAL EVENTS RECLASS TO INCOME - 610,199 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE -30,930
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RECLASS - LOSS ON SALE OF ASSETS 55,042 FUNDRAISING EXPENSES -1,673,286 SPECIAL EVENTS RECLASS TO INCOME 610,199 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 30,930
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	AUXILIARY EXPENSES 769,041
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE REPORTING ENTITY HAS DESIGNATED ITS INVESTMENTS AS TRADING IN ACCORDANCE WITH GAAP ALL UNREALIZED GAINS AND LOSSES ARE RECOGNIZED THROUGH THE PROFIT AND LOSS STATEMENT FOR 990 REPORTING, THIS ACTIVITY IS EXCLUDED PER THE INSTRUCTIONS BY THE INTERNAL REVENUE SERVICE FOR 2008

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 GALA (event type)	(b) Event #2 NICU BENEFIT UN (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,329,192	134,604	123,615	1,587,411
	2 Less Charitable contributions	1,246,767	132,624	91,140	1,470,531
	3 Gross revenue (line 1 minus line 2)	82,425	1,980	32,475	116,880
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	473,971	60,096	76,132	610,199
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				610,199
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-493,319

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			43,800	43,800
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			350	350
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				350
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				43,450

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities CT			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 000 %	

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

Name ▶ GREENWICH HOSPITAL

Address ▶ 5 PERRYRIDGE ROAD
GREENWICH,CT 06830

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

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Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH,CT 06830	X	X		X		X	X		
GREENWICH HOSPITAL ENDOSCOPY CENTER 500 WEST PUTNAM AVENUE GREENWICH,CT 06830									HOSPITAL OUT-PATIENT ENDOSCOPY
GREENWICH HOSPITAL OUTPATIENT SURG 55 HOLLY HILL LANE GREENWICH,CT 06830									HOSPITAL OUT-PATIENT SURGERY

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONS FOUNDATION6 GREENWICH OFFICE PARK GREENWICH,CT 06831	26-1394760	C-3	35,000				SUPPORT ORGANIZATION
VISITING NURSES AND HOSPICE1029 E MAIN ST STAMFORD,CT 06902	06-1045800	C-3	6,000				SUPPORT ORGANIZATION
UNITED WAY1 LAFAYETTE COURT GREENWICH,CT 06830	06-0646578	C-3	10,000				SUPPORT ORGANIZATION
BREAST CANCER ALLIANCE15 EAST PUTNAM AVE GREENWICH,CT 06830	06-1453500	C-3	50,000				SUPPORT ORGANIZATION
GEMS111 EAST PUTNAM AVE RIVERSIDE,CT 06878	22-2721171	C-3	91,000				SUPPORT ORGANIZATION
NORWALK COMMUNITY COLLEGE188 RICHARD AVE NORWALK,CT 06854	06-6080293	C-3	10,000				SUPPORT ORGANIZATION
TIME FOR LYME DISEASE PO BOX 31269 GREENWICH,CT 06831	06-1559393	C-3	10,000				SUPPORT ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 7

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	NONE OF THE AMOUNT REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	GAYLE CAPOZZALO 0 159,290 0 FRANK A CORVINO 0 165,046 0 EUGENE COLUCCI 0 92,376 0 QUINTON FRIESEN 0 96,716 0 NANCY LEVITT-ROSENTHAL 0 67,402 0 MELISSA TURNER 0 13,230 0 STEPHEN GRAY 0 27,804 0 VICKI ALTMEYER 0 21,157 0 RICHARD EISEN 0 8,680 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4B THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS THE FOLLOWING AMOUNTS WERE PAID ARE ARE INCLUDED IN PART II, COLUMN BII VICKI ALTMEYER - 21,764 STEPHEN GRAY - 23,364 RICHARD EISEN - 7,398 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)

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 06-0646659
Name: GREENWICH HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GAYLE CAPOZZALO GAYLE CAPOZZALO	(I) (II)	568,277	174,637	296,576	298,440	18,153	1,356,083	14,788
FRANK A CORVINO FRANK A CORVINO	(I) (II)	597,110	195,703	196,512	287,465	12,595	1,289,385	
EUGENE COLUCCI EUGENE COLUCCI	(I) (II)	337,869	87,928	62,185	162,776	18,617	669,375	5,292
QUINTON FRIESEN QUINTON FRIESEN	(I) (II)	325,977	86,184	60,463	168,585	14,502	655,711	1,125
MICHAEL A MARINO MD MICHAEL A MARINO MD	(I) (II)	342,692	38,851	20,500	45,365	25,300	472,708	
NANCY LEVITT-ROSENTHAL NANCY LEVITT-ROSENTHAL	(I) (II)	234,029	59,330	36,000	120,802	9,633	459,794	
SUSAN BROWN SUSAN BROWN	(I) (II)	225,476			24,865	15,642	265,983	
GEORGE PAWLUSH GEORGE PAWLUSH	(I) (II)	149,811	50,238	20,500	39,083	15,794	275,426	
STEPHEN CARBERY STEPHEN CARBERY	(I) (II)	174,524	9,614	14,763	14,763	22,086	235,750	
MELISSA TURNER MELISSA TURNER	(I) (II)	166,300	2,848	21,559	42,097	16,446	249,250	1,102
MARC KOSAK MARC KOSAK	(I) (II)	146,245	9,250	7,857	6,472	27,890	197,714	
CHRISTINE BEECHNER CHRISTINE BEECHNER	(I) (II)	114,609	11,637	6,219	6,219	22,068	160,752	
STEPHEN GRAY STEPHEN GRAY	(I) (II)	520,227	50,364	20,500	45,365	16,482	652,938	9,784
VICKI ALTMEYER VICKI ALTMEYER	(I) (II)	451,539	46,364	20,500	45,365	22,162	585,930	
RICHARD EISEN RICHARD EISEN	(I) (II)	454,487	31,398	20,500	20,500	20,705	547,590	10,909
ERIC DIAMOND ERIC DIAMOND	(I) (II)	458,837		20,500	45,365	20,282	544,984	
ANNETTE BOND ANNETTE BOND	(I) (II)	381,566	44,418	14,001	14,001	29,116	483,102	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CHEFA	86-0806186	20774UCN3	05-07-2008	53,630,000	REFUND PRIOR ISSUE		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	1	8,000	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		3,780	FAIR MARKET VALUE
5	Clothing and household goods	X		47,676	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	16	71,233	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	5	2,791	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe JEWELRY)	X	10	39,805	FAIR MARKET VALUE
26	Other (describe WINE)	X	70	36,330	FAIR MARKET VALUE
27	Other (describe SAILING/SAFARIS)	X	4	28,800	FAIR MARKET VALUE
28	Other (describe GIFT CERT/OTHER)	X	212	241,513	FAIR MARKET VALUE

