See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
GREENWICH HOSPITAL

Doing Business As

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

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

D Employer identification number
06-0646659

E Telephone number
(203) 863-3000

G Gross receipts $ 323,270,472

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GREENHOSP ORG

K Form 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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,157
6	Total number of volunteers (estimate if necessary)	**6**	783
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,563,868
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,545,544	7,821,256
9	Program service revenue (Part VIII, line 2g)	279,085,742	297,010,149
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-326,869	173,082
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,613,988	13,102,688
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	303,918,405	318,107,175
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	423,500	228,900
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)	152,981,119	170,464,251
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,260,344		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	136,236,195	138,601,239
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	289,640,814	309,294,390
19	Revenue less expenses Subtract line 18 from line 12	14,277,591	8,812,785

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	422,866,394	419,099,368
21	Total liabilities (Part X, line 26)	140,304,830	152,754,147
22	Net assets or fund balances Subtract line 21 from line 20	282,561,564	266,345,221

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-08-13

EUGENE COLUCCI CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
		2012-08-08		
Firm's name ▶ ERNST & YOUNG LLP US				Firm's EIN ▶
Firm's address ▶ 111 MONUMENT CIRCLE STE 2600 INDIANAPOLIS, IN 46204				Phone no ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE HEALTHCARE SERVICES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 $ 215,931,939 including grants of $ 228,900) (Revenue $ 309,708,795)

SEE SCHEDULE O GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTH CARE CENTER, AVERAGING MORE THAN 13,000 INPATIENT DISCHARGES AND 2,100 BIRTHS A YEAR THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS, AS WELL AS MEDICAL INNOVATIONS FROM ROBOTIC SURGERY TO SOPHISTICATED DIAGNOSTIC IMAGING TO NATIONAL CLINICAL TRIALS THE GREENWICH DELIVERY NETWORK SERVES FAIRFIELD AND WESTCHESTER, NEW YORK COUNTIES GREENWICH HOSPITAL, A MEMBER OF YNHHS SINCE 1998, IS A LEADER IN SERVICE EXCELLENCE, CONSISTENTLY RANKING IN THE TOP FIVE PERCENT NATIONALLY FOR PATIENT SATISFACTION THE MAIN CAMPUS INCLUDES THE HELMSLEY MEDICAL BUILDING AND WATSON PAVILION OTHER SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M AND HARRY B HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD DURING FISCAL YEAR (FY) 2011, GREENWICH HOSPITAL PROVIDED APPROXIMATELY 25 8 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 19 8 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 2 6 MILLION IN HEALTH PROFESSIONS EDUCATION AND 3 4 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL 1 0 MILLION WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 215,931,939

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school 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 United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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 sections 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	310		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
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	2,157		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶

GENE COLUCCI
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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,854,746	1,123,679	1,327,353

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 181

			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 on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 ASSOC 67 HOLLY HILL RD GREENWICH, CT 06830	ULTRASOUND SERV	2,052,173
NURSEFINDERS INC 524 E LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	TRAVEL NURSES	1,331,799
UINTEX TEXTILE RENTAL 161 S MAQUESTEW PARKWAY MOUNT VERNON, NY 10550	LAUNDRY/UNIFORM	1,257,270
MAKIARIS MEDIA SERVICES 101 CENTERPOINT DRIVE SUITE 101 MIDDLETOWN, CT 06457	ADVERTISING	1,247,283
QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940	LAB SERVICES	1,193,993

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 85

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,101,231			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,720,025			
	g	Noncash contributions included in lines 1a-1f $		2,163,717			
	h	**Total.** Add lines 1a-1f		7,821,256			
Program Service Revenue			Business Code				
	2a	OUTPATIENT PROGRAM SERVICES	621400	157,506,884	157,506,884		
	b	INPATIENT PROGRAM SERVICES	612990	131,939,397	131,939,397		
	c	OUTREACH LAB	621500	7,563,868		7,563,868	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		297,010,149			
	3	Investment income (including dividends, interest and other similar amounts)		1,516,363			1,516,363
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	962,185 /				
	b	Less rental expenses	93,027 /				
	c	Rental income or (loss)	869,158 /				
	d	Net rental income or (loss)		869,158			869,158
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,069,602 / 35,346				
	b	Less cost or other basis and sales expenses	4,381,274 / 66,955				
	c	Gain or (loss)	-1,311,672 / -31,609				
	d	Net gain or (loss)		-1,343,281			-1,343,281
Other Revenue	8a	Gross income from fundraising events (not including $ 1,101,231 of contributions reported on line 1c) See Part IV, line 18	a 156,925				
	b	Less direct expenses	b 622,041				
	c	Net income or (loss) from fundraising events		-465,116			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	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	ANCILLARY SERVICES	900099	12,698,646	12,698,646		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		12,698,646			
	12	**Total revenue.** See Instructions		318,107,175	302,144,927	7,563,868	1,042,240

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	228,900	228,900		
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	6,234,011		6,234,011	
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	125,789,125	96,946,210	28,259,671	583,244
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,807,475	5,246,550	1,529,361	31,564
9 Other employee benefits	23,233,847	17,906,424	5,219,695	107,728
10 Payroll taxes	8,399,793	6,473,756	1,887,090	38,947
a Fees for services (non-employees) Management	833,790	282,399	551,391	
b Legal	362,525	86,981	275,544	
c Accounting	267,721		267,721	
d Lobbying	129,304	129,304		
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	35,564,777	13,954,063	21,481,799	128,915
12 Advertising and promotion				
13 Office expenses	50,559,646	44,673,924	5,668,922	216,800
14 Information technology				
15 Royalties				
16 Occupancy	9,375,314	3,850,135	5,525,179	
17 Travel	241,898	172,984	68,914	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	158,019		158,019	
20 Interest	424,891	24,485	400,406	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,841,724	10,581,155	8,260,569	
23 Insurance	590,149	590,149		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BAD DEBTS	9,269,877	9,269,877		
b REPAIRS & MAINTENANCE	8,556,368	4,348,795	4,198,297	9,276
c MISCELLANEOUS	3,425,236	1,165,848	2,115,518	143,870
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	309,294,390	215,931,939	92,102,107	1,260,344
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		13,764,786	1	15,123,907
	2	Savings and temporary cash investments		42,338,686	2	39,399,924
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		32,517,664	4	32,433,460
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,368,059	8	1,333,264
	9	Prepaid expenses and deferred charges		2,707,232	9	4,419,164
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 430,999,898			
	b	Less accumulated depreciation	10b 191,461,216	243,310,713	10c	239,538,682
	11	Investments—publicly traded securities		29,742,945	11	25,579,025
	12	Investments—other securities See Part IV, line 11		38,487,763	12	44,908,669
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,628,546	15	16,363,273
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		422,866,394	16	419,099,368
Liabilities	17	Accounts payable and accrued expenses		26,451,655	17	28,928,788
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		47,265,000	20	45,005,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		66,588,175	25	78,820,359
	26	**Total liabilities.** Add lines 17 through 25		140,304,830	26	152,754,147
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		246,829,836	27	234,530,748
	28	Temporarily restricted net assets		27,295,087	28	24,575,081
	29	Permanently restricted net assets		8,436,641	29	7,239,392
		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		282,561,564	33	266,345,221
	34	Total liabilities and net assets/fund balances		422,866,394	34	419,099,368

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	318,107,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	309,294,390
3	Revenue less expenses Subtract line 2 from line 1	3	8,812,785
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	282,561,564
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-25,029,128
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	266,345,221

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK A CORVINO FRANK A CORVINO PRES/CEO	40 00	X		X				1,588,637	0	140,125
GAYLE CAPOZZALO GAYLE CAPOZZALO TRUSTEE	1 00	X						0	1,123,679	155,803
JAMES M MCTAGGART JAMES M MCTAGGART TRUSTEE	1 00	X						0	0	0
ALAN BREED ALAN BREED TRUSTEE	1 00	X						0	0	0
ELIZABETH GALT ELIZABETH GALT SECRETARY	1 00	X		X				0	0	0
NANCY BROWN NANCY BROWN TRUSTEE	1 00	X						0	0	0
JOHN L TOWNSEND III JOHN L TOWNSEND III TREASURER/VI	1 00	X		X				0	0	0
DONALD J KIRK DONALD J KIRK TRUSTEE	1 00	X						0	0	0
DANIEL L MOSLEY DANIEL L MOSLEY CHAIRMAN	1 00	X		X				0	0	0
BRUCE L WARWICK BRUCE L WARWICK TRUSTEE	1 00	X						0	0	0
ARTHUR C MARTINEZ ARTHUR C MARTINEZ TRUSTEE	1 00	X						0	0	0
SHIRLEE HILTON SHIRLEE HILTON TRUSTEE	1 00	X						0	0	0
BARBARA MILLER BARBARA MILLER VICE CHAIR	1 00	X		X				0	0	0
JACK MITCHELL JACK MITCHELL TRUSTEE	1 00	X						0	0	0
BRUCE MOLINELLI BRUCE MOLINELLI TRUSTEE	1 00	X						0	0	0
MARGARET MOORE MARGARET MOORE TRUSTEE	1 00	X						0	0	0
RICHARD O'CONNELL RICHARD O'CONNELL TRUSTEE	1 00	X						0	0	0
NANCY RAQUET NANCY RAQUET TRUSTEE	1 00	X						0	0	0
VENITA OSTERER VENITA OSTERER TRUSTEE	1 00	X						0	0	0
WILLIAM R BERKLEY JR WILLIAM R BERKLEY JR TRUSTEE	1 00	X						0	0	0
KEVIN A CONBOY KEVIN A CONBOY TRUSTEE	1 00	X						0	0	0
DAVID EVANS DAVID EVANS TRUSTEE	1 00	X						0	0	0
DICKERMAN HOLLISTER MD DICKERMAN HOLLISTER MD TRUSTEE UNTI	1 00	X						0	0	0
LARRY THOMPSON LARRY THOMPSON TRUSTEE	1 00	X						0	0	0
AILEEN HOUGHTON AILEEN HOUGHTON TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY FULMER TRUSTEE UNTI	1 00	X						0	0	0
RICHARD BRAUER DIRECTOR	1 00	X						0	0	0
ANNE JUGE DIRECTOR	1 00	X						0	0	0
JOHN SCHMELTZER III DIRECTOR	1 00	X						0	0	0
QUINTON FRIESEN QUINTON FRIESEN EXEC VP/COO	40 00			X				698,791	0	92,253
EUGENE COLUCCI EUGENE COLUCCI SVP	40 00			X				550,305	0	186,299
BRIAN DORAN SVP, MEDICAL	40 00			X				422,753	0	34,420
NANCY LEVITT-ROSENTHAL NANCY LEVITT-ROSENTHAL SVP	40 00			X				368,058	0	139,422
DEBORAH HODYS VICE PRESIDE	40 00			X				323,235	0	35,885
SUSAN BROWN SUSAN BROWN SVP	40 00			X				290,916	0	49,025
MELISSA TURNER MELISSA TURNER SVP	40 00			X				275,316	0	112,301
GEORGE PAWLUSH GEORGE PAWLUSH VP	40 00			X				232,001	0	41,629
STEPHEN CARBERY STEPHEN CARBERY VP	40 00			X				222,912	0	41,357
MARC KOSAK MARC KOSAK VP	40 00			X				221,631	0	36,484
CHRISTINE BEECHNER CHRISTINE BEECHNER VP	40 00			X				149,026	0	31,673
STEPHEN GRAY STEPHEN GRAY DIR PATHOLOG	40 00					X		545,340	0	46,226
VICKI ALTMEYER VICKI ALTMEYER PATHOLOGIST	40 00					X		518,186	0	46,793
RICHARD EISEN RICHARD EISEN PATHOLOGIST	40 00					X		504,570	0	46,201
ERIC DIAMOND ERIC DIAMOND PATHOLOGIST	40 00					X		483,144	0	46,771
MARVIN LIPSCHUTZ MARVIN LIPSCHUTZ CHIEF OF QUA	40 00					X		459,925	0	44,686

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(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 1c through 1i)?	Yes		
c	Media advertisements?	Yes		32,666
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		59,694
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		36,444
j	Total lines 1c through 1i			129,304
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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 FY 2011 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 GREENWICH HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES YALE-NEW HAVEN HOSPITAL EIN 06-0646652 422,377 BRIDGEPORT HOSPITAL EIN 06-0646554 116,487

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part 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	69,106,000	66,856,000	68,156,000		
b Contributions	45,000				
c Investment earnings or losses	-1,833,000	4,816,000	2,401,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,413,000	2,566,000	3,701,000		
f Administrative expenses					
g End of year balance	64,905,000	69,106,000	66,856,000		

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

- a Board designated or quasi-endowment ▶ 50 340 %
- b Permanent endowment ▶ 31 420 %
- c Term endowment ▶ 18 240 %

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)		No
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) Accumulated depreciation	(d) Book value
1a Land		5,610,832		5,610,832
b Buildings		220,572,718	57,321,947	163,250,771
c Leasehold improvements		19,664,830	4,483,099	15,181,731
d Equipment		182,971,922	128,955,054	54,016,868
e Other		2,179,596	701,116	1,478,480
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				239,538,682

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER SECURITES	44,908,669	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	44,908,669	

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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION	46,068,370
DUE - 3RD PARTY & OTHER PAYORS	14,718,207
ESTIMATED LIABILITY - SELF INSURANCE	12,039,966
FORWARD INTEREST RATE SWAP	5,993,816
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	78,820,359

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	318,107,175
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	309,294,390
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,812,785
4	Net unrealized gains (losses) on investments	4	-2,162,039
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-628,728
9	Total adjustments (net) Add lines 4 - 8	9	-2,790,767
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,022,018

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	311,947,205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,162,039		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,360,255		
e	Add lines **2a** through **2d**			2e	-801,784
3	Subtract line **2e** from line **1**			3	312,748,989
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	5,358,186		
c	Add lines **4a** and **4b**			4c	5,358,186
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	318,107,175

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

1	Total expenses and losses per audited financial statements			1	305,925,187
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	746,679		
e	Add lines **2a** through **2d**			2e	746,679
3	Subtract line **2e** from line **1**			3	305,178,508
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	4,115,882		
c	Add lines **4a** and **4b**			4c	4,115,882
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	309,294,390

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 IV, 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 Also complete this part to provide any additional information

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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN 414,975 UNREALIZED GAIN ON INTEREST RATE SWAP -497,000 AUXILIARY CONTRIBUTIONS 200,000 NET ASSETS RELEASED FROM OPERATIONS 4,365,675 FUNDRAISING EXPENSES - INCLUDED IN NON-OPERATING REV -1,879,120 OTHER EXPENSES - INCLUDED IN NON-OPERATING REV -1,244,275 INTEREST & INVESTMENT INCOME FROM TEMP RESTRICTED -825,000 RECLASS FROM EXPENSE - LOSS SALE OF ASSETS 31,609 AUXILIARY REVENUE -1,377,960 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED -3,718,000 SPECIAL EVENTS RECLASS TO INCOME 622,041 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 93,027 NON-CASH CONTRIBUTIONS -183,903 RECLASS - LOSS ON SALE OF ASSETS -31,609 SPECIAL EVENTS RECLASS TO INCOME - 622,043 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE -93,027 AUXILIARY EXPENSES 992,487 FUNDRAISING EXPENSES FROM NON-OP REVENUE 1,879,120 MISC EXPENSE FROM NON-OP REVENUE 1,244,275
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN 414,975 UNREALIZED GAIN ON INTEREST RATE SWAP -497,000 AUXILIARY CONTRIBUTIONS 200,000 NET ASSETS RELEASED FROM OPERATIONS 4,365,675 FUNDRAISING EXPENSES - INCLUDED IN NON-OPERATING REV -1,879,120 OTHER EXPENSES - INCLUDED IN NON-OPERATING REV -1,244,275
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	INTEREST & INVESTMENT INCOME FROM TEMP RESTRICTED 825,000 RECLASS FROM EXPENSE - LOSS SALE OF ASSETS -31,609 AUXILIARY REVENUE 1,377,960 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED 3,718,000 SPECIAL EVENTS RECLASS TO INCOME - 622,041 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE -93,027 NON-CASH CONTRIBUTIONS 183,903
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RECLASS - LOSS ON SALE OF ASSETS 31,609 SPECIAL EVENTS RECLASS TO INCOME 622,043 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 93,027
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	AUXILIARY EXPENSES 992,487 FUNDRAISING EXPENSES FROM NON-OP REVENUE 1,879,120 MISC EXPENSE FROM NON-OP REVENUE 1,244,275

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

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** ☐ Internet and e-mail 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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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.

		(a) Event #1 GALA (event type)	(b) Event #2 UNDER THE STARS (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	885,977	194,069	178,110	1,258,156
	2 Less Charitable contributions	819,652	158,069	123,510	1,101,231
	3 Gross income (line 1 minus line 2)	66,325	36,000	54,600	156,925
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	417,478	102,773	101,790	622,041
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				622,041
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-465,116

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

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

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableCT

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

b If "No," Explain

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

b If "Yes," Explain

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

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)	1	37,419	12,239,320	1,884,877	10,354,443	3 450 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	21,546	19,228,792	9,813,564	9,415,228	3 140 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	2	58,965	31,468,112	11,698,441	19,769,671	6 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	21	29,309	656,709		656,709	0 220 %
f Health professions education (from Worksheet 5)	4	170	3,740,404	1,175,246	2,565,158	0 850 %
g Subsidized health services (from Worksheet 6)	3	6,856	5,794,153	3,689,330	2,104,823	0 700 %
h Research (from Worksheet 7)	1		391,236		391,236	0 130 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	5	2,489	279,652		279,652	0 090 %
j **Total** Other Benefits	34	38,824	10,862,154	4,864,576	5,997,578	1 990 %
k **Total.** Add lines 7d and 7j	36	97,789	42,330,266	16,563,017	25,767,249	8 580 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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	1		1,050,010		1,050,010	0 350 %
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	1	26	12,888		12,888	
9	Other						
10	**Total**	2	26	1,062,898		1,062,898	0 350 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,827,532		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance 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, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	78,069,609
6	Enter Medicare allowable costs of care relating to payments on line 5	6	109,064,106
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-30,994,497
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
b	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	Yes	

Part IV Management Companies and Joint Ventures

	(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	NONE	NONE			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	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)
1	GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH,CT 06830	X	X		X		X	X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **19**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PART I LINE 7 COLUMN F	BAD DEBT EXPENSES OF 9269877 WERE EXCLUDED FROM TOTAL EXPENSES BEFORE CALCULATING OF TOTAL EXPENSES IN PART I AND II COLUMN F

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	THE HOSPITAL USES A COST ACCOUNTING SYSTEM TSI TO CALCULATE THE AMOUNTS PRESENTED IN PART I LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNI TY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY CBISA DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVE LOPED BY THE CATHOLIC HOSPITAL ASSOCIATION CHA IN ORDER TO CATALOG THESE BENEFITS THESE TW O ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NONFORPRO FIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BU ILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS POVE RTY HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DI STINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING ECONOMIC DEVELOPMENT COMMUNITY SUP PORT ENVIRONMENTAL IMPROVEMENTS LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS COALITION BUILDING ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND WORKFORCE DEVELOPMENT RE SEARCH FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HEALTH AND HUMAN SERVICES C LEARLY LINKS THE IMPACT OF ONES SOCIOECONOMIC STATUS TO ONES HEALTH INCORPORATING ALL THE DATA AND RESEARCH THAT IS AVAILABLE ON LOCAL REGIONAL AND FEDERAL LEVELS THE COMMUNITY BUI LDING ACTIVITIES AT GREENWICH HOSPITAL ARE MULTIPRONGED AND DIVERSE THESE PROGRAMS ARE DEV ELOPED AND IMPLEMENTED COLLABORATIVELY WITH OTHERS IN THE COMMUNITY TO ADDRESS COMMUNITY H EALTH NEEDS AND IMPROVE THE HEALTH OF ALL COMMUNITY MEMBERS IN FISCAL YEAR 2011 THE COMMUN ITY BUILDING ACTIVITIES THAT GREENWICH HOSPITAL PROVIDED TOTALED 11 MILLION DOLLARS HIGHLI GHTS OF THESE ACTIVITIES ARE INCLUDED BELOW BY CATEGORY WHERE APPLICABLE PHYSICAL IMPROVEM ENTS AND HOUSING GREENWICH HOSPITAL WAS THE RECIPIENT OF A DONATION OF FUNDS TO DEVELOP A COMMUNITY FLOWER GARDEN ON ITS PROPERTY TO BE OPEN TO THE PUBLIC VARIOUS COMMUNITY CEREMON IES AND CELEBRATIONS ARE CONDUCTED IN THE GARDEN INCLUDING CANCER SURVIVOR PROGRAMS AND TH E TREE OF LIGHT PROGRAM THE HOSPITAL PAYS OVER 533000 FOR THE ANNUAL MAINTENANCE OF THE PU BLIC GARDEN ECONOMIC DEVELOPMENT GREENWICH HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN FAI RFIELD AND WESTCHESTER COUNTIES AND HAS UNDER TAKEN A LEADERSHIP ROLE IN BUILDING HEALTHY COMMUNITIES AND IMPROVING WELLNESS GREENWICH HOSPITAL EMPLOYED APPROXIMATELY 1954 EMPLOYEE S IN FISCAL YEAR 2011 HOSPITAL EMPLOYEES VOLUNTEER IN COMMUNITY EVENTS AND PROVIDE COUNTLE SS HOURS OF COMMUNITY SERVICE AND ARE MAJOR CONTRIBUTORS OF THE ANNUAL UNITED WAY APPEAL F UND GREENWICH HOSPITAL IS A MEMBER OF THE GREENWICH AND MAMARONECK CHAMBERS OF COMMERCE AN D HAS REPRESENTATION ON MANY OF THE ROTARY CLUBS WITHIN THE HOSPITALS SERVICE AREA THROUGH THESE ORGANIZATIONS WE ADVOCATE FOR AND FACILITATE INCREASED ECONOMIC DEVELOPMENT FOR THE AREA COMMUNITY SUPPORT EACH WINTER GREENWICH HOSPITAL PROVIDES A WARM CENTER FOR THE COMM UNITY IN ITS NOBLE CONFERENCE CENTER THIS WARM CENTER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES SNOW STORMS AND FREEZING TEMPERATURES INCLUDED IN THE WARM CENTER ARE COTS HOT BEVERAGES HAND WARMERS AND MAGAZINES ONE OF SEVERAL COMMUNITY INITIATIVES UNDERTAKEN B Y GREENWICH HOSPITAL IS GODS GREEN MARKET THIS PROGRAM IS ADMINISTERED IN COLLABORATION WI TH THE COUNCIL OF COMMUNITY SERVICES AND AREA CHURCHES TO PROVIDE FRESH VEGETABLES TO PART ICIPANTS IN PORT CHESTERS FOUR FOOD PANTRIES SEVEN SOUP KITCHEN AND NUTRITION CENTERS THE COUNCIL OF COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CROPS OVER THE PAST FOUR YEARS THE PROGRAM HAS PROVIDED THOUSANDS OF LOWINCOME PORT CHESTER FAMILIES WIT H FRESH VEGETABLES AND SPONSORS HEALTH EDUCATIONAL PROGRAMS THAT PROMOTE HEALTHIER EATING THE HOSPITAL FUNDS THE INITIATIVE AND THE HOSPITALS DIETITIANS AND NURSES PROVIDED NUTRITI ON EDUCATION AND HEALTHY RECIPES IN BOTH ENGLISH AND SPANISH LEADERSHIP DEVELOPMENT AND TR AINING FOR COMMUNITY MEMBERS COMMUNITY HEALTH GREENWICH HOSPITAL COLLABORATED WITH THE YWC A OF GREENWICH GREENWICH PUBLIC SCHOOLS AND THE GREENWICH UNITED WAY TO HOST FREE COMMUNIT Y DEVELOPMENTAL ASSETS WORKSHOPS AT GREENWICH HIGH SCHOOL THE DEVELOPMENTAL ASSETS FRAMEWO RK CREATED IN 1990 BY THE SEARCH INSTITUTE HAS BECOME THE MOST WIDELY USED APPROACH TO PRO MOTE POSITIVE YOUTH DEVELOPMENT IN THE COUNTRY THIS INFORMATIVE WORKSHOP INCLUDES TOOLS AN D BUILDING BLOCKS OF HEALTHY DEVELOPMENT THAT HELP YOUNG CHILDREN GROW UP TO BE HEALTHY CA RING RESPONSIBLE AND WELL ADJUSTED ADULTS FIFTY COMMUNITY MEMBERS AND SERVICE PROVIDERS AT TENDED THE FREE WORKSHOPS WHICH WERE CONDUCTED IN JANUARY AND APRIL 2011 COALITION BUILDIN G AS A FOUNDING MEMBER OF THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP CHIP GREENWICH HOSP ITAL PROVIDES NEARLY 63000 IN INKIND STAFF SUPPORT AND FUNDING TO SUPPORT THE CONTINUATION OF THE PARTNERSHIP CHIP MEETS ON A MONTHLY BASIS AND ADDRESSES CONCERNS RELATED TO HEALTH EDUCATION HEALTH PROMOTION AND ACCESS TO HEALTHCA

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	RE OVER THE PAST SEVEN YEARS CHIP HAS IMPLEMENTED OVER 70 HEALTH INITIATIVES ADDITIONAL PA RTNERSHIPS AND COALITION MEMBERSHIPS INCLUDE OPEN DOOR PRIMARY CARE CENTER FRIENDLY CONNEC TIONS AT FAMILY CENTERS PRIMARY CARES COMMUNITY COALITION AND COUNCIL COMMUNITY SERVICES W ORKFORCE DEVELOPMENT IN FY 2011 COMMUNITY HEALTH GREENWICH HOSPITAL PROVIDED A SCHOOLBASED PROGRAM ON HEALTH CARE CAREERS AND WORKFORCE ENHANCEMENT FOR PORT CHESTER STUDENTS EIGHT HIGH SCHOOL JUNIORS AND SENIORS ATTENDED THREE EIGHT HOUR INTENSIVE AFTER SCHOOL PROGRAMS WHICH INCLUDED YOUTH DEVELOPMENT TRAINING AND LEADERSHIP SESSIONS OVER THE COURSE OF THE P ROGRAM PARTICIPANTS LEARNED SKILLS REQUIRED FOR ENTRY INTO HEALTH CARE CAREERS WHICH INCLU DED BASIC ANATOMYPHYSIOLOGY MEDICAL TERMINOLOGY AND INFECTION CONTROL ALL EIGHT STUDENTS S UCCESSFULLY COMPLETED THE PROGRAM AND RECEIVED CERTIFICATES OF COMPLETION

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE EXPLANATION	PART III LINE 4	FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS THE HOSPITALS COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES ANDOR WHO ARE UNINSURED OR UNDERINSURED FOR FINANCIAL REPORTING PURPOSES THE HOSPITAL REPORTS CARE PROVIDED FOR WHICH NO PAYMENT WAS RECEIVED FROM THE PATIENT OR INSURER AS UNCOMPENSATED CARE UNCOMPENSATED CARE IS THE SUM OF THE HOSPITALS FREE CARE PROVIDED CHARITY CARE PROVIDED AND BAD DEBT EXPENSE IN DETERMINING UNCOMPENSATED CARE THE HOSPITAL EXCLUDES CONTRACTUAL ALLOWANCES THE COST OF UNCOMPENSATED CARE AMOUNTED TO APPROXIMATELY 130 MILLION AND 133 MILLION IN FISCAL 2011 AND 2010 RESPECTIVELY ADDITIONALLY THE HOSPITAL INCURRED LOSSES RELATED TO THE MEDICARE AND STATE MEDICAID PROGRAMS OF APPROXIMATELY 404 MILLION AND 331 MILLION IN FISCAL 2011 AND 2010 RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE AND MEDICAID LOSSES WERE DETERMINED USING PATIENTSPECIFIC DATA THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL DURING THE REGISTRATION BILLING AND COLLECTION PROCESS A PATIENTS ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE ANNUALLY THE HOSPITAL ACCRUES FOR THE POTENTIAL LOSSES RELATED TO ITS UNCOLLECTIBLE ACCOUNTS AND THE AMOUNTS THAT MEET THE DEFINITION OF CHARITY AND FREE CARE ALLOWANCES AT SEPTEMBER 30 2011 AND 2010 THE AMOUNT ESTIMATED BY MANAGEMENT TO REPRESENT THE HOSPITALS UNCOLLECTIBLE AND CHARITY AND FREE CARE ALLOWANCE WHICH IS INCLUDED IN THE ACCOMPANYING BALANCE SHEETS AS A REDUCTION OF ACCOUNTS RECEIVABLE FOR SERVICES TO PATIENTS WAS APPROXIMATELY 127 MILLION AND 120 MILLION RESPECTIVELY ADDITIONALLY THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDE SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY INTERNS AND RESIDENTS HEALTH SCREENINGS AND MEDICAL RESEARCH THE BENEFITS ARE PROVIDED THROUGH COMMUNITY HEALTH SERVICES SOME OF WHICH SERVICE NONENGLISH SPEAKING RESIDENTS DISABLED CHILDREN AND VARIOUS COMMUNITY SUPPORT GROUPS IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES THE HOSPITALS EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTH CARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL DURING THE REGISTRATION BILLING AND COLLECTION PROCESS A PATIENTS ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITALS COST ACCOUNTING SYSTEM UTILIZES PATIENTSPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Identifier	ReturnReference	Explanation
MEDICARE EXPLANATION	PART III LINE 8	THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES IRS REVENUE RULING 69545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS REDUCING THE BURDEN ON THE GOVERNMENT AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITALS COST ACCOUNTING SYSTEM TSI