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	OCCASIONALLY, ITEMS ARE DONATED THAT EITHER HAVE ZERO/MINIMAL VALUE OR DO NOT HAVE A READILY ATTAINABLE VALUE (BUT ARE BELIEVED TO HAVE ZERO/MINIMAL VALUE) THESE ITEMS ARE RECORDED BUT NO INCOME IS RECOGNIZED

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	UNDER REIMBURSED MEDICAID (AT COST), 3 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 9 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AND COMMUNITY BUILDING ACTIVITIES THE 174-BED HOSPITAL, WHICH SERVES RESIDENTS FROM TWO COUNTIES IN ADJOINING STATES, HAS EXPERIENCED UNPRECEDENTED GROWTH IN THE LAST 10 YEARS IN THAT TIME, HOSPITAL ADMISSIONS GREW 56 PERCENT, EMERGENCY DEPARTMENT VISITS INCREASED 85 PERCENT, AND THE MEDICAL STAFF GREW BY 83 PERCENT THE CLOSING OF TWO FINANCIALLY TROUBLED HOSPITALS IN ADJACENT COMMUNITIES FUELED MUCH OF THIS GROWTH IN RESPONSE TO THIS GROWTH, THE HOSPITAL RECENTLY ADOPTED A NEW VISION STATEMENT AND STRATEGIC PLAN TO REFLECT THE ORGANIZATION'S WIDER SERVICE AREA AND CHANGING COMMUNITY HEALTHCARE NEEDS THE FIVE-YEAR PLAN BETTER POSITIONS THE HOSPITAL TO FACE FUTURE CHALLENGES, INCLUDING REACHING OUT TO VULNERABLE POPULATIONS COMMUNITY HEALTH WAS A SIGNIFICANT CONSIDERATION IN DEVELOPING THE NEW STRATEGIC PLAN AMONG THE STRATEGIES ADOPTED, THE HOSPITAL WILL "CONTINUE COMMUNITY AWARENESS THROUGH INVESTMENT IN OUTREACH EDUCATION IN THE TWO COUNTIES SERVED " THE HOSPITAL WILL ALSO "CREATE SPECIFIC COMMUNITY AWARENESS AND EDUCATION PROGRAMS AROUND QUALITY INDICATORS, PREVENTION AND WELLNESS PROGRAMS " TO IMPLEMENT THIS STRATEGY, THE HOSPITAL MAINTAINS A COMMUNITY HEALTH DEPARTMENT (CHD), WHICH PROVIDES A VAST ARRAY OF HEALTH SCREENINGS, EDUCATION SEMINARS, HEALTH FAIRS, SUPPORT GROUPS AND OTHER SERVICES TO THOUSANDS OF AREA RESIDENTS THE HOSPITAL'S CENTER FOR HEALTHY LIVING, CENTER FOR HEALTHY AGING AND CENTER FOR INTEGRATIVE MEDICINE ALSO OFFER HEALTH SCREENINGS AND EDUCATION PROGRAMS GREENWICH HOSPITAL'S GOAL IS TO SUPPORT THE COMMUNITY IN THE CONTINUUM OF CARE BY PROVIDING HEALTH EDUCATION AND WELLNESS PROGRAMS IN EFFORTS TO IMPROVE HEALTH, REDUCE COSTS AND INCREASE ACCESS TO HEALTH CARE SERVICES PREVENTION ACTIVITIES INCLUDE HEALTH SCREENINGS AND FAIRS, SUPPORT GROUPS, SCHOOL HEALTH PROGRAMS, AND EDUCATIONAL LECTURES INCLUDING A SPEAKERS' BUREAU GREENWICH HOSPITAL PROVIDES OUTREACH PROGRAMS BY COLLABORATING WITH OTHER DEPARTMENTS OF GREENWICH HOSPITAL AND IN PARTNERSHIP WITH OTHER NATIONAL, REGIONAL AND LOCAL COMMUNITY ORGANIZATIONS GREENWICH HOSPITAL PROVIDES CARE FOR PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, WITH CHARITY CARE AND OTHER FINANCIAL ASSISTANCE FOR UNDER / UN-INSURED PATIENTS OF LIMITED FINANCIAL MEANS GREENWICH HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITIES BY BEING RESPONSIVE TO OUR COMMUNITIES AND WE HAVE DEVELOPED AND IMPLEMENTED INNOVATIVE PROGRAMS AND SERVICES THAT MEETS THE NEEDS WHILE ADDRESSING THE CONCERNS OF OUR COMMUNITY GREENWICH HOSPITAL CONDUCTS HEALTH SCREENING AND PROVIDES EDUCATIONAL SERVICES FOR ALL MEMBERS OF THE COMMUNITY ACROSS THE LIFE SPAN SCREENING AND EDUCATIONAL LECTURES ARE CONDUCTED AT VARIOUS COMMUNITY LOCATIONS AND ARE PROVIDED IN ENGLISH AND SPANISH GREENWICH HOSPITAL PROVIDES BENEFITS TO THE BROADER COMMUNITY BY RESPONDING TO IDENTIFIED COMMUNITY NEEDS AND BY PROVIDING AND SPONSORING PROGRAMS THAT ARE DESIGNED TO IMPROVE COMMUNITY HEALTH AND INCREASE ACCESS TO HEALTH CARE SERVICES GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOME EXAMPLES OF COMMUNITY PROGRAMS AND SERVICES THAT INCLUDE COMMUNITY PARTNERS THAT WERE ESTABLISHED TO PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW CARE FOR THE UNDERSERVED THE PRIMARY SERVICE AREA OF GREENWICH HOSPITAL INCLUDES THE CONNECTICUT TOWNS OF GREENWICH, DARIEN, NEW CANAAN AND STAMFORD AS WELL AS THE NEW YORK TOWNS OF PORT CHESTER, RYE, HARRISON, LARCHMONT AND MAMARONECK IN THE PRIMARY SERVICE AREA, APPROXIMATELY 18% OF HOUSEHOLDS HAVE INCOMES LESS THAN 45,000 WHILE 47% OF HOUSEHOLDS HAVE INCOMES BETWEEN 45,000 AND 150,000 AND THE REMAINING 35% OF HOUSEHOLDS HAVE INCOMES GREATER THAN 150,000 THE HOSPITAL HAS SEVERAL FREE CARE PROGRAMS FOR PATIENTS WHO ARE UNABLE TO AFFORD TO PAY FOR THEIR HOSPITAL SERVICES THESE INCLUDE FREE BED FUNDS, SLIDING SCALE PROGRAMS THROUGH THE HOSPITAL CLINIC AND A CHARITY CARE PROGRAM GREENWICH HOSPITAL USES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE TO LOW INCOME