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

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	PART VI LINE 2 GREENWICH HOSPITAL GH IS A 206BED INCLUDING BASSINETS REGIONAL HOSPITAL SER VING FAIRFIELD COUNTY CONNECTICUT AND WESTCHESTER COUNTY NEW YORK IT IS A MAJOR ACADEMIC A FFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH S YSTEM SINCE OPENING IN 1903 GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENT ER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY GREENWICH HOSPITAL REPRESE NTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL SURGICAL DIAGNOSTIC AND WEL LNESS PROGRAMS THE MISSION OF GREENWICH HOSPITAL IS TO PROVIDE QUALITY VALUE DRIVEN HEALTH CARE TO ALL WE SERVE INDIVIDUALS WITHIN THE COMMUNITIES WE SERVE RECEIVE QUALITY HEALTHCAR E REGARDLESS OF THEIR ABILITY TO PAY GH HAS MADE A CONCERTED EFFORT TO REACH OUT TO ALL OF THOSE WHO REQUIRE HEALTH CARE SERVICES THE COMMUNITIES THAT THE HOSPITAL SERVES IN FAIRFI ELD COUNTY CT AND WESTCHESTER COUNTY NY REPRESENT A WIDE SPECTRUM OF SOCIOECONOMIC GROUPIN GS THE CLOSING OF TWO WESTCHESTER COUNTY HOSPITALS UNITED HOSPITAL MEDICAL CENTER AND SAIN T AGNES HOSPITAL HAS HAD A PROFOUND EFFECT ON BOTH INCREASED VOLUME AND UNCOMPENSATED CARE AT THE HOSPITAL THE HOSPITAL WORKS COLLABORATIVELY WITH MANY OF ITS COMMUNITY PARTNERS IN ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THE GREENWICH HOSPITAL BOARD OF TRUSTEES IS DIRECTLY INVOLVED IN COMMUNITY BENEFITS THROUGH A SUBCOMMITTEE CALLED THE C OMMUNITY ADVISORY BOARD CAB A BOARD OF TRUSTEES MEMBER CHAIRS THE CAB WHICH MEETS QUARTERL Y TO DISCUSS THE COMMUNITY BENEFIT STRATEGY AS WELL AS SPECIFIC COMMUNITY OUTREACH ACTIVIT IES BASED ON IDENTIFIED NEEDS THE CAB COMMITTEE INCLUDES 30 MEMBERS WHO REPRESENT A VARIET Y OF COMMUNITY ORGANIZATIONS SUCH AS THE UNITED WAY YMCA YWCA HOUSES OF WORSHIP LOCAL MUNI CIPAL HEALTH DEPARTMENTS HISPANIC HEALTH COUNCIL FAMILY CENTERS NATIONAL ASSOCIATION FOR T HE ADVANCEMENT OF COLORED PEOPLE COUNCIL OF COMMUNITY SERVICES HOUSING AUTHORITIES OF GREE NWICH AND PORT CHESTER AND OTHER PRIVATE AND CORPORATE GROUPS THE PRESIDENT AND CHIEF EXEC UTIVE OFFICER OF GREENWICH HOSPITAL AND SEVERAL OTHER SENIOR LEVEL ADMINISTRATORS REGULARL Y ATTEND CAB MEETINGS THE CAB CHAIRMAN PROVIDES UPDATES ON COMMUNITY BENEFIT PROGRAMS AT B OARD OF TRUSTEES MEETINGS THE CAB ESTABLISHED THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP CHIP IN 2003 TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AS PART OF ITS CENTENNIAL CELEBR ATION THE HOSPITAL UNDER THE DIRECTION OF CAB CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH N EEDS ASSESSMENT QUANTITATIVE DATA WERE COLLECTED THROUGH A 65 QUESTION CUSTOMIZED GENERAL POPULATION SURVEY THREE THOUSAND SURVEYS WERE MAILED AND ONE THOUSAND FOUR HUNDRED TWENTYO NE SURVEYS WERE COMPLETED THE SURVEY WAS ALSO TRANSLATED INTO SPANISH TO OBTAIN INFORMATIO N FROM THE GROWING LATINO COMMUNITY QUALITATIVE DATA WERE COLLECTED THROUGH COMMUNITY DISC USSION GROUPS TARGETING SPECIFIC AUDIENCES MENTAL HEALTH PROVIDERS SENIOR SERVICE PROVIDER S SERVICE AGENCIES ETC OVER 250 PEOPLE ATTENDED ONE OF THE TWENTY OPEN DISCUSSION GROUPS T HE CHIP AND THE CAB SET THE FOLLOWING GOALS FOLLOWING THE 2003 COMMUNITY HEALTH NEEDS ASSE SSMENTS THE TARGETS INCLUDED AEXPANDING DENTAL HEALTH SERVICES FOR THE UNINSURED BEXPANDIN G MENTAL HEALTH EDUCATIONAL PROGRAMS AND SERVICES CINCREASING ACCESS TO SERVICES FOR VULNE RABLE POPULATIONS DPROVIDING TARGETED SERVICES TO PEOPLE WITH LOWER LEVELS OF HEALTH LITER ACY EG INDIVIDUALS FROM OTHER COUNTRIES ETC ECREATING A DIRECTORY OF COMMUNITY SERVICES AN D PROGRAMS FPROMOTING COLLABORATIVE OPPORTUNITIES AND ACTIVITIES BETWEEN HEALTHCARE PROVID ERS AND SERVICES DATA COLLECTED THROUGH THE ASSESSMENT WERE REPORTED TO THE COMMUNITY THRO UGH A HEALTH SUMMIT HELD AT THE LOCAL LIBRARY OVER ONE HUNDRED PEOPLE ATTENDED THE EVENT T HE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP CHIP CONTINUES TO MEET MONTHLY AND ADDRESSES H EALTH EDUCATION HEALTH AND WELLNESS PROMOTION AND ACCESS TO HEALTHCARE THE MEMBERS OF THE CHIP ARE REPRESENTATIVES AND MEMBERS OF THE DEPARTMENT OF HEALTH DEPARTMENT OF SOCIAL SERV ICES THE UNITED WAY NUMEROUS SOCIAL SERVICES ORGANIZATIONS BOARD OF EDUCATION PTA LEAGUE O F WOMENS VOTERS GREENWICH HOUSING AUTHORITY PATHWAYS AND INTERESTED COMMUNITY MEMBERS THIS IS A VERY DIVERSE COLLABORATIVE GROUP COMPOSED OF PROFESSIONALS AND LAYPEOPLE THAT HAVE A VESTED INTEREST IN THE HEALTH OF THEIR COMMUNITIES ATTAINING THE GOALS DEFINED BY THE NEE DS ASSESSMENT IS POSSIBLE THROUGH COLLABORATIVE EFFORTS AND RELATIONSHIPS THAT HAVE BEEN E STABLISHED AND BUILT BETWEEN THE HOSPITAL AND COMMUNITY GROUPS SOME OF OUR OTHER COMMUNITY PARTNERS THAT PROVIDE NEEDS ASSESSMENT DATA AND INFORMATION THAT IS UTILIZED IN PLANNING HEALTH PROGRAMS TO MEET THE NEEDS OF THE COMMUNITY ALSO INCLUDE HISPANIC HEALTH COUNCIL TH E COUNCIL OF COMMUNITY SERVICES THE LOCAL FEDERALLY QUALIFIED HEALTH CENTERS MUNICIPAL DEP ARTMENTS OF HEALTH SCHOOLS LIBRARIES HOUSES OF WORSHIP PARENT GROUPS PTA AND VARIOUS COMMU NITY SERVICE ORGANIZATIONS THE HOSPITAL PROVIDES S

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	TAFF AND FINANCIAL SUPPORT FOR THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP WHICH CONDUCTS INFORMAL HEALTH ASSESSMENTS VIA THE COMMUNICATION AND REPORTING BY THE MEMBERS OF THE PAR TNERSHIP OVER THE LAST SEVERAL YEARS THE CHIP HAS IMPLEMENTED OVER 70 HEALTH INITIATIVES T HAT BENEFIT THE COMMUNITY FY 2011 INITIATIVES INCLUDED A MEDICATION TAKEBACK PROGRAM AND A HEALTH AND WELLNESS FAIR HELD AT THE JULIAN CURTIS SCHOOL CHIP MEETINGS ARE HELD ONCE A M ONTH ADDITIONALLY GH UTILIZES CURRENT NEEDS ASSESSMENT DATA THAT IS ANNUALLY COLLECTED AND PROVIDED BY EXTERNAL AGENCIES ORGANIZATIONS AND PARTNERS SUCH AS THE UNITED WAY AND LOCAL DEPARTMENTS OF HEALTH IN PLANNING AND DEVELOPING HEALTH CARE PROGRAMS FOR THE COMMUNITIES IT SERVES FOR EXAMPLE THE SENIOR HEALTH FAIR AND YOUTH SERVICE PROGRAMS ARE PROVIDED IN R ESPONSE TO DATA THAT IS COLLECTED ANALYZED AND REPORTED BY OUR COLLABORATIVE PARTNERS

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	PART VI LINE 3 PATIENTS WILL OBTAIN INFORMATION ON ELIGIBILITY FOR GOVERNMENT OR HOSPITAL PROGRAMS FROM INFORMATION DISTRIBUTED BY THE HOSPITAL PATIENTS WILL BE ALERTED TO THE FINANCIAL ASSISTANCE PROGRAMS IN A NUMBER OF WAYS INCLUDING NOTICES IN ENGLISH AND SPANISH POSTED IN APPROPRIATE LOCATIONS IN THE HOSPITAL A SUMMARY OF FREE CARE AVAILABILITY AND INFORMATION ON HOW TO APPLY FOR FREE CARE REFERRED TO AS THE HOSPITALS NOTICE OF AVAILABILITY OF FUNDS INFORMATION DISTRIBUTED VIA MAIL AND OR IN THE HOSPITALS ADMISSION PACKAGE AND INFORMATION ON THE HOSPITALS WEB SITE INFORMATION WILL ALSO BE PROVIDED WHEN DIRECT INQUIRIES ARE MADE TO GH THERE IS ALSO ACCESS TO A TRANSLATION TELEPHONE THE HOSPITAL WILL PROVIDE NOTICE AND INFORMATION IN A MANNER THAT A COMPLIES WITH THE REQUIREMENTS OF LAW INCLUDING CONNECTICUT LAW CONCERNING HOSPITAL FUNDS AND B IS DESIGNED TO MAKE INFORMATION EASILY AVAILABLE AND ACCESSIBLE TO ALL PATIENTS ALL PATIENTS WILL HAVE ACCESS TO INFORMATION REGARDING ESTIMATED CHARGES FOR PARTICULAR SERVICES OR ACTUAL CHARGES FOR HOSPITAL SERVICES THAT HAVE BEEN PROVIDED

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI	PART VI LINE 4 GREENWICH HOSPITAL GH IS A 206BED INCLUDING BASSINETS REGIONAL HOSPITAL SERVING FAIRFIELD COUNTY CONNECTICUT AND WESTCHESTER COUNTY NEW YORK IT IS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM SINCE OPENING IN 1903 GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY PROGRAM GREENWICH HOSPITAL SERVES PATIENTS THEIR FAMILIES AND THE COMMUNITY AT LARGE IN LOWER FAIRFIELD COUNTY AND WESTCHESTER COUNTY 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 29 OF HOUSEHOLDS HAVE INCOMES LESS THAN 50000 WHILE 42 OF HOUSEHOLDS HAVE INCOMES BETWEEN 50000 AND 150000 AND THE REMAINING 29 OF HOUSEHOLDS HAVE INCOMES GREATER THAN 150000 THE SECONDARY SERVICE AREA OF THE HOSPITAL ENCOMPASSES A WIDE RANGE OF TOWNS INCLUDING NORWALK WESTON WESTPORT AND WILTON IN CONNECTICUT AND ARMONK BEDFORD HARTSDALE KATONAH MOUNT KISCO MOUNT VERNON NEW ROCHELLE POUND RIDGE PURCHASE SCARSDALE SOUTH SALEM WEST HARRISON AND WHITE PLAINS IN NEW YORK SEVERAL NONPROFIT HOSPITALS ARE LOCATED IN THE AREA INCLUDING STAMFORD HOSPITAL AND NORWALK HOSPITAL IN CONNECTICUT IN ADDITION TO WHITE PLAINS HOSPITAL WESTCHESTER MEDICAL CENTER AND SOUND SHORE HOSPITAL IN NEW YORK GREENWICH HOSPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL SURGICAL DIAGNOSTIC AND WELLNESS PROGRAMS IN FISCAL YEAR 2011 THERE WERE 42885 VISITS TO THE HOSPITALS EMERGENCY DEPARTMENT OF WHICH 7715 BECAME INPATIENTS AND 35170 WERE OUTPATIENTS ONLY IN THAT SAME FISCAL YEAR THE HOSPITALS INPATIENT VOLUME CONSISTED OF A DIVERSE PAYER MIX WITH 58 PERCENT MEDICAID PATIENTS 39 PERCENT MEDICARE PATIENTS 527 PERCENT MANAGED CARECOMMERCIAL PATIENTS AND 25 PERCENT SELF PAY OR OTHER PATIENTS THE HIGH QUALITY OF CARE COUPLED WITH GREENWICH HOSPITALS CONVENIENT LOCATION ARE SOME OF THE MANY REASONS PATIENTS CHOOSE TO BE TREATED HERE THE STATEOFTHEART MAIN CAMPUS AT 5 PERRYRIDGE ROAD ENCOMPASSES THE HELMSLEY MEDICAL BUILDING AND THE THOMAS AND OLIVE C WATSON PAVILION LOCATED ACROSS THE STREET FROM THE HOSPITAL AT 77 LAFAYETTE PLACE THE SHERMAN AND GLORIA H COHEN PAVILION HOUSES THE BENDHEIM CANCER CENTER AND THE BREAST CENTER GREENWICH HOSPITAL ALSO HAS AN ENDOSCOPY CENTER AT 500 PUTNAM AVENUE THE GREENWICH FERTILITY CENTER AND THE HELMSLEY AMBULATORY SURGERY CENTER AT 55 HOLLY HILL LANE A FACILITY FOR DIAGNOSTIC IMAGING AND PHYSICAL THERAPY AT 2015 W MAIN STREET IN STAMFORD CONN AS WELL AS MULTIPLE SATELLITE BLOOD DRAW STATIONS

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	PART VI LINE 5 DURING FISCAL YEAR FY 2011 GREENWICH HOSPITAL PROVIDED APPROXIMATELY 258 MI LLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 198 MILLION DOLLARS IN CHARITY CARE AND U NREIMBURSED MEDICAID AT COST 26 MILLION IN HEALTH PROFESSIONS EDUCATION AND 34 IN COMMUNIT Y HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES AND INKIND CONTRIBUTIONS TO COMMUNITY GROUPS THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL B ASIS FOR 170 MEDICAL PROFESSIONALS THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION I N THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS MEDICAL STUDENTS IN ADDITI ON THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLE D IN PROGRAMS OUTSIDE THE ORGANIZATION IN THE AREAS OF NURSING AND RESPIRATORY CARE GREENW ICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME MONEY AND RESOURCES IN THE DEVELOPM ENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOM E EXAMPLES OF COMMUNITY PROGRAMS AND SERVICES THAT INCLUDE COMMUNITY PARTNERS THAT WERE ES TABLISHED TO PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW GREENWICH HOSPITAL RECEIVED A GR ANT FROM THE BREAST CANCER ALLIANCE TO PROVIDE FUNDING FOR FREE SCREENING AND DIAGNOSTIC M AMMOGRAM SERVICES FOR WOMEN WHO ARE UNINSURED OR UNDERINSURED IN CALENDAR YEAR 2011 347 WO MEN RECEIVED FREE MAMMOGRAMS AND TWO WOMEN WERE FOUND TO HAVE EARLY BREAST CANCER AND RECE IVED TREATMENT THE HOSPITAL ALSO PROVIDES FREE PROSTATE SCREENINGS ONCE A YEAR FOR MEN OVE R THE AGE OF 40 THESE SCREENINGS ARE HELD IN MULTIPLE SIDES INCLUDING THE HOSPITAL AND LOC AL CHURCHES OVER EIGHTY MEN RECEIVED FREE PROSTATE SPECIFIC ANTIGEN PSA BLOOD TESTS AND SC REENING EXAMS BY A BOARD CERTIFIED UROLOGIST COMMUNITY HEALTH GREENWICH HOSPITAL PARTICIPA TED IN 37 HEALTH FAIRS HELD AT SCHOOLS COMMUNITY CENTERS HOUSING DEVELOPMENTS PARKS PLACES OF WORSHIP AND SENIOR CENTERS THE HEALTH FAIRS WERE CONDUCTED IN FAIRFIELD COUNTY AND WES TCHESTER COUNTY THESE HEALTH FAIRS PROVIDED INFORMATION AND EDUCATION ABOUT EXERCISE HEALT HY BEHAVIORS HAND WASHING IMMUNIZATION SCREENINGS SUN SAFETY CHOLESTEROL STROKE WEIGHT MAN AGEMENT NUTRITION BREAST SELFEXAMS AND MORE STAFF OFFERED FREE BLOOD PRESSURE AND METABOLI C SCREENINGS IN CONJUNCTION WITH THE EDUCATIONAL AND COUNSELING ON HEALTHY LIVING THE NURS E IS IN PROGRAM AVAILABLE FIVE DAYS A WEEK AT LOCAL LIBRARIES YMCAS AND SENIOR CENTERS PRO VIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH COUNSELING TO 5351 INDIVIDUALS IN ADDITION 2068 FREE BLOOD PRESSURE SCREENINGS WERE PROVIDED AT OTHER COMMUNITY BASED SITES IN WESTC HESTER AND FAIRFIELD COUNTIES HEALTH PROGRAMS FOR CHILDREN WERE PROVIDED ONSITE AT VARIOUS ELEMENTARY MIDDLE AND HIGH SCHOOLS IN FAIRFIELD AND WESTCHESTER COUNTY ONE PROGRAM TAUGHT THE IMPORTANCE OF HAND HYGIENE HEALTH AND SAFETY TO PREVENT THE TRANSMISSION OF DISEASES AND INJURY TO 400 GRADE SCHOOL STUDENTS SMOKING PREVENTION PRESENTATIONS WERE PROVIDED TO 1100 GREENWICH HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS AND 1000 WESTCHESTER COUNTY MIDDLE A ND HIGH SCHOOL STUDENTS THE HOSPITAL ALSO PARTNERED WITH THE BOYS AND GIRLS CLUB OF GREENW ICH TO BRING FRIDAY NIGHT OUT FAMILIES SPENDING MEANINGFUL TIME TOGETHER A PROGRAM DESIGNE D TO EDUCATE FAMILIES ABOUT HEALTHY EATING AND LIFESTYLES THREE SESSIONS WERE CONDUCTED MO NTHLY AT THE BOYS AND GIRLS CLUB OF GREENWICH WITH ELEVEN FAMILIES PARTICIPATING IN THE PR OGRAM SESSIONS CONSISTED OF AN EXERCISE COMPONENT A HEALTHY COOKING DEMONSTRATION A FOODRE LATED CRAFT ACTIVITY AND A HEALTHY MEAL THAT ALL THE FAMILIES ENJOYED TOGETHER IN SEPTEMBE R GREENWICH HOSPITALS COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP IN COLLABORATION WITH THE G REENWICH POLICE DEPARTMENT SILVER SHIELD OF GREENWICH GREENWICH YOUTH SERVICES COUNCIL CAP P TOWN OF GREENWICH GREENWICH HOSPITAL AND THE CONNECTICUT DEPARTMENT OF CONSUMER PROTECTI ON SPONSORED THE ANNUAL MEDICATION TAKEBACK INITIATIVE SHED THE MEDS THE EVENT PROVIDED AN OPPORTUNITY FOR POTENTIALLY DANGEROUS CONTROLLED SUBSTANCES TO BE REMOVED FORM HOMES AND THE ENVIRONMENT GREENWICH HOSPITAL PARTICIPATES IN GOVERNMENT SPONSORED HEALTH CARE PROGRA MS INCLUDING MEDICARE MEDICAID CHAMPUS AND TRICARE THE HOSPITAL HAS SEVERAL FREE CARE PROG RAMS FOR PATIENTS WHO ARE UNABLE TO AFFORD TO PAY FOR THEIR HOSPITAL SERVICES THESE INCLUD E FREE BED FUNDS SLIDING SCALE PROGRAMS THROUGH THE HOSPITAL CLINIC AND A CHARITY CARE PRO GRAM DURING FY 2011 THE HOSPITAL DISTRIBUTED 2277 APPLICATIONS FOR HOSPITAL FREE BED FUNDS THAT RESULTED IN FREE CARE OF 18 MILLION FUNDS DONATED TO GREENWICH HOSPITAL BY INDIVIDUA LS OR TRUSTS TO BE USED FOR FINANCIAL ASSISTANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPIT AL SERVICES WOULD BE A FINANCIAL HARDSHIP COVERED 633000 OF THIS FREE CARE ADDITIONALLY TH E HOSPITAL ASSISTED 1199 CONNECTICUT PATIENTS AND 178 NEW YORK PATIENTS WITH MEDICAID APPL ICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FY 2011 IN ADDITION TO THE ACTIVITIES D ESCRIBED GREENWICH HOSPITAL ALSO CONTRIBUTES TO TH

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	E COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORT ANT COMMUNITY RESOURCE THIS INCLUDES HAVING A COMMUNITY BOARD WITH MANY OF THE BOARD MEMBE RS RESIDING IN THE TOWN OF GREENWICH AND OTHER TOWNS AND CITIES WITH THE HOSPITALS PRIMARY SERVICE AREA THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIA NS IN ITS COMMUNITY IN FY 2011 30 NEW PHYSICIANS JOINED THE MEDICAL STAFF WHICH NOW TOTALS 637 MEMBERS PHYSICIANS WHO BECAME ACTIVE MEDICAL STAFF MEMBERS SPECIALIZE IN THE FOLLOWIN G SERVICES INTERNAL MEDICINE EMERGENCY MEDICINE OTOLARYNGOLOGY PSYCHIATRY PLASTIC SURGERY TELERADIOLOGY HOSPITALIST OBSTETRICS GYNECOLOGY ORAL SURGERY PEDIATRICS GASTROENTEROLOGY V ASCULAR SURGERY PSYCHOLOGY PEDIATRICS GI AND NEUROLOGY ORTHOPEDICS AND RADIOLOGY THE HOSPI TAL AS A NOTFORPROFIT APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE MEDICAL EDUCAT ION AND RESEARCH FY 2011 EXAMPLES INCLUDE THE FOLLOWING PROJECTS THE HOSPITAL CONTINUED EF FORTS RELATED TO THE SAFEST HOSPITAL INITIATIVE WHICH BEGAN IN 2008 THIS INCLUDED A COMPRE HENSIVE SITE SECURITY AUDIT WHICH WAS CONDUCTED IN THE FALL AND ASSESSED THE HOSPITALS PHY SICAL PLANT SAFETY PRACTICES NEARLY 75 PERCENT OF THE SUGGESTED SAFETY MEASURES WERE IMPLE MENTED DURING FY 2011 THE HOSPITAL ALSO CONDUCTED A CULTURE OF SAFETY SURVEY IN FEBRUARY 2 011 OVER 97 PERCENT OF GREENWICH HOSPITAL STAFF PARTICIPATED IN THE SURVEY AND IN ALL AREA S THE HOSPITAL EITHER MET OR EXCEEDED TARGETED BENCHMARKS RESULTS OF THE SURVEY WERE USED TO DEVELOP IMPROVEMENT ACTION PLANS THE DEDICATION OF THE HOSPITALS SIMULATION CENTER TOOK PLACE IN MARCH 2011 THE CENTER FEATURES A SIMULATED INPATIENT HOSPITAL ROOM AND A REALIST IC HIGHFIDELITY PATIENT THAT CAN BE PROGRAMMED TO BREATHE SPEAK BLINK SWEAT BLEED AND RESP OND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT THIS TYPE OF MEDICAL SIMULATION IS BENEFI CIAL TO STAFF AND EDUCATORS AND IS AN INTEGRAL TOOL IN MEDICAL EDUCATION THE HOSPITAL BEGA N SITUATION BACKGROUND ASSESSMENT AND RECOMMENDATION SBAR BEDSIDE SHIFT REPORTING IN DECEM BER 2010 THE SBAR INITIATIVE IS DESIGNED TO INCREASE PATIENT SAFETY DECREASE MEDICAL ERROR S AND IMPROVE COMMUNICATION BETWEEN PATIENTS AND CAREGIVERS USING SBAR THE NURSE GOING OFF SHIFT SIGNS OUT TO THE ONCOMING NURSE DIRECTLY AT THE PATIENTS BEDSIDE ENSURING THAT THE PATIENT IS AN ACTIVE PARTICIPANT IN HIS OR HER OWN CARE GREENWICH HOSPITAL CONTINUED TO BE DEFINED BY ITS SERVICE EXCELLENCE ENVIRONMENT FOR THE PAST FIVE CONSECUTIVE YEARS THE HOS PITAL RECEIVED THE PRESTIGIOUS PRESS GANEY SUMMIT AWARD WHICH IS AWARDED TO HOSPITALS THAT MAINTAIN AN INPATIENT SATISFACTION RANKING AT THE 95TH PERCENTILE NATIONALLY OR ABOVE FOR A PERIOD OF AT LEAST THREE YEARS IN AUGUST CMS RELEASED THE NEXT SET OF HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS HCAHPS RESULTS HCAHPS IS THE SURVEY THAT M EASURES 10 AREAS OF INPATIENT PERCEPTIONS OF CARE THE HOSPITAL SCORED WELL MATCHING OR SUR PASSING NATIONAL CONNECTICUT AND NEW YORK SCORES ON FIVE OF THE TEN SURVEY AREAS AMONG ALL OF CONNECTICUT AND WESTCHESTER COUNTY NEW YORK HOSPITALS PATIENTS RATED GREENWICH HOSPITA L THE HIGHEST RATING IN OVERALL RATING AND WILLINGNESS TO RECOMMEND TO OTHERS IN JANUARY 2 011 TWO OF GREENWICH HOSPITALS SURGICAL PROGRAMS THE SPINE INSTITUTE AND THE CENTER FOR JO INT REPLACEMENT WERE CERTIFIED BY THE JOINT COMMISSION FOR ADHERING TO NATIONAL STANDARDS FOR EXCELLENCE QUALITY AND SAFETY THE PROGRAMS WERE CERTIFIED FOR SPINAL FUSION AND TOTAL HIP AND KNEE REPLACEMENT SURGERY MAKING GREENWICH ONE OF JUST SIX FACILITIES NATIONWIDE AN D THE ONLY HOSPITAL IN CONNECTICUT TO BE GIVEN THE COMMISSIONS GOLD SEAL OF APPROVAL FOR T HE THREE PROCEDURES DURING THE YEAR GREENWICH HOSPITAL RECEIVED SEVERAL OTHER CERTIFICATIO NS ACCREDITATIONS AND RECOGNITIONS INCLUDING THE STROKE CENTER SLEEP CENTER AND BARIATRIC PROGRAM GREENWICH HOSPITAL WAS RECOGNIZED FOR THE ELEVENTH TIME AS MOST WIRED BY HOSPITALS AND HEALTH NETWORKS THE AWARD RECOGNIZE