INDIVIDUALS THE HOSPITAL PROVIDED FREE CARE TO PATIENTS WHO FELL BELOW 250 PERCENT OF THE FEDERAL POVERTY LEVEL A FAMILY OF FOUR WITH INCOME AT OR BELOW 51,625 WAS ELIGIBLE FOR FREE CARE IF THEY DID NOT QUALIFY FOR STATE MEDICAID FOR PATIENTS WITH HOUSEHOLD INCOMES BETWEEN 250 PERCENT AND 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES (82,600), CARE WAS DISCOUNTED TO COST IN FY 2009, UNCOMPENSATED CARE FOR MORE THAN 43,800 PATIENTS TOTALED 12 8 MILLION THIS INCLUDED 9 5 MILLION FOR THE PROVISION OF FREE AND CHARITY CARE AND 3 3 MILLION IN BAD DEBT EXPENSE THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES DURING FY 2009, THE HOSPITAL DISTRIBUTED 800 APPLICATIONS FOR HOSPITAL FREE BED FUNDS THAT RESULTED IN FREE CARE OF 1 5 MILLION THE FUNDS WERE DONATED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE USED FOR FINANCIAL ASSISTANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARDSHIP IN FY 2009, GREENWICH HOSPITAL HAD A TOTAL OF 17,000 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISITS THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 6 1 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES ADDITIONALLY, THE HOSPITAL ASSISTED 624 CONNECTICUT PATIENTS AND 180 NEW YORK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FY 2009 THE HOSPITAL OPERATES SEVERAL OUTPATIENT CLINIC PROGRAMS IN THE AREAS OF MEDICAL, DENTAL, BEHAVIORAL HEALTH, PRENATAL AND PEDIATRICS IN FY 2009 THE TOTAL COMBINED NUMBER OF CLINIC VISITS IN THESE AREAS WAS 25,256 BEHAVIORAL HEALTH PROGRAMS MENTAL ILLNESS IS FREQUENTLY CALLED THE SKELETON IN THE CLOSET GREENWICH HOSPITAL HAS BEEN IN THE FOREFRONT OF PROMOTING AWARENESS ABOUT MENTAL HEALTH BY SPONSORING THREE BEHAVIORAL HEALTH SUMMITS BY COLLABORATING WITH OTHER SERVICE AGENCIES AND PROVIDERS GREENWICH HOSPITAL IN PARTNERSHIP WITH THE UNITED WAY, FAMILY CENTERS AND THE GREENWICH DEPARTMENT OF HEALTH ASSISTED IN THE DEVELOPMENT OF A COMPUTERIZED MENTAL HEALTH PROVIDER GRID AND MATRIX INCREASING ACCESS TO MENTAL HEALTH SERVICES HAS BEEN A FOCUS OF GREENWICH HOSPITAL AND THE DEVELOPMENT OF THE MATRIX CONTINUE TO SERVE AS A VALUABLE COMMUNITY TOOL FOR IMPROVING ACCESS TO LOCAL AND REGIONAL MENTAL HEALTH RESOURCES GREENWICH HOSPITAL IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIPS) SPONSORED THREE FREE BEHAVIORAL HEALTH SUMMITS DRAWING MORE THAN 300 PARTICIPANTS TO DISCUSS MENTAL HEALTH ISSUES IMPACTING CHILDREN AND ADULTS ACROSS A LIFESPAN THE GOAL OF THE SUMMITS WAS TO IMPROVE MENTAL HEALTH SERVICES AND ACCESS FOR THE ESTIMATED 110,000 FAIRFIELD COUNTY RESIDENTS IMPACTED BY MENTAL ILLNESS MORE THAN 150 PEOPLE ATTENDED THE FIRST SUMMIT IN NOVEMBER 2006 TO HEAR A KEYNOTE ADDRESS BY FORMER CONNECTICUT LIEUTENANT GOVERNOR KEVIN SULLIVAN THE SUMMIT INCLUDED A ROUNDTABLE DISCUSSION BY LOCAL MENTAL HEALTH PROVIDERS AND REPRESENTATIVES FROM THE NATIONAL ASSOCIATION ON MENTAL DISORDERS THE SECOND SUMMIT IN MARCH 2008 DREW 125 PEOPLE THE COMMUNITY HEALTH PLANNER FOR THE GREENWICH DEPARTMENT OF HEALTH UNVEILED THE MENTAL HEALTH MATRIX DEVELOPED LISTING THE SERVICES PROVIDED BY MORE THAN 75 AREA AGENCIES THE MENTAL HEALTH MATRIX HAS BECOME AN ESSENTIAL COMMUNITY RESOURCE MORE THAN 200 ORGANIZATIONS (SOCIAL SERVICE AGENCIES, POLICE DEPARTMENTS AND OTHERS) HAVE DOWNLOADED THE MATRIX FROM THE WEBSITE TO AND UTILIZE IT TO BETTER SERVE THEIR CLIENTS IN NEED IN NOVEMBER 2008 A THIRD SUMMIT WAS CONDUCTED, AND 80 PARTICIPANTS ATTENDED ATTENDEES VIEWED THE MOVIE "CANVAS" WHICH ILLUSTRATES ONE FAMILY'S STRUGGLE WITH SCHIZOPHRENIA AND THE DEVASTATING IMPACT IT HAD ON FAMILY RELATIONSHIPS FOLLOWING THE MOVIE, PETER CASE, THE PRESIDENT OF THE LOCAL NAMI CHAPTER, FACILITATED A PANEL DISCUSSION AMONG MENTAL HEALTH EXPERTS IN JULY 2009 GREENWICH HOSPITAL AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP MENTAL HEALTH STAFF CO-SPONSORED A HEALTH AND WELLNESS FAIR AT A SUBSIDIZED LOW-INCOME HOUSING COMPLEX FREE MENTAL AND PHYSICAL HEALTH SCREENINGS AND INFORMATION REGARDING COMMUNITY RESOURCES WERE PROVIDED TO OVER 110 PARTICIPANTS IN ADDITION TO RAISING AWARENESS, GREENWICH HOSPITAL HAS ALSO INCREASED ACCESS TO MENTAL HEALTH SERVICES GREENWICH HOSPITAL OPENED A DEDICATED FOUR-BED BEHAVIORAL HEALTH UNIT IN THE EMERGENCY DEPARTMENT FOR PATIENTS EXPERIENCING A PSYCHIATRIC CRISIS APPROXIMATELY 600 PATIENTS HAVE BEEN ADMITTED TO THE UNIT, WHICH OPENED IN MARCH 2006 ON A RECENT JOINT COMMISSION (JCAHO) ACCREDITATION VISIT, THE EMERGENCY DEPA