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE INFORMATION	PART VI	PART VI LINE 6 THE YALE NEW HAVEN HEALTH SYSTEMS FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN HOSPITAL EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES PERFORMANCE EVALUATION ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY EACH DELIVERY NETWORKS MISSION VISION AND BUSINESS PLAN INCORPORATES THE CONCEPTS OF WORKING WITH ITS COMMUNITY TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTH PROVIDE SERVICES THAT PROMOTE HEALTH AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CANNOT AFFORD NECESSARY SERVICES

Identifier	ReturnReference	Explanation
LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	PART VI	CONNECTICUT

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **19** Name and address	Type of Facility (Describe)
GREENWICH HOSPITAL OUTPATIENT SURG 55 HOLLY HILL LANE GREENWICH,CT 06830	HOSPITAL OUT-PATIENT SURGERY
ENDOSCOPY CENTER OF GREENWICH HOSPITAL 500 WEST PUTNAM AVE GREENWICH,CT 06830	HOSPITAL OUT-PATIENT ENDOSCOPY
GREENWICH HOSPITAL OCCUPAT HEALTH 75 HOLLY HILL LANE GREENWICH,CT 06830	OCC HEALTH / WOMENS HEALTH / LAB
BENDHEIM CANCER CENTER 77 LAFAYETTE PLACE GREENWICH,CT 06830	CANCER / CARDIAC REHAB / DI / LAB
GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST STAMFORD,CT 06902	DI / LAB
GREENWICH HOSPITAL INTEGRATIVE MED 35 RIVER ROAD COS COB,CT 06807	INTEGRATIVE MEDICINE
BOYD CENTER FOR MEDICAL ONCOLOGY 15 VALLEY DRIVE GREENWICH,CT 06831	CANCER CENTER
GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE 2ND FLOOR GREENWICH,CT 06830	LAB
GREENWICH HOSPITAL LAB 49 LAKE AVE 2ND FLOOR GREENWICH,CT 06830	LAB
GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVE 2ND FLOOR GREENWICH,CT 06830	LAB
GREENWICH HOSPITAL LAB 132 HEIGHTS ROAD DARIEN,CT 06820	LAB
GREENWICH HOSITAL LAB 90 MORGAN STREET 3RD FLOOR SUITE 302 STAMFORD,CT 06905	LAB
GREENWICH HOSPITAL LAB 1275 SUMMER STREET 3RD FLOOR STAMFORD,CT 06905	LAB
GREENWICH HOSPITAL LAB 40 CROSS ST 3RD FLOOR SUITE 350 NORWALK,CT 06851	LAB
GREENWICH HOSPITAL LAB 148 EAST AVE SUITE 1F NORWALK,CT 06851	LAB
GREENWICH HOSPITAL LAB 225 MAIN ST SUITE 101 WESTPORT,CT 06880	LAB
GREENWICH HOSPITAL LAB 14 RIDGE PLAZA RYE,NY 10580	LAB
GREENWICH HOSPITAL LAB 15 VALEY DRIVE SUITE 200 GREENWICH,CT 06831	LAB
HEMATOLOGY AND ONCOLOGY ASSOC OF GREENWICH 77 LAFAYETTE PLACE SUITE 250 GREENWICH,CT 06830	CANCER TREATMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) UNITED WAY1 LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	C-3	10,000				SUPPORT ORGANIZATION
(2) BREAST CANCER ALLIANCE15 EAST PUTNAM AVE GREENWICH, CT 06830	06-1453500	C-3	57,000				SUPPORT ORGANIZATION
(3) GEMS111 EAST PUTNAM AVE RIVERSIDE, CT 06878	22-2721171	C-3	91,000				SUPPORT ORGANIZATION
(4) YMCA OF GREENWICH 50 EAST PUTNAM AVE GREENWICH, CT 06830	06-0646976	C-3	15,000				SUPPORT ORGANIZATION
(5) NORWALK COMMUNITY COLLEGE188 RICHARD AVE NORWALK, CT 06854	06-6080293	C-3	10,000				SUPPORT ORGANIZATION
(6) TYME FOR LYME30 MYANO LANE STAMFORD, CT 06902	06-1559393	C-3	10,000				SUPPORT ORGANIZATION
(7) UGC FOUNDATION391 PELHAM ROAD NEW ROCHELLE, NY 10801	13-1663975	C-3	10,000				SUPPORT ORGANIZATION
(8) THE OSBORN101 THEALL ROAD RYE, NY 10580	13-5562312	C-3	20,000				SUPPORT ORGANIZATION
(9) STAMFORD HOSPITAL 30 SHELBURNE ROAD PO BOX 9317 STAMFORD, CT 06902	06-0646917	C-3	5,900				SUPPORT ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 9

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" to 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.

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other 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 reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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	EUGENE COLUCCI 0 89,357 0 NANCY LEVITT-ROSENTHAL 0 67,597 0 MELISSA TURNER 0 49,832 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 INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2010 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2010 CALENDAR YEAR FORM W-2S FRANK CORVINO 363,022 QUINTON FRIESEN 139,236 GAYLE CAPOZZALO 189,156 VICKI ALTMEYER 16,096 RICHARD EISEN 7,962 STEPHEN GRAY 26,118 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				
FRANK A CORVINO FRANK A CORVINO	(I) (II)	821,286	309,793	457,558	123,254	16,871	1,728,762	89,859
GAYLE CAPOZZALO GAYLE CAPOZZALO	(I) (II)	655,732	188,910	279,037	140,600	15,203	1,279,482	65,864
QUINTON FRIESEN QUINTON FRIESEN	(I) (II)	391,361	108,129	199,301	77,050	15,203	791,044	37,242
EUGENE COLUCCI EUGENE COLUCCI	(I) (II)	371,685	112,752	65,868	166,307	19,992	736,604	23,586
BRIAN DORAN	(I) (II)	370,484	35,353	16,916	12,344	22,076	457,173	6,147
NANCY LEVITT-ROSENTHAL NANCY LEVITT-ROSENTHAL	(I) (II)	254,165	77,505	36,388	127,547	11,875	507,480	
DEBORAH HODYS	(I) (II)	253,948	52,787	16,500	14,135	21,750	359,120	
SUSAN BROWN SUSAN BROWN	(I) (II)	247,130	43,786		29,473	19,552	339,941	
MELISSA TURNER MELISSA TURNER	(I) (II)	178,752	55,586	40,978	90,732	21,569	387,617	
GEORGE PAWLUSH GEORGE PAWLUSH	(I) (II)	157,926	52,075	22,000	21,719	19,910	273,630	
STEPHEN CARBERY STEPHEN CARBERY	(I) (II)	176,474	31,232	15,206	19,819	21,538	264,269	8,485
MARC KOSAK MARC KOSAK	(I) (II)	177,888	34,093	9,650	13,486	22,998	258,115	
CHRISTINE BEECHNER CHRISTINE BEECHNER	(I) (II)	119,424	23,135	6,467	10,328	21,345	180,699	1,018
STEPHEN GRAY STEPHEN GRAY	(I) (II)	480,733	45,585	19,022	29,473	16,753	591,566	8,620
VICKI ALTMEYER VICKI ALTMEYER	(I) (II)	462,354	33,832	22,000	29,473	17,320	564,979	15,650
RICHARD EISEN RICHARD EISEN	(I) (II)	458,454	25,266	20,850	22,003	24,198	550,771	
ERIC DIAMOND ERIC DIAMOND	(I) (II)	461,566		21,578	29,473	17,298	529,915	47,594
MARVIN LIPSCHUTZ MARVIN LIPSCHUTZ	(I) (II)	378,049	78,014	3,862	8,858	35,828	504,611	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA	06-0806186	20774UYC3	05-07-2008	53,630,000	REFUND PRIOR ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	426,060			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?	X							
c	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?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 460 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 770 %						
6	Total of lines 4 and 5		2 230 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE K	CHEFA PART III LINE 3C THE ORGANIZATION HAS INHOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS INHOUSE COUNSEL CONSULT WITH THE HOSPITALS OUTSIDE BOND COUNSEL AS NEEDED INCLUDING ON NONROUTINE ISSUES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V		324,543			No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	NAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES INC OFFICER EUGENE COLUCCI IS AN OFFICER AND DIRECTOR OF CENTURY FINANCIAL SERVICES INC CENTURY FINANCIAL SERVICES INC PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL A PORTION OF CENTURY FINANCIAL SERVICES INC IS OWNED DIRECTLY OR INDIRECTLY BY RELATED ORGANIZATIONS OF THE HOSPITAL AMOUNT OF TRANSACTION 324543 SOME OF THE ORGANIZATIONS CURRENT OFFICERS SERVE AS OFFICERS ANDOR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATIONS CORPORATE SYSTEM THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS AND TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	11	156,288	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		4,010	FAIR MARKET VALUE
5 Clothing and household goods	X		72,234	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	49,991	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	3	1,498,631	FAIR MARKET VALUE
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	46	13,590	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VAC/AIR/CRUISE)	X	35	71,969	FAIR MARKET VALUE
26 Other ▶ (ACQUARIUM)	X	1	52,116	FAIR MARKET VALUE
27 Other ▶ (PHOTOGRAPHY)	X	21	42,780	FAIR MARKET VALUE
28 Other ▶ (MISCELLANEOUS)	X	278	202,108	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** 2

		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	Return Reference	Explanation
EXPLANATION FOR NOT REPORTING REVENUE	SCHEDULE M, PAGE 1, PART I, LINE 33	OCCASIONALLY, ITEMS ARE DONATED THAT EITHER HAVE ZERO/MINIMAL VALUE OR DO NOT HAVE READILY ATTAINABLE VALUE (BUT ARE BELIEVED TO HAVE ZERO/MINIMAL VALUE) THESE ITEMS ARE RECORDED BUT NO INCOME IS RECOGNIZED

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493223010462

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PART 1, LINE 4 AND 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 23 VOTING MEMBERS ARE INDEPENDENT

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTH CARE CENTER, AVERAGING MORE THAN 13,000 INPATIENT DISCHARGES AND 2,100 BIRTHS A YEAR THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS, AS WELL AS MEDICAL INNOVATIONS FROM ROBOTIC SURGERY TO SOPHISTICATED DIAGNOSTIC IMAGING TO NATIONAL CLINICAL TRIALS THE GREENWICH DELIVERY NETWORK SERVES FAIRFIELD AND WESTCHESTER, NEW YORK COUNTIES GREENWICH HOSPITAL, A MEMBER OF YNHHS SINCE 1998, IS A LEADER IN SERVICE EXCELLENCE, CONSISTENTLY RANKING IN THE TOP FIVE PERCENT NATIONALLY FOR PATIENT SATISFACTION THE MAIN CAMPUS INCLUDES THE HELMSLEY MEDICAL BUILDING AND WATSON PAVILION OTHER SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M AND HARRY B HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD DURING FISCAL YEAR (FY) 2011, GREENWICH HOSPITAL PROVIDED APPROXIMATELY 25 8 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 19 8 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 2 6 MILLION IN HEALTH PROFESSIONS EDUCATION AND 3 4 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL 1 0 MILLION WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	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 CLINICAL PATHOLOGY ASSOCIATES, LLC , 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

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	SEE ABOVE

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

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 GHCSI, IN ITS CAPACITY AS THE SOLE MEMBER OF THE HOSPITAL, HAS ONLY THOSE RIGHTS, POWERS AND PRIVILEGES REQUIRED BY LAW TO BE ACCORDED TO MEMBERS OF A NONSTOCK, NONPROFIT CORPORATION YNHHS IN ACCORDANCE WITH THE HOSPITALS BYLAWS AND THE AFFILIATION AGREEMENT, YNHHS HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES VIS-A-VIS THE HOSPITAL (A)TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AT THE PLEASURE OF YNHHS, WHICH DESIGNEE SHALL BE A VOTING MEMBER OF THE EXECUTIVE OR ANY SIMILAR COMMITTEE OF THE HOSPITAL, (B)TO APPROVE THE NOMINEES TO THE BOARD OF TRUSTEES OF THE HOSPITAL IN ACCORDANCE WITH THE PROVISIONS OF SECTION 3 3 OF THE HOSPITAL BYLAWS AND SECTION 4 2 OF THE AFFILIATION AGREEMENT, (C)TO DIRECT THE HOSPITAL BOARD OF TRUSTEES TO REMOVE ANY HOSPITAL TRUSTEE IN ACCORDANCE WITH PROVISIONS OF THE HOSPITAL BYLAWS AND THE AFFILIATION AGREEMENT, (D)TO APPROVE THE 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 THE HOSPITAL BYLAWS, GHCSI AND YNHHS MUST EACH APPROVE ANY AMENDMENT TO THE HOSPITALS CERTIFICATE OF INCORPORATION OR BYLAWS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE HOSPITAL DIRECTOR OF CORPORATE FINANCE SUBSEQUENTLY, IT IS SENT TO ERNST & YOUNG US LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE HOSPITAL AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US LLP FOR FINAL REVIEW PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES BY WEB PORTAL

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 HE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

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

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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	CHANGE IN UNREALIZED GAIN (1,535,000) AMORTIZATION ON INTEREST RATE SWAP (74,000) PENSION ADJUSTMENT (19,055,000) ASSETS RELEASED FOR OPERATIONS (4,366,000) ASSETS RELEASED FOR NON-OPERATING (6,000) TRANSFERS TO AFFILIATES (6,445,000) MISCELLANEOUS (2,168) BOOK TO TAX ITEMS - SEE SCH D, PART XI, LINE 9 (2,790,767) TRANSFER FROM AFFILIATES 700,000 RESTRICTED CONTRIBUTIONS 3,718,000 GAIN ON RESTRICTED NET ASSETS 825,000 AUXILIARY CHANGE IN NET ASSETS 186,807 GREENWICH HOSP ENDOW CHANGE IN NET ASSETS 3,815,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223010462

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

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

(a) Name, address, and EIN 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
(1) 900 KING STREET ASSOCIATES 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILD OPER	CT			GREEN HOSP
(2) GREENWICH CLINICAL PATHOLOGY ASSOC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT		194,625	GREEN HOSP
(3) GREENWICH PATHOLOGY ASSOCIATES 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT		627,117	GREEN HOSP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1	During the tax year, did the orgranization 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**	**Yes**
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**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**
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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Additional Data Table			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

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

Form 990, Schedule R, 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	(g) Section 512(b)(13) controlled organization	
						Yes	No
GREENWICH HEALTHCARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 22-2593399	SUPPORT	CT	501C3	11B	YNHHSC		No
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1207316	SUPPORT	CT	501C3	11B	GHCS INC	Yes	
THE GREENWICH HOSP ENDOW FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1526642	SUPPORT	CT	501C3	11B	GHCS INC	Yes	
BRIDGEPORT HOSP& HEALTHCARE SRV INC 267 GRANT STREET BRIDGEPORT, CT06610 06-1066729	SUPPORT	CT	501C3	11A	YNHHSC		No
BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT06610 06-0646554	HEALTHCARE	CT	501C3	3	BHHS	Yes	
SOUTHERN CT HEALTH SYSTEMS PROP INC 267 GRANT STREET BRIDGEPORT, CT06610 06-1297708	TITLE HOLD	CT	501C2		BHHS	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT06610 06-6042500	SUPPORT	CT	501C3	11A	BHHS	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT06610 22-2908698	SUPPORT	CT	501C3	7	BHHS	Yes	
NORMA F PFREIM BREAST CANCER INC 111 BEACH ROAD FAIRFIELD, CT06430 06-0567752	HEALTHCARE	CT	501C3	11A	BH	Yes	
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 06-1330992	HEALTHCARE	CT	501C3	9	YNHHSC	Yes	
NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 35-2380180	HEALTHCARE	CT	501C3	11A	NEMG	Yes	
YNH NETWORK CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1513687	SUPPORT	CT	501C3	11A	YNHHSC		No

Form 990, Schedule R, 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	(g) Section 512 (b)(13) controlled organization	
						Yes	No
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT06504 06-0646652	HEALTHCARE	CT	501C3	3	YNHNETWORK	Yes	
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVE NEW HAVEN, CT06519 22-2529464	SUPPORT	CT	501C3	11A	NA		No

Form 990, Schedule R, 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER LLC 50 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SCC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CENTER LLC 50 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SCC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CENTER LLC 50 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SCC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	

Form 990, Schedule R, 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CENTER LLC 50 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SCC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	

Form 990, Schedule R, 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 HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SRV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SRV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SRV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				

Form 990, Schedule R, 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
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SRV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SRV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				

Form 990, Schedule R, 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
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SRV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SRV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SRV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	YALE-NEW HAVEN HEALTH SERVICES	L	16,960,886	COMPARABLE MARKET VALUE
(2)	PERRYRIDGE CORPORATION	J	3,026,529	COMPARABLE MARKET VALUE
(3)	PERRYRIDGE CORPORATION	K	33,228	COMPARABLE MARKET VALUE
(4)	GREENWICH HEALTH CARE SERVICES	Q	6,445,000	CASH NET ASSET TRANSFER
(5)	GREENWICH HOSPITAL ENDOWMENT FUND	R	2,352,000	WRITTEN AGREEMENT
(6)	GREENWICH HOSPITAL ENDOWMENT FUND	P	50,000	COMPARABLE MARKET VALUE
(7)	GREENWICH FERTILITY & IVF	I	36,342	COMPARABLE MARKET VALUE
(8)	NORTHEAST MEDICAL GROUP	I	136,084	COMPARABLE MARKET VALUE
(9)	NORTHEAST MEDICAL GROUP	L	1,623,586	COMPARABLE MARKET VALUE
(10)	GREENWICH HEALTH SERVICES INC	L	16,157	COMPARABLE MARKET VALUE
(11)	PERRYRIDGE CORPORATION	P	43,882	ACTUAL COST
(12)	YALE-NEW HAVEN HEALTH SERVICES	L	16,960,886	COMPARABLE MARKET VALUE
(13)	PERRYRIDGE CORPORATION	J	3,026,529	COMPARABLE MARKET VALUE
(14)	PERRYRIDGE CORPORATION	K	33,228	COMPARABLE MARKET VALUE
(15)	GREENWICH HEALTH CARE SERVICES	Q	6,445,000	CASH NET ASSET TRANSFER
(16)	GREENWICH HOSPITAL ENDOWMENT FUND	R	2,352,000	WRITTEN AGREEMENT
(17)	GREENWICH HOSPITAL ENDOWMENT FUND	P	50,000	COMPARABLE MARKET VALUE
(18)	GREENWICH FERTILITY & IVF	I	36,342	COMPARABLE MARKET VALUE
(19)	NORTHEAST MEDICAL GROUP	I	136,084	COMPARABLE MARKET VALUE
(20)	NORTHEAST MEDICAL GROUP	L	1,623,586	COMPARABLE MARKET VALUE
(21)	GREENWICH HEALTH SERVICES INC	L	16,157	COMPARABLE MARKET VALUE
(22)	PERRYRIDGE CORPORATION	P	43,882	ACTUAL COST

DISCLOSURE STATEMENT RELATED TO FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN COPORATIONS, FILED ON BEHALF OF THE TAXPAYER

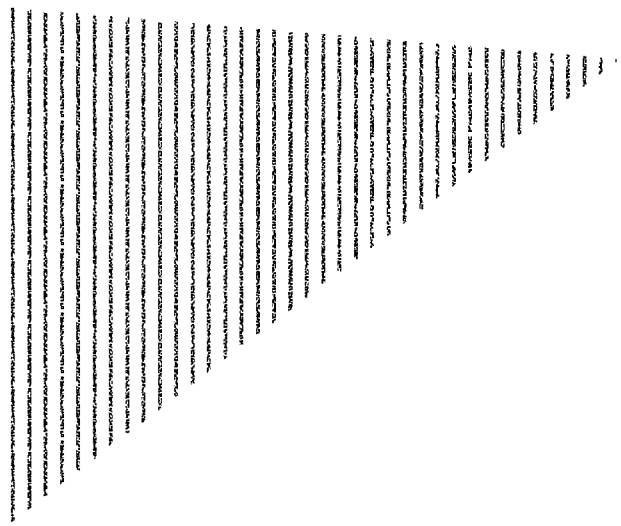
UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS) THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT

TAXPAYER NAME YALE-NEW HAVEN HOSPITAL

ADDRESS 20 YORK STREET
NEW HAVEN, CT 06504

IDENTIFYING NUMBER OF U S TAX RETURN WITH WHICH THE FORMS 5471 WERE OR WILL BE FILED 06-0646652

IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED OGDEN, UT 84201-0027



FINANCIAL STATEMENTS

Greenwich Hospital
Years Ended September 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Greenwich Hospital

Financial Statements

Years Ended September 30, 2011 and 2010

Contents

Ernst & Young LLP
Goodwin Square
225 Asylum Street
Hartford, CT 06103-1506
Tel: +1 860 247 1100
Fax: +1 860 725 6043
www.ey.com

Report of Independent Auditors

The Board of Trustees
Greenwich Hospital

We have audited the accompanying balance sheets of Greenwich Hospital (the Hospital) as of September 30, 2011 and 2010, and the related statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greenwich Hospital at September 30, 2011 and 2010, and the results of its operations and changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

Ernst & Young LLP

December 21, 2011

Greenwich Hospital

Balance Sheets

	September 30 2011	2010
	(In Thousands)	
Assets		
Current assets:		
Cash and cash equivalents	**$ 32,149**	$ 32,013
Short-term investments *(Note 5)*	**21,585**	23,470
Accounts receivable for services to patients, less allowances for uncollectible accounts, charity and free care of approximately $12,738,000 in fiscal 2011 and $12,014,000 in fiscal 2010 *(Note 10)*	**32,433**	32,518
Other receivables *(Note 1)*	**11,852**	9,158
Prepaid expenses	**3,926**	2,189
Inventories	**1,224**	1,275
Total current assets	**103,169**	100,623
Assets limited as to use *(Notes 5, 7 and 11):*		
Escrow funds for long-term debt	**6**	9
Trustee assets for self-insurance	**799**	800
Board designated	**21,014**	17,579
	21,819	18,388
Beneficial interest in investments held by Foundation *(Note 5)*	**45,826**	49,641
Long-term investments *(Note 5)*	**35,756**	36,595
Due from affiliate *(Note 13)*	**4,701**	6,301
Beneficial interest in trusts *(Notes 1 and 5)*	**11,291**	11,805
Beneficial interest in remainder trusts	**1,621**	1,443
Contributed property	**2,100**	2,100
Other assets *(Note 1)*	**7,079**	1,588
	108,374	109,473
Property, plant and equipment *(Note 1):*		
Land and land improvements	**7,766**	7,469
Buildings and fixtures	**220,573**	218,074
Equipment	**182,950**	173,116
Leasehold improvements	**19,665**	18,172
	430,954	416,831
Less accumulated depreciation	**(191,442)**	(173,524)
	239,512	243,307
Construction in progress	**25**	1
	239,537	243,308
Total assets	**$ 472,899**	$ 471,792

	September 30	
	2011	**2010**
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 8,228**	$ 6,817
Accrued expenses *(Note 13)*	**20,668**	19,604
Other current liabilities (*Notes 2 and 13)*	**11,722**	8,733
Current portion of long-term debt *(Note 11)*	**2,360**	2,260
Total current liabilities	**42,978**	37,414
Long-term debt, net of current portion *(Note 11)*	**42,645**	45,005
Self-insurance liabilities *(Note 7)*	**12,040**	11,838
Pension liability *(Note 8)*	**46,068**	29,899
Other long-term liabilities *(Note 2)*	**11,872**	10,621
Interest rate swap *(Note 11)*	**5,994**	5,497
Total liabilities	**161,597**	140,274
Commitments and contingencies		
Net assets *(Note 4):*		
Unrestricted	**266,335**	282,678
Temporarily restricted	**24,575**	27,295
Permanently restricted	**20,392**	21,545
Total net assets	**311,302**	331,518
Total liabilities and net assets	**$ 472,899**	$ 471,792

See accompanying notes

Greenwich Hospital

Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2011	**2010**
	(In Thousands)	
Operating revenue:		
Net patient service revenue *(Note 2)*	**$ 297,010**	$ 279,086
Other revenue *(Note 12)*	**14,197**	16,362
Net assets released from restrictions used for operations *(Note 4)*	**4,366**	5,445
Total operating revenue	**315,573**	300,893
Operating expenses:		
Salaries and benefits	**164,309**	151,725
Supplies and other	**113,015**	104,578
Depreciation	**18,906**	20,275
Interest *(Note 11)*	**425**	449
Bad debts	**9,270**	10,504
Total operating expenses	**305,925**	287,531
Income from operations	**9,648**	13,362
Nonoperating gains and losses:		
Change in fair value on interest rate swap, including counterparty payments *(Note 11)*	**(1,847)**	(3,435)
Change in unrealized gains and losses on investments	**(2,162)**	4,661
Other nonoperating gains and losses, net *(Note 12)*	**383**	(1,595)
Excess of revenue and gains over expenses	**6,022**	12,993

Greenwich Hospital

Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2011	**2010**
	(In Thousands)	
Unrestricted net assets:		
Excess of revenue and gains over expenses *(from page 4)*	**$ 6,022**	$ 12,993
Amortization on interest rate swap *(Note 11)*	**(74)**	(74)
Transfers to affiliates *(Note 13)*	**(6,445)**	(4,677)
Net assets released from restrictions used for plant assets	**409**	31
Pension adjustment *(Note 8)*	**(19,055)**	(6,040)
Contributed property released from restriction	**2,100**	–
Transfer from YNHHSC	**700**	–
(Decrease) increase in unrestricted net assets	**(16,343)**	2,233
Temporarily restricted net assets:		
Contributions	**3,673**	4,173
Income from investments	**(52)**	52
Net realized gains on investments	**873**	12
Change in net unrealized gains and losses on investments	**(333)**	2,634
Net assets released from restrictions used for operations *(Note 4)*	**(4,366)**	(5,445)
Net assets released from restrictions used for nonoperating activities, net	**(6)**	(2)
Net assets released from restrictions used for plant assets	**(409)**	(31)
Contributed property released from restriction	**(2,100)**	–
(Decrease) increase in temporarily restricted net assets	**(2,720)**	1,393
Permanently restricted net assets:		
Contributions	**45**	–
Net realized gains on investments	**4**	5
Change in net unrealized gains and losses on investments	**(1,202)**	(213)
Decrease in permanently restricted net assets	**(1,153)**	(208)
(Decrease) increase in net assets	**(20,216)**	3,418
Net assets at beginning of year	**331,518**	328,100
Net assets at end of year	**$ 311,302**	$ 331,518

See accompanying notes

Greenwich Hospital

Statements of Cash Flows

	Year Ended September 30	
	2011	2010
	(In Thousands)	
Cash flows from operating activities		
(Decrease) increase in net assets	**$ (20,216)**	$ 3,418
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities		
Depreciation	**18,906**	20,275
Change in net unrealized losses and (gains) on investments	**3,697**	(7,082)
Net realized gains on investments	**(877)**	(17)
Contributions	**(3,718)**	(4,173)
Increase in contributed property and beneficial interest in remainder trusts	**(178)**	(9)
Change in beneficial interest in trusts	**514**	(354)
Pension adjustment	**19,055**	6,040
Changes in operating assets and liabilities		
Accounts receivable for services to patients, net	**85**	(430)
Trustee assets for self-insurance	**1**	2
Other receivables	**(2,694)**	(2,028)
Prepaid expenses	**(1,737)**	71
Other assets	**(5,440)**	(1,065)
Pension liability	**(2,886)**	(4,043)
Accounts payable	**1,411**	(1,948)
Accrued expenses	**1,064**	(7,723)
Other current liabilities	**2,989**	2,302
Other long-term liabilities and interest rate swap	**1,748**	3,460
Self-insurance liabilities	**202**	151
Net cash provided by operating activities	**11,926**	6,847
Cash flows from investing activities		
Net capital expenditures	**(15,135)**	(18,614)
Net change in investments and assets limited as to use	**287**	7,503
Net cash used in investing activities	**(14,848)**	(11,111)
Cash flows from financing activities		
Contributions	**3,718**	4,835
Payments of long-term debt	**(2,260)**	(2,190)
Decrease in due from affiliate	**1,600**	1,600
Net cash provided by financing activities	**3,058**	4,245
Net increase (decrease) in cash and cash equivalents	**136**	(19)
Cash and cash equivalents at beginning of year	**32,013**	32,032
Cash and cash equivalents at end of year	**$ 32,149**	$ 32,013
Supplemental disclosure of cash flow information		
Cash paid for interest	**$ 98**	$ 111

See accompanying notes

Greenwich Hospital

Notes to Financial Statements

September 30, 2011

1. Organization and Significant Accounting Policies

Organization

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

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

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

Effective April 1, 2010, control of certain physician practices within the Hospital was assumed by YNHHSC and began operations as Northeast Medical Group, Inc. (NEMG). YNHHSC is the sole member of NEMG.