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ROTARY CLUBS GREENWICH HOSPITAL LEADERSHIP STAFF ARE VERY ACTIVE IN LOCAL ROTARY CLUBS AND SERVES ON THEIR BOARDS ROTARY IS A GLOBAL NETWORK OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS WE PARTICIPATE IN LOCAL, REGIONAL AND INTERNATIONAL HUMANITARIAN SERVICE PROJECTS WHICH CONNECT PEOPLE AROUND THE WORLD AND PROMOTE CROSS-CULTURAL UNDERSTANDING, PEACE AND HEALTH ROTARY'S TOP PHILANTHROPIC GOAL IS TO ERADICATE POLIO WORLDWIDE LOCAL AND REGIONAL SERVICE PROJECTS INCLUDE CAMP SCHOLARSHIPS TO NEEDY CHILDREN, PROVIDING COLLEGE SCHOLARSHIPS, MIDDLE SCHOOL SPELLING BEES, FOOD DRIVES, ENVIRONMENTAL PROTECTION PROJECTS, PEDESTRIAN SAFETY PROGRAMS AND HABITAT FOR HUMANITY CHAMBER OF COMMERCE GREENWICH HOSPITAL LEADERSHIP STAFF PARTICIPATES IN LOCAL CHAMBERS OF COMMERCE AND WE PROVIDE SUPPORT AND ASSIST THESE ORGANIZATIONS IN THEIR COMMUNITY ENDEAVORS AND SERVICE PROJECTS GREENWICH THINKS PINK THIS PROGRAM IS A PARTNERSHIP BETWEEN THE GREENWICH SCHOOLS, DOH, AMERICAN CANCER SOCIETY AND CH@GH EVERY OCTOBER THIS PROGRAM EDUCATES THE PUBLIC REGARDING PERFORMING BREAST SELF-EXAMS TO PROMOTE THE EARLY DETECTION OF BREAST CANCER THE GREENWICH FIRST SELECTMAN'S CANCER AWARENESS CAMPAIGN THE CAMPAIGN IS A COLLABORATIVE EFFORT BETWEEN THE TOWN OF GREENWICH DEPARTMENT OF HEALTH, THE AMERICAN CANCER SOCIETY AND GREENWICH HOSPITAL THE CAMPAIGN PROMOTES CANCER SCREENING PROGRAMS TO PREVENT, DETECT AND TREAT CANCER IN THE COMMUNITY GODS' GREEN MARKET THIS PROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES AND AREA CHURCHES WHICH PROVIDES FRESH VEGETABLES TO NEEDY PARTICIPANTS IN PORT CHESTER'S 4 FOOD PANTRIES, 7 SOUP KITCHENS AND NUTRITION CENTERS SINCE 2007 THIS PROGRAM HAS PROVIDED THOUSANDS OF NEEDY PORT CHESTER FAMILIES WITH FRESH VEGETABLES AND EDUCATIONAL PROGRAMS THAT PROMOTE HEALTHIER EATING THE COUNCIL COLLABORATES WITH LOCAL ORGANIZATIONS AND CHURCHES TO BRING FRESH VEGETABLES TO LOW-INCOME FAMILIES THE COUNCIL OF COMMUNITY SERVICES (WHICH INCLUDES THE HOSPITAL) RENTS THE FARMLAND AND PROVIDES VOLUNTEERS TO HARVEST THE CROPS SIXTY TO 100 PEOPLE RECEIVED FREE VEGETABLES EACH WEEKEND FROM JULY THROUGH OCTOBER THE HOSPITAL FUNDS THE IMITATIVE, STAFFS THE MARKET AND THE HOSPITAL'S DIETICIANS AND NURSES PROVIDED NUTRITION EDUCATION AND HEALTHY RECIPES IN ENGLISH AND SPANISH HEALTH EDUCATION THE HOSPITAL OFFERS A WIDE VARIETY OF HEALTH EDUCATION PROGRAMS AND INFORMATION THROUGH THE WOMEN'S RESOURCE CENTER, THE CENTER FOR HEALTHY AGING, THE CENTER FOR HEALTHY LIVING AND THE CENTER FOR INTEGRATIVE MEDICINE THE TENDER BEGINNINGS PROVIDES PARENTING CLASSES ON ALL PHASES OF THE BIRTHING EXPERIENCE TO EXPECTANT PARENTS, SIBLINGS AND GRANDPARENTS PARISH NURSE PROGRAM A PARTNERSHIP PROGRAM WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH WHICH PROVIDES A REGISTERED PROFESSIONAL NURSE, WHO CONDUCTS SCREENINGS AND SUPPORT GROUPS, ADMINISTERS FLU SHOTS AND PROVIDES HEALTH INFORMATION TO OVER 2,000 CHURCH MEMBERS COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP THE COLLABORATIVE PARTNERS ON THE CHIP INCLUDE REPRESENTATIVES FROM GREENWICH HOSPITAL, UNITED WAY, DEPARTMENT OF COMMUNITY DEVELOPMENT, COMMISSION ON AGING, HOUSING AUTHORITY, LIBRARIES, DEPARTMENT OF SOCIAL SERVICES, HISPANIC HEALTH COUNCIL, AND DEPARTMENT OF HEALTH AND EMERGENCY MEDICAL SERVICES MANY MORE AGENCIES ATTEND THE MONTHLY MEETINGS THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP IS A TRULY INCLUSIVE FORUM - ALL COMMUNITY MEMBERS ARE INVITED TO PARTICIPATE AND WORK TOWARD IMPROVING COMMUNITY HEALTH THE CHIP WAS ESTABLISHED AS A DIRECT RESULT OF THE HEALTH NEEDS SURVEY CONDUCTED BY THE HOSPITAL IN 2003 THE STUDY LED TO A CALL TO ACTION THAT SUCCESSFULLY MOTIVATED PEOPLE FROM ALL SEGMENTS TO COLLABORATE TO SOLVE COMMUNITY HEALTH ISSUES SIX YEARS LATER, MANY ORGANIZATIONS, AGENCIES AND INDIVIDUALS CONTINUE TO ATTEND MONTHLY MEETINGS TO IDENTIFY NEW OPPORTUNITIES TO HELP THOSE IN NEED OF ASSISTANCE IN JULY 2009 IN COLLABORATION WITH THE UNITED WAY AND BOYS' AND GIRLS' CLUB AND GREENWICH HOSPITAL, CHIPS SPONSORED A BASKETBALL TOURNAMENT AT A LOCAL LOW- INCOME HOUSING PROJECT THE GOAL OF THIS PROGRAM WAS TO CONDUCT A FREE HEALTH FAIR, PROMOTE HEALTH AND ENCOURAGE EXERCISE TO REDUCE OBESITY AND PROMOTE CONNECTIONS AND INTERACTION WITH LOCAL SERVICE AGENCIES THAT CAN PROVIDE NEEDED RESOURCES OVER 110 PEOPLE PARTICIPATED IN THIS EVENING EVENT SPEAKER'S BUREAU/LECTURES A VARIETY OF HEALTH PROMOTION AND HEALTH EDUCATION PROGRAMS ARE PROVIDED TO THE WESTCHESTER AND FAIRFIELD COUNTY COMMUNITIES BASED ON THEIR NEEDS AND DESIRES SPEAKERS INCLUDE PHYSICIANS, NURSES, DIETICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS AND PHARMACISTS OVER 30 LECTURES WERE CONDUCTED IN 2009 AND SOME OF THE TOPICS FOCUSED ON DIABETES, BREAST, UTERINE, PROSTATE, LUNG AND COLON CANCER, KNOWING YOUR CHOLESTEROL NUMBERS, HEALTHY HABITS & HYGIENE, HEART HEALTH, IMMUNIZATION, NUTRITION, OSTEOPOROSIS, PARKINSON'S DISEASE, PROSTATE EDUCATION EMERGENCY PREPAREDNESS, STROKE, HEART ATTACK, BENEFITS OF EXERCISE AND WEIGHT MANAGEMENT COMMUNITY ADVISORY BOARD A MEMBER OF THE HOSPITAL'S BOARD OF TRUSTEES CHAIRS THE COMMUNITY ADVISORY BOARD (CAB), AN ENTITY THAT INCLUDES REPRESENTATIVES FROM A CROSS SECTION OF COMMUNITY ORGANIZATIONS THE CAB CHAIRMAN UPDATES THE BOARD OF TRUSTEES ABOUT ANY HEALTH ISSUES RAISED BY THE ADVISORY GROUP THE 30-MEMBER CAB INCLUDES REPRESENTATIVES FROM THE HOSPITAL, CITY HEALTH DEPARTMENT, LIBRARIES, UNITED WAY, YMCA, HOUSES OF WORSHIP, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, HISPANIC HEALTH COUNCIL, COUNCIL OF COMMUNITY SERVICES, FEDERALLY SUBSIDIZED HEALTH CARE CLINIC (OPEN DOOR) CHAMBERS OF COMMERCE AND OTHER COMMUNITY GROUPS THAT REPRESENT THE COMMUNITY QUARTERLY CAB MEETINGS ENABLE THE HOSPITAL TO STAY ABREAST OF CHANGING COMMUNITY NEEDS AND DEVELOP PARTNERSHIPS WITH LOCAL ORGANIZATIONS TO ADDRESS CONCERNS THE HOSPITAL'S VICE PRESIDENT FOR PUBLIC RELATIONS AND COMMUNITY