Use of Estimates

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

1. Organization and Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital and the Foundation in perpetuity.

Contributions, including unconditional promises to give, are reported at fair value in the period received. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, donor withdraws previously imposed restrictions, or purpose restriction is accomplished, net assets are reclassified. Conditional promises to give are not recorded as revenue or support until the conditions upon which they depend have been substantially met.

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor-imposed restrictions, if any, on the contributions.

Cash and Cash Equivalents

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

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

Accounts Receivable

Patient accounts receivable result from the healthcare services provided by the Hospital. Changes to the allowance for doubtful accounts result from changes to the provision for bad debts. Accounts written off as uncollectible are recorded as bad debt expense. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payer programs.

1. Organization and Significant Accounting Policies (continued)

Investments

The Hospital has determined that all investments reported in the accompanying balance sheets are considered trading securities. Investment income or loss, including realized gains and losses on investments, interest and dividends, and the change in net unrealized gains and losses are included in the excess of revenue and gains over expenses, unless the income or loss is restricted by donor or law.

Investments in equity securities and debt securities are measured at fair value in the accompanying balance sheets based upon the last sale price if quotations are readily available or are estimated using quoted market prices for similar securities if quotations are not readily available. The basis of marketable securities or investments received as donations or bequests is deemed to be their fair value at the date of gift.

To diversify its investment portfolio and to enhance opportunities for increased rate of return, the Hospital has invested in alternative investments. Alternative investments include investments in non-marketable and market-traded debt and equity securities. Alternative investments are accounted for under the equity method, which is estimated using the net asset values of each alternative investment. Net asset values of these investments, provided by the investment manager or general partner, are primarily based upon financial data derived from underlying securities and other financial instruments and estimates that require varying degrees of judgment. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. Certain alternative investments are subject to various withdrawal restrictions regarding timing, fees and enhanced disclosure required transaction limits at September 30, 2011 and 2010. Future funding commitments for alternative investments aggregated approximately $5.4 million at September 30, 2011.

Inventories

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

1. Organization and Significant Accounting Policies (continued)

Assets Limited as to Use

Assets limited as to use primarily consist of cash and debt securities. These assets are restricted to pay interest and principal on bonds payable, self-insurance claims, and are also earmarked by the Hospital to fund various Board-approved projects.

Interest Rate Swap

The Hospital utilizes an interest rate swap to limit the variability of changes in future interest rates. The interest rate swap is reported at fair value in the accompanying financial statements. The Hospital is exposed to credit loss in the event of nonperformance by the counterparties to its interest rate swap agreement. The Hospital is also exposed to the risk that the swap receipts may not offset its debt service. To the extent these variable rate receipts do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Hospital.

Beneficial Interest in Investments Held by the Foundation

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

Deferred Financing Costs

Issuance costs, included in other assets, related to the Hospital's bond issuance are being amortized over the term of the applicable indebtedness using the effective interest method. Amortization, included in interest expense in the accompanying statements of operations and changes in net assets, was approximately $25,000 and $24,000 for the years ended September 30, 2011 and 2010, respectively.

Beneficial Interest in Trusts

The Hospital has recognized its beneficial interest in trusts held by a third party at fair value. Under these arrangements, the Hospital is receiving distributions to fund free care programs. The Hospital received distributions of approximately $504,000 and $449,000 for the years ended September 30, 2011 and 2010, respectively.

1. Organization and Significant Accounting Policies (continued)

Beneficial Interest in Remainder Trusts

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

Property, Plant and Equipment

Property, plant and equipment purchased are carried at cost, and those acquired by gifts and bequests are carried at fair value established at date of contribution. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in income from operations. Depreciation of property, plant and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives, ranging from 3 to 40 years. Fully depreciated assets are removed when no longer in use.

Performance Indicator

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

Performance Indicator (continued)

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

Income Taxes

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

1. Organization and Significant Accounting Policies (continued)

Professional and General Liability Insurance

The Hospital accesses modified claims-made insurance for professional and comprehensive general risk through a Yale-New Haven Hospital (YNHH) partially owned captive insurance company. The Hospital has no ownership interest in the captive insurance company. The Hospital records the actuarially determined liabilities for incurred but not reported professional and comprehensive general liabilities on a discounted basis.

Recently Issued Accounting Pronouncement

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update 2010-24, *Topic 954 – Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24). The amendments in this update clarify that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The amendments in this update permit retrospective application and are effective for fiscal years beginning after December 15, 2010. The Hospital has not yet determined the effect that the adoption of ASU 2010-24 will have on its financial statements. The Hospital will adopt the presentation changes to the statement of financial position in fiscal year 2012.

In July 2011, the FASB also issued Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07). Under ASU 2011-07, provision for bad debts related to patient service revenue will be presented as a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations with enhanced footnote disclosure on the policies for recognizing revenue and assessing bad debts. The Hospital will adopt the presentation changes to the statement of operations in fiscal year 2013.

In 2010 the FASB issued Accounting Standard Update 2010-23, *Measuring Charity care for Disclosures* (ASU 2010-23), and is in effect for fiscal years beginning after December 15, 2010. The update requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs are identified, in addition to disclosure as to how method to which how such costs are identified. The Hospital will adopt the presentation changes to the disclosure in fiscal year 2012.

1. Organization and Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the 2010 financial statements in order to conform with the 2011 presentation.

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

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates; the difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payers and others for services rendered, and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

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

Revenue from Medicare and Medicaid programs collectively accounted for approximately 30% of the Hospital's net patient service revenue for each of the years ended September 30, 2011 and 2010. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payers, have been settled by final

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

settlement through 2006 for Medicare and 1994 for Medicaid. Subsequent years remain open for settlement. For the year ended September 30, 2011, net patient service revenue decreased by approximately $.8 million for net changes in estimates and settlements related to prior years. Net patient service revenue for the year ended September 30, 2010 was not impacted by any change in estimate.

The Hospital has agreements with various managed care companies to provide medical services to subscribing participants. The managed care companies make fee-for-service payments to the Hospital for certain covered services based upon discounted fee schedules.

Net patient service revenue for the years ended September 30, 2011 and 2010, includes the following (in thousands):

	2011	2010
Gross patient service revenue	**$ 944,999**	$ 900,733
Less contractual and other allowances	**(647,989)**	(621,647)
	$ 297,010	$ 279,086

3. Uncompensated Care and Community Benefit Expense

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured. For financial reporting purposes, the Hospital reports care provided for which no payment was received from the patient or insurer as uncompensated care. Uncompensated care is the sum of the Hospital's free care provided, charity care provided and bad debt expense. In determining uncompensated care, the Hospital excludes contractual allowances. The cost of uncompensated care amounted to approximately $13.0 million and $13.3 million in fiscal 2011 and 2010, respectively. Additionally, the Hospital incurred losses related to the Medicare and State Medicaid programs of approximately $40.4 million and $33.1 million in fiscal 2011 and 2010, respectively. The estimated cost of uncompensated care and Medicaid losses were determined using patient-specific data.

3. Uncompensated Care and Community Benefit Expense (continued)

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

Annually, the Hospital accrues for the potential losses related to its uncollectible accounts and the amounts that meet the definition of charity and free care allowances. At September 30, 2011 and 2010, the amount estimated by management to represent the Hospital's uncollectible and charity and free care allowance, which is included in the accompanying balance sheets as a reduction of accounts receivable for services to patients, was approximately $12.7 million and $12.0 million, respectively.

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

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

4. Net Assets

Unrestricted net assets include the following at September 30, 2011 and 2010 (in thousands):

	2011	2010
Designated by Board of Trustees for:		
Depreciation fund	**$ 21,014**	$ 17,579
Quasi-endowment; capital gains, net, held by the Foundation	**32,673**	36,533
Undesignated	**212,648**	228,566
	$ 266,335	$ 282,678

4. Net Assets (continued)

Temporarily restricted net assets are available for the following purposes at September 30, 2011 and 2010 (in thousands):

	2011	2010
Other specified capital expenditures	**$ 2,336**	$ 2,131
Indigent care	**1,122**	1,022
Indigent care funds held by trustee	**9,370**	8,674
Specified health care services and operations	**8,815**	12,516
Education	**2,932**	2,952
	$ 24,575	$ 27,295

Permanently restricted net assets are restricted as follows at September 30, 2011 and 2010 (in thousands):

	2011	2010
Principal to be held in perpetuity (held by the Foundation), with income expendable to support health care services and other activities (reported as nonoperating gains)	**$ 13,108**	$ 13,108
Principal to be held in perpetuity (held by the trustee), with income expendable to support free care programs (reported as an increase in unrestricted net assets)	**1,634**	1,634
Principal to be held in perpetuity, with income to be spent for restricted purposes as specified by donor (reported as additions to temporarily restricted net assets until released upon satisfaction of restriction)	**5,650**	6,803
	$ 20,392	$ 21,545

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

4. Net Assets (continued)

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

Changes in endowment net assets for the year ended September 30, 2011 are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	**$ 36,533**	**$ 11,028**	**$ 21,545**	**$ 69,106**
Investment return:				
Investment income and realized gains	**415**	**873**	**4**	**1,292**
Unrealized gains (losses)	**(1,923)**	**–**	**(1,202)**	**(3,125)**
Total investment return (loss)	**(1508)**	**873**	**(1,198)**	**(1,833)**
Contributions	**–**	**–**	**45**	**45**
Appropriation of endowment assets for expenditure	**(2,352)**	**(61)**	**–**	**(2,413)**
Endowment net assets, end of year	**$ 32,673**	**$ 11,840**	**$ 20,392**	**$ 64,905**

Changes in endowment net assets for the year ended September 30, 2010 are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 34,005	$ 11,098	$ 21,753	$ 66,856
Investment return:				
Investment income and realized gains	515	12	5	532
Unrealized gains (losses)	4,497	–	(213)	4,284
Total investment return (loss)	5,012	12	(208)	4,816
Appropriation of endowment assets for expenditure	(2,484)	(82)	–	(2,566)
Endowment net assets, end of year	$ 36,533	$ 11,028	$ 21,545	$ 69,106

4. Net Assets (continued)

The Hospital has adopted investment policies for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment. To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

Net assets released from donor-imposed restrictions used for operations consisted of the following at September 30, 2011 and 2010 (in thousands):

	2011	2010
Restricted funds to support operations	**$ 3,733**	$ 4,865
Free care fund	**633**	580
	$ 4,366	$ 5,445

5. Investments

The reported value of investments are summarized as follows as of September 30, 2011 and 2010 (in thousands):

	2011	2010
Short-term investments:		
Cash	**$ 149**	$ 148
Money market funds	**680**	55
Fixed income:		
US government	**6,829**	2,636
Corporate debt (a)	**13,815**	20,363
Mortgage backed securities (b)	**112**	268
	$ 21,585	$ 23,470
Assets limited as to use:		
Escrow funds for long-term debt:		
Cash	**$ 6**	$ 9
	$ 6	$ 9
Trustee assets for self-insurance:		
Money market funds	**$ 799**	$ 800
	$ 799	$ 800
By board designation:		
Money market funds	**$ 12,184**	$ 7,307
Fixed income:		
US government	**3,692**	3,783
US government – common collective funds	**3,712**	4,146
Corporate debt (a)	**1,294**	2,202
Mortgage backed securities (b)	**132**	141
	$ 21,014	$ 17,579

5. Investments (continued)

Long-term investments are composed of the following as of September 30, 2011 and 2010 (in thousands):

	2011	2010
Investments held for operating purposes:		
Money market fund	**$ 203**	$ 261
Fixed income:		
US government	**–**	2
Corporate debt (a)	**7**	25
Mortgage backed securities (b)	**1**	1
US equity securities	**31**	27
International equity securities (c)	**38**	46
Hedge funds:		
Absolute return (d)	**31**	31
Private equity (e)	**11**	10
Real assets (f)	**4**	5
	326	408
Investments deemed held for donor-restricted purposes:		
Money market fund	**20,910**	21,569
Fixed income:		
US government	**–**	253
Corporate debt (a)	**806**	2,533
Mortgage backed securities (b)	**131**	140
US equity securities	**3,624**	2,545
International equity securities (c)	**4,515**	4,592
Hedge funds:		
Absolute return (d)	**3,684**	3,058
Private equity (e)	**1,242**	956
Real assets (f)	**518**	541
	35,430	36,187
Total long-term investments	**$ 35,756**	$ 36,595

5. Investments (continued)

Investments held by the Foundation consisted of the following at fair value at September 30, 2011 and 2010 (in thousands):

	2011	2010
Money market funds	**$ 328**	$ 3,845
US equity securities	**11,383**	8,656
International equity securities (c)	**14,856**	16,137
Hedge funds:		
Absolute return (d)	**11,603**	10,367
Private equity (e)	**4,232**	3,443
Real assets (f)	**1,517**	1,840
Corporate debt (a)	**1,907**	5,353
	$ 45,826	$ 49,641

Investments held in trusts consisted of the following at fair value at September 30, 2011 and 2010 (in thousands):

	2011	2010
Money market funds	**$ 289**	$ 197
Fixed income:		
US government	**2,088**	2,227
US government – common collective funds	**862**	850
Corporate debt (a)	**4,021**	2,805
US equity securities	**1,919**	3,665
US equity securities – common collective funds	**1,925**	2,061
Real estate (g)	**187**	–
	$ 11,291	$ 11,805

(a) Investments consist of PIMCO short-term and total return funds as well as bonds issued by US corporations

(b) Investments consist of Fannie Mae, Ginnie Mae, and Federal Home Loan Mortgage Corporation Bonds

(c) Investments with external international equity and bond managers that are domiciled in the United States Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities

(d) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions

(e) Investments in funds which are directly investing into private companies

(f) Investments made in pooled investment funds

(g) Investments with external direct real estate managers and fund of funds managers Investment vehicles include both closed end REITs and limited partnerships

5. Investments (continued)

Effective January 1, 2010, the Hospital transferred $10 million into the newly formed Yale-New Haven Health System Investment Trust (the Trust), a unitized Delaware Investment Trust created to pool assets for investment by the Health System nonprofit entities. The Hospital's ownership percentage of the Trust was approximately 7.7% as of September 30, 2011. The Hospital's pro rata portion of the Trust's investments are included in the assets limited to use by board designation table.