AFFAIRS ALSO MAINTAINS AN ONGOING DIALOGUE WITH CAB MEMBERS THESE ISSUES ARE SO IMPORTANT TO THE HOSPITAL THAT "COMMUNITY BENEFITS" AND "COMMUNITY OUTREACH" ARE DIRECTLY TIED TO THE PERFORMANCE REVIEWS OF TWO HOSPITAL EXECUTIVES THE VICE PRESIDENT FOR PUBLIC RELATIONS AND COMMUNITY AFFAIRS AND THE DIRECTOR OF THE COMMUNITY HEALTH DEPARTMENT THE HOSPITAL USES VARIOUS COMMUNICATIONS TOOLS TO INFORM PEOPLE ABOUT THE DIVERSE HEALTH SCREENINGS, WELLNESS PROGRAMS, EDUCATION SEMINARS AND OTHER PROGRAMS THAT ARE AVAILABLE THE HOSPITAL'S ANNUAL MEETING PROVIDES THE CHIEF EXECUTIVE OFFICER WITH AN OPPORTUNITY TO REPORT ON MAJOR ACCOMPLISHMENTS AND FUTURE PLANS IN ALL AREAS, INCLUDING COMMUNITY BENEFIT THIS INFORMATION IS PUBLISHED IN THE HOSPITAL'S ANNUAL REPORT, WHICH IS MAILED TO 15,000 AREA HOMES AND ORGANIZATIONS HEALTH EXTENSIONS MAGAZINE PROVIDES INFORMATION ON COMMUNITY WELLNESS PROGRAMS, HEALTH SCREENINGS AND SUPPORT GROUPS SPONSORED BY THE HOSPITAL THE MAGAZINE IS MAILED TO APPROXIMATELY 95,000 RESIDENCES FIVE TIMES A YEAR COMMUNITY OUTREACH PROGRAMS ARE HIGHLIGHTED IN NEWSPAPER ADVERTISEMENTS PURCHASED BY THE HOSPITAL THE HOSPITAL'S PUBLIC RELATIONS DEPARTMENT ORGANIZES A WEEKLY, HALF-HOUR SHOW CALLED "SPOTLIGHT ON MEDICINE" ON THE LOCAL RADIO STATION DOCTORS, NURSES, DIETICIANS AND OTHER HEALTHCARE PROFESSIONALS SPEAK ABOUT A VARIETY OF TOPICS "SPOTLIGHT ON MEDICINE" IS ADVERTISED IN HEALTH EXTENSIONS AND THE LOCAL DAILY NEWSPAPER MEDIA RELEASES ABOUT COMMUNITY PROGRAMS ARE ROUTINELY SENT TO LOCAL AND AREA MEDIA OUTLETS THE HOSPITAL HAS ESTABLISHED GOOD RELATIONSHIPS WITH REPRESENTATIVES FROM NEWSPAPERS, MAGAZINES AND RADIO STATIONS THE HOSPITAL'S WEBSITE ALSO CONTAINS VALUABLE INFORMATION ABOUT COMMUNITY PROGRAMS THE WEBSITE RECEIVES ABOUT ONE MILLION VISITS PER YEAR THE OVERALL OBJECTIVE OF THE COMMUNICATIONS STRATEGY IS TO BUILD HEALTHY COMMUNITIES BY MAKING IT CONVENIENT FOR PEOPLE TO ACCESS HEALTHCARE SERVICES AND RESOURCES THE HOSPITAL ACHIEVES THIS OBJECTIVE BY USING MULTIPLE COMMUNICATIONS SOURCES TO INFORM THE COMMUNITY ABOUT PROGRAMS AND SERVICES AT EMPLOYEE ORIENTATION, NEW STAFF MEMBERS ARE ENCOURAGED TO TAKE AN ACTIVE ROLE IN THE HOSPITAL'S MISSION TO PROVIDE COMMUNITY SERVICE THE HOSPITAL REACHES OUT TO TARGETED AUDIENCES, INCLUDING VULNERABLE POPULATIONS, IN MANY UNIQUE AND CREATIVE WAYS WHILE OTHER INSTITUTIONS HAVE CUT BACK ON OUTREACH SERVICES DUE TO BUDGET CONSTRAINTS, THE HOSPITAL MAINTAINS A STRONG COMMITMENT TO SUPPORTING COMMUNITY BENEFIT PROGRAMS THE HOSPITAL REACHES VULNERABLE POPULATIONS BY MAKING IT CONVENIENT FOR PEOPLE TO EASILY ACCESS HEALTHCARE SERVICES, RESOURCES AND EDUCATION HOSPITAL PHYSICIANS, NURSES AND OTHER CLINICIANS OFFER HEALTH SCREENINGS AND EDUCATIONAL PROGRAMS AT SENIOR CENTERS, PUBLIC LIBRARIES, PLACES OF WORSHIP, SCHOOLS, CORPORATIONS, HEALTH FAIRS AND OTHER SITES COMMUNITY EVENTS, SUCH AS THE MULTICULTURAL HEALTH AND HERITAGE FAIR THAT TOOK PLACE AT A MIDDLE SCHOOL, ARE HELD AT NEIGHBORHOOD SITES THE HO

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE HOSPITAL IS A CONNECTICUT NON-STOCK CORPORATION ITS SOLE MEMBER IS GREENWICH HEALTH CARE SERVICES, INC ("GHCSI"), ITSELF A CONNECTICUT NON-STOCK CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	YALE NEW HAVEN HEALTH SERVICES CORPORATION (YNHHS), THE SOLE MEMBER OF GHCSI, HAS THE SOLE AUTHORITY TO APPROVE NOMINEES TO THE HOSPITAL'S BOARD OF TRUSTEES IN ACCORDANCE WITH SECTIONS 2 2 AND 3 3 OF THE HOSPITAL'S BYLAWS AND THAT CERTAIN SYSTEM AFFILIATION AGREEMENT DATED JULY 24, 1997 (THE "AFFILIATION AGREEMENT") AMONG YNHHS, GHCSI AND THE HOSPITAL

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE HOSPITAL HAS RESERVED POWERS TO BOTH GHCSI AND YNHHS GHCSI YES PURSUANT TO SECTION 4 OF THE HOSPITALS CERTIFICATE OF INCORPORATION AND SECTION 2 1 OF THE HOSPITALS BYLAWS, GHCSI, IN ITS CAPACITY AS THE SOLE MEMBER OF THE HOSPITAL, HAS ONLY THOSE RIGHTS, POWERS AND PRIVILEGES REQUIRED BY LAW TO BE ACCORDED TO MEMBERS OF A NONSTOCK, NONPROFIT CORPORATION AND THOSE RIGHTS, POWERS AND PRIVILEGES CONFERRED BY THE HOSPITALS CERTIFICATE OF INCORPORATION OR BYLAWS, WHICH INCLUDE, WITHOUT LIMITATION, RIGHT TO APPROVE ANY CHANGES TO THE HOSPITALS CERTIFICATE OF INCORPORATION AND BYLAWS, BUT NOT THE RIGHT TO ELECT AND REMOVE HOSPITAL BOARD MEMBERS YNHHS IN ACCORDANCE WITH SECTION 2 2 OF THE HOSPITALS BYLAWS, YNHHS HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES (A)TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AT THE PLEASURE OF YNHHS, WHICH DESIGNEE SHALL BE A VOTING MEMBER OF THE EXECUTIVE OR ANY SIMILAR COMMITTEE OF THE HOSPITAL, (B)TO APPROVE THE NOMINEES TO THE BOARD OF TRUSTEES OF THE HOSPITAL IN ACCORDANCE WITH THE PROVISIONS OF SECTION 3 3 OF THE HOSPITAL BYLAWS AND SECTION 4 2 OF THE AFFILIATION AGREEMENT, (C)TO REMOVE ANY HOSPITAL TRUSTEE IN ACCORDANCE WITH PROVISIONS OF THE HOSPITAL BYLAWS AND THE AFFILIATION AGREEMENT, (D)TO APPROVE THE HOSPITALS ANNUAL OPERATING AND CAPITAL BUDGETS AND STRATEGIC PLANS, AND (E)TO CONSENT TO (I) THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE HOSPITALS ASSETS, (II) ANY MERGER OR CONSOLIDATION INVOLVING THE HOSPITAL, (III) ANY CONTRACT TO MANAGE OR ADMINISTER THE HOSPITAL OR ANY SUBSTANTIAL PART OF THE BUSINESS OF THE HOSPITAL, (IV) ANY LIQUIDATION OR DISSOLUTION OF THE HOSPITAL OR FILING FOR BANKRUPTCY OR SIMILAR PROTECTION, OR (V) ANY CHANGE IN THE NAME OF THE HOSPITAL FURTHER, IN ACCORDANCE WITH SECTION 10 1 OF THE HOSPITAL BYLAWS, GHCSI AND YNHHS MUST EACH APPROVE ANY AMENDMENT TO THE HOSPITALS CERTIFICATE OF INCORPORATION AND BYLAWS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE DIRECTOR AND VP OF CORPORATE FINANCE SUBSEQUENTLY IT IS SENT TO ERNST & YOUNG US LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ENTITY 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 FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOLLOWING THIS REVIEW, IT IS PROVIDED TO THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	GREENWICH HOSPITAL IS COVERED UNDER THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMPENSATION COMMITTEE OF THE GREENWICH HOSPITAL STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE GREENWICH HOSPITAL BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL GREENWICH HOSPITAL BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION COMMITTEE OF THE GREENWICH HOSPITAL STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE GREENWICH HOSPITAL BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL GREENWICH HOSPITAL BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	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 22 VOTING MEMBERS ARE INDEPENDENT PART VI, LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEE WILLIAM BERKLEY, JR AND OFFICER/TRUSTEE FRANK CORVINO ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATION'S CURRENT OFFICERS AND TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS AND TRUSTEES 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 CARDIOVASCULAR SERVICES OF GREENWICH, P C , GREENWICH FERTILITY AND IVF CENTER, P C , GREENWICH HEALTH SERVICES, INC , GREENWICH IM HOSPITALIST SERVICES, INC , GREENWICH INTEGRATIVE MEDICINE P C , GREENWICH PAIN CONSULTING SERVICES, INC , GREENWICH PEDIATRIC SERVICES, P C , AND GREENWICH PERINATOLOGY SERVICES, P C SCHEDULE K DATE THE REFUNDED BONDS WERE ISSUED APRIL 6, 2006

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I 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
BREAST CARE SERVICES OF GREENWICH 5 PERRYRIDGE ROAD GREENWICH, CT 06830 01-0798975	HEALTHCARE	CT	625,249		NA
900 KING STREET ASSOCIATES 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILD OPER	CT			NA
GREENWICH AMBULATORY SURGERY CENTER 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0810580	HEALTHCARE	CT			NA
GREENWICH CLINICAL PATHOLOGY ASSOC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT	2,194,309		NA
GREENWICH PATHOLOGY ASSOCIATES 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT	3,585,490		NA

Part II 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
GREENWICH HEALTHCARE SERVICES 5 PERRYRIDGE ROAD GREENWICH, CT06830 22-2593399	SUPP HOSP	CT	501	11B	NA
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1207316	SUPP HOSP	CT	501	11B	NA
YALE NEW HAVEN HEALTH SERVICES 789 HOWARD AVE NEW HAVEN, CT06519 22-2529464	SYS SUPP	CT	501	11A	NA
GREENWICH HOSPITAL FOUNDATION 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1526642	SUPP HOSP	CT	501	11B	NA

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV 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
GREENWICH PAIN CONSULTING SERVICES 5 PERRYRIDGE ROAD GREENWICH, CT06830 54-2161514	HEALTHCARE	CT	NA	C CORP	359,242	47,003	100 000 %
GREENWICH IM HOSPITALIST 5 PERRYRIDGE ROAD GREENWICH, CT06830 54-2161520	HEALTHCARE	CT	NA	C CORP	2,356,807	300,678	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	YALE-NEW HAVEN HEALTH SERVICES	L	12,343,810
(2)	PERRYRIDGE CORPORATION	J	993,843
(3)	PERRYRIDGE CORPORATION	K	78,561
(4)	GREENWICH HEALTH CARE SERVICES	K	1,957,641
(5)	GREENWICH HOSPITAL FOUNDATION	R	2,748,000
(6)	GREENWICH HOSPITAL FOUNDATION	K	87,500
(7)	GREENWICH PAIN CONSULTING	I	77,700
(8)	GREENWICH IM HOSPITALIST	I	5,700

Additional Data

Software ID:
Software Version:
EIN: 06-0646659
Name: GREENWICH HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
GAYLE CAPOZZALO GAYLE CAPOZZALO	1	X						0	1,039,490	316,593
FRANK A CORVINO FRANK A CORVINO	40	X		X				989,325	0	300,060
JAMES M MCTAGGART JAMES M MCTAGGART	1	X						0	0	0
ALAN BREED ALAN BREED	1	X						0	0	0
ELIZABETH GALT ELIZABETH GALT	1	X						0	0	0
NANCY BROWN NANCY BROWN	1	X						0	0	0
JOHN L TOWNSEND III JOHN L TOWNSEND III	1	X						0	0	0
DONALD J KIRK DONALD J KIRK	1	X						0	0	0
DANIEL L MOSLEY DANIEL L MOSLEY	1	X						0	0	0
BRUCE L WARWICK BRUCE L WARWICK	1	X						0	0	0
ARTHUR C MARTINEZ ARTHUR C MARTINEZ	1	X						0	0	0
SHIRLEE HILTON SHIRLEE HILTON	1	X						0	0	0
BARBARA MILLER BARBARA MILLER	1	X						0	0	0
JACK MITCHELL JACK MITCHELL	1	X						0	0	0
BRUCE MOLINELLI BRUCE MOLINELLI	1	X						0	0	0
MARGARET MOORE MARGARET MOORE	1	X						0	0	0
RICHARD O'CONNELL RICHARD O'CONNELL	1	X						0	0	0
NANCY RAQUET NANCY RAQUET	1	X						0	0	0
VENITA OSTERER VENITA OSTERER	1	X						0	0	0
WILLIAM R BERKLEY JR WILLIAM R BERKLEY JR	1	X						0	0	0
WILLIAM J OPPENHEIM WILLIAM J OPPENHEIM	1	X						0	0	0
LANGDON VAN NORDEN LANGDON VAN NORDEN	1	X						0	0	0
DAVID WALLACE DAVID WALLACE	1	X						0	0	0
JOHN H T WILSON JOHN H T WILSON	1	X						0	0	0
FRANK A CONBOY FRANK A CONBOY	1	X						0	0	0
DAVID EVANS MD DAVID EVANS MD	1	X						0	0	0
DICKERMAN HOLLISTER MD DICKERMAN HOLLISTER MD	1	X						0	0	0
LARRY THOMPSON LARRY THOMPSON	1	X						0	0	0
AILEEN HOUGHTON AILEEN HOUGHTON	1	X						0	0	0
CHANDLER BATES CHANDLER BATES	1	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
MARSHALL CLARK MARSHALL CLARK	1	X						0	0	0
PETER GRIFFIN PETER GRIFFIN	1	X						0	0	0
EUGENE COLUCCI EUGENE COLUCCI	40			X				487,982	0	181,393
QUINTON FRIESEN QUINTON FRIESEN	40			X				472,624	0	183,087
MICHAEL A MARINO MD MICHAEL A MARINO MD	40			X				402,043	0	70,665
NANCY LEVITT-ROSENTHAL NANCY LEVITT-ROSENTHAL	40			X				329,359	0	130,435
SUSAN BROWN SUSAN BROWN	40			X				225,476	0	40,507
GEORGE PAWLUSH GEORGE PAWLUSH	40			X				220,549	0	54,877
STEPHEN CARBERY STEPHEN CARBERY	40			X				198,901	0	36,849
MELISSA TURNER MELISSA TURNER	40			X				190,707	0	58,543
MARC KOSAK MARC KOSAK	40			X				163,352	0	34,362
CHRISTINE BEECHNER CHRISTINE BEECHNER	40			X				132,465	0	28,287
STEPHEN GRAY STEPHEN GRAY	40					X		591,091	0	61,847
VICKI ALTMEYER VICKI ALTMEYER	40					X		518,403	0	67,527
RICHARD EISEN RICHARD EISEN	40					X		506,385	0	41,205
ERIC DIAMOND ERIC DIAMOND	40					X		479,337	0	65,647
ANNETTE BOND ANNETTE BOND	40					X		439,985	0	43,117