6. Operating Leases and Other Commitments

The Hospital leases various equipment and properties under operating leases and has long-term commitments under service contracts expiring at various dates through fiscal 2014. Expense under such leases and service contracts was approximately $5.9 million and $5.3 million for fiscal 2011 and 2010, respectively.

Future minimum lease payments for each of the following five years subsequent to September 30, 2011, under noncancelable operating leases and service contracts are as follows (in thousands):

Years Ending:	
2012	$ 5,355
2013	5,351
2014	5,174
2015	5,218
2016	4,860
2017 and thereafter	2,035
	$ 27,993

The Hospital has been involved in leasing leased and owned houses and properties to Hospital employees. Expenses for the years ended September 30, 2011 and 2010, under these leases are included in supplies and other expenses. The amounts received from employees relating to these leases are included in other revenue (see Note 12).

The Hospital has a leasing arrangement, renewable annually, with an affiliate, Perryridge Corporation, to rent four office buildings (the Cohen Pavilion, 55 Holly Hill Lane, 500 West Putnam Avenue and 2015 West Main Street). Included in supplies and other expenses was approximately $2.9 million and $2.8 million for fiscal 2011 and 2010, respectively. It is anticipated that this arrangement will be renewed in the future.

7. Self-Insurance Liabilities

YNHH and a number of other academic medical centers formed The Medical Center Insurance Company, Ltd. (the Captive) to insure for professional and comprehensive general liability risks. On January 1, 1999, the Hospital was added to the YNHH program as an additional insured. The Captive and its wholly owned subsidiary write direct insurance and reinsurance for varying levels of per-claim limit exposure. The Captive has reinsurance coverage from outside reinsurers for amounts above the per-claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital and the Captive. The Hospital initially pays insurance premiums to YNHHSC.

For the years ended September 30, 2011 and 2010, the Hospital recorded a receivable of approximately $891,000 and $375,000, respectively, which represents the Captive's best estimate for a reduction in premium requirements for better than expected loss experiences. The funding of the additional premium requirements is made by the Hospital in the subsequent year.

The estimated undiscounted incurred but not reported liability for professional and general claims at September 30, 2011 and 2010, was approximately $8.6 million and $8.8 million, respectively. The actuarially determined present value of approximately $7.4 million for both of the years ended September 30, 2011 and 2010, is based on a discount rate of 3.5% for 2011 and 4.0% for 2010.

The Hospital is a defendant in a number of claims, including alleged malpractice and various matters. In the opinion of Hospital management, the ultimate resolution of these claims, after consideration of applicable insurance coverage as explained above, will not materially impact the Hospital's financial position or results of operations.

The Hospital is also self-insured, subject to certain umbrella and stop-loss coverage limits, for its employee health plan and workers' compensation. Estimated amounts are accrued for claims, including claims incurred but not reported (IBNR), and are based on Hospital-specific experience. At September 30, 2011 and 2010, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately $4.6 million and $4.5 million, respectively, discounted at 3.5% for 2011 and 4.0% for 2010.

8. Retirement Plan

Defined Contribution Pension Plan

The Hospital provides a defined contribution pension plan for those employees eligible to participate. The plan contains three separate benefits. The incentive contribution, which is generally available to all nonmanagement employees, is designed to reward employees when the Hospital meets certain predetermined quality and financial measures (if paid, this benefit varies based on service from 1% to 3% of pay). Effective January 1, 2007, a matching contribution, which is generally available to all employees no longer accruing benefits under the defined benefit plan, is designed to provide an incentive to employees to save for retirement by matching employee contributions (employees can receive up to 3% of pay on contributions equal to 5% of pay). The length of service contribution, effective January 1, 2007, which is generally available to all employees no longer accruing benefits under the defined benefit plan, is designed to provide future retirement income that rewards continued service at the Hospital (this benefit varies based on service from 3% to 8% of pay). In total, the Hospital contributed approximately $5.3 million and $5.4 million for the years ended September 30, 2011 and 2010, respectively.

Defined Benefit Pension Plan

Prior to December 31, 2006, the Hospital provided a noncontributory defined benefit pension plan (the Plan) covering substantially all employees. The benefits provided are based on age, years of service and compensation. The Hospital's policy is to at least make annual contributions to fund the Plan's minimum required contribution as defined by the Employee Retirement Income Security Act of 1974. Effective as of December 31, 2006, the Plan was amended to freeze benefits for employees who were under age 50 with less than five years of service. This amendment is reflected in the tables below. Future retirement benefits will be provided through the defined contribution plan for those employees affected by the freeze. Employees who were age 50 or older with five years of service continue to accumulate benefits under the defined benefit plan and do not participate in the defined contribution plan.

8. Retirement Plan (continued)

The Hospital is required to measure plan assets and benefit obligations at a date consistent with its fiscal year-end balance sheet. Included in unrestricted net assets at September 30, 2011 and 2010, are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	2011	2010
Unrecognized actuarial loss	**$ (59,256)**	$ (40,194)
Unrecognized prior service cost	**(20)**	(26)
	$ (59,276)	$ (40,220)

The actuarial loss and prior service cost included in unrestricted net assets at September 30, 2011 and expected to be recognized in net periodic benefit cost during the year ending September 30, 2012, are as follows (in thousands):

Unrecognized actuarial loss	$ 3,905
Unrecognized prior service cost	6
	$ 3,911

The following table sets forth the change in benefit obligations, change in Plan assets and the funded status of the Hospital's Plan at September 30, 2011 and 2010 (in thousands):

	2011	2010
Change in benefit obligations:		
Benefit obligation, at prior measurement date	**$ 154,009**	$ 141,232
Service cost	**2,973**	3,043
Interest cost	**8,006**	7,900
Change in assumptions	**5,630**	7,596
Actuarial loss (gain)	**2,001**	(861)
Benefits paid	**(5,335)**	(4,901)
Benefit obligation, at current measurement date	**$ 167,284**	$ 154,009

8. Retirement Plan (continued)

	2011	2010
Change in Plan assets:		
Fair value of Plan assets, at prior measurement date	**$ 124,110**	$ 113,330
Actual return on Plan assets	**(2,559)**	10,681
Employer contributions	**5,000**	5,000
Benefits paid	**(5,335)**	(4,901)
Fair value of Plan assets, at current measurement date	**$ 121,216**	$ 124,110
Pension liability	**$ (46,068)**	$ (29,899)

The change in assumptions primarily relates to a decrease in the discount rate used to measure the benefit obligation for the years ended September 30, 2011 and 2010.

The projected benefit obligation, accumulated benefit obligation and fair value of Plan assets were as follows at September 30, 2011 and 2010 (in thousands):

	2011	2010
Projected benefit obligation	**$ 167,284**	$ 154,009
Accumulated benefit obligation	**156,916**	144,270
Fair value of Plan assets	**121,216**	124,110

The following table provides the components of the net periodic benefit cost for the Plan for the years ended September 30, 2011 and 2010 (in thousands):

	2011	2010
Service cost	**$ 2,973**	$ 3,043
Interest cost	**8,007**	7,900
Expected return on Plan assets	**(10,637)**	(10,210)
Amortization of prior service cost	**6**	6
Amortization loss	**1,765**	218
Net periodic benefit cost	**$ 2,114**	$ 957

8. Retirement Plan (continued)

The weighted-average assumptions used in the measurement of the Hospital's net periodic benefit cost and benefit obligations for the years ended September 30, 2011 and 2010, are shown in the following table:

	Net Periodic Benefit Cost		Benefit Obligation	
	2011	**2010**	**2011**	**2010**
Discount rate	**5.3%**	5.70%	**5.1%**	5.30%
Rate of compensation increase	**3.25**	3.25	**3.5**	3.25
Expected rate of return on Plan assets	**7.75**	7.75	–	–

The asset allocation of the Plan at September 30, 2011 and 2010 (the Hospital's measurement date) was as follows:

	2011 Target Allocation	2011	2010
Equity securities	60% - 90%	**47.9%**	41.1%
Debt securities	10% - 40%	**22.6**	30.5
Alternative investments	0% - 25%	**29.5**	28.4
		100.0%	100.0%

The pension assets carried at fair value as of September 30, 2011, are classified in the table below in one of the three categories described in Note 15 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market funds	**$ 979**	**$ –**	**$ –**	**$ 979**
Fixed income:				
Corporate debt	**26,438**	**–**	**–**	**26,438**
US equity securities	**31,053**	**–**	**–**	**31,053**
International equity securities	**26,974**	**–**	**–**	**26,974**
Private equity	**–**	**–**	**7,444**	**7,444**
Hedge funds:				
Absolute return	**–**	**24,091**	**–**	**24,091**
Real assets	**–**	**–**	**4,237**	**4,237**
	$ 85,444	**$ 24,091**	**$ 11,681**	**$ 121,216**

8. Retirement Plan (continued)

The pension assets carried at fair value as of September 30, 2010, are classified in the table below in one of the three categories described in Note 15 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market funds	$ 7,807	$ –	$ –	$ 7,807
Fixed income:				
Corporate debt	30,077	–	–	30,077
US equity securities	25,879	–	–	25,879
International equity securities	25,062	–	–	25,062
Private equity	–	–	5,678	5,678
Hedge funds:				
Absolute return	–	24,091	–	24,091
Real assets	–	–	5,516	5,516
	$ 88,825	$ 24,091	$ 11,194	$ 124,110

The following is a rollforward of the pension assets classified in Level 3 of the valuation hierarchy described in Note 15 (in thousands) for the years ended September 30 2010 and 2011, respectively:

Fair value at September 30, 2010	**$ 11,194**
2011 realized and unrealized gains and losses	**(1,517)**
2011 purchases, sales, transfers, issuances and settlements, net	**2,004**
Fair value at September 30, 2011	**$ 11,681**

Fair value at September 30, 2009	$ 6,777
2010 realized and unrealized gains and losses	1,325
2010 purchases, sales, transfers, issuances and settlements, net	3,092
Fair value at September 30, 2010	$ 11,194

Description of Investment Policies and Strategies

The primary objective of the investment policy is to provide a satisfactory return on the Plan's assets. The specific investment objective is to attain an average annual total return (net of investment management fees) of at least 5.0%.

8. Retirement Plan (continued)

The Plan's assets are managed by external investment managers. In the interest of diversification, the equity portion of the portfolio is placed with managers who have distinct and different investment philosophies. The investment manager has complete discretion to manage the assets in each particular portfolio to best achieve the investment objectives.

The Plan's assets are diversified both by asset class (e.g., equities, bonds, cash equivalents and other alternative investments) and within each asset class (e.g., within equities by economic sector, industry, quality and size). The purpose of diversification is to provide reasonable assurance that no single security or class of securities will have a disproportionate impact on the Plan's assets.

To achieve its investment objective, the Plan's assets are divided into three parts: "Fixed Income Fund," "Equity Fund" and "Alternative Investments." The purpose of dividing the funds in this manner is to ensure that the overall asset allocation among these three major asset classes remains under the regular scrutiny of the Investment Committee.

The purpose of the Fixed Income Fund (bonds and cash equivalents) is to provide a deflation hedge, reduce the overall volatility of the Fund and produce current income (to be added to dividend income from the Equity Fund) in support of spending needs.

The Hospital expects to make cash contributions of approximately $5.0 million to the Plan in fiscal 2012.

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

Years Ending:	
2012	$ 6,617
2013	7,270
2014	7,880
2015	8,406
2016	9,100
2017 and thereafter	56,521

9. Postretirement Medical and Life Insurance Benefits

Certain employees who retired prior to August 1, 1992, are provided certain postretirement health care and life insurance benefits. In addition, a 1994 early retirement benefits program provided limited postretirement medical benefits to employees who accepted the one-time early retirement offer. The accrued postretirement benefit liabilities were approximately $0.5 million at September 30, 2011 and 2010, and are included in other long-term liabilities.

10. Reimbursement Arrangements

The significant concentrations of accounts receivable for services to patients, before allowances for uncollectible accounts, charity and free care, consisted of the following at September 30, 2011 and 2010 (in thousands):

	2011	2010
Managed care/commercial	**$ 25,050**	$ 26,453
Medicare and Medicaid	**11,855**	10,362
Self-pay patients	**9,247**	8,488
Other third-party payers (none over 10%)	**223**	303
Accounts receivable for services to patients, gross	**46,375**	45,606
Less:		
Allowance for uncollectible accounts, charity and free care	**(12,738)**	(12,014)
Medical record denials and credit balances	**(1,204)**	(1,074)
Accounts receivable for services to patients, net	**$ 32,433**	$ 32,518

11. Long-Term Debt

Long-term debt consists of the following at September 30, 2011 and 2010 (in thousands):

	2011	2010
State of Connecticut Health and Educational Facilities Authority Tax Exempt Bonds, Series C (variable interest rates with an average rate of approximately 3.22% for fiscal 2011)	**$ 45,005**	$ 47,265
Less current portion	**(2,360)**	(2,260)
Long-term portion	**$ 42,645**	$ 45,005

11. Long-Term Debt (continued)

On March 1, 1996, the State of Connecticut Health and Educational Facilities Authority (CHEFA) issued $62,905,000 of its Revenue Bonds on behalf of Greenwich Hospital, Series A, consisting of $12,760,000 of serial bonds and $50,145,000 of term bonds, the proceeds of which have been loaned by CHEFA to the Hospital for the master facility renovation project.

On April 3, 2006, CHEFA issued $56,600,000 of its Revenue Bonds on behalf of Greenwich Hospital, Series B, consisting of auction rate certificates. The proceeds were utilized for the defeasance and retirement of the outstanding Series A revenue bonds at a redemption price of 102%, which occurred on July 1, 2006.

On May 6, 2008, CHEFA issued $53,630,000 of its Revenue Bonds on behalf of Greenwich Hospital, Series C, consisting of variable rate demand bonds. The proceeds were utilized for the refunding of the outstanding Series B revenue bonds. Principal amounts related to the Series C revenue bonds mature annually each July 1 through fiscal 2026. The effective interest rate of 3.22% is the result of the variable rate paid to bondholders, disclosed as interest expense of approximately $96,000 and net counterparty payments of approximately $1.4 million in connection with the interest rate swap included in nonoperating gains and losses.

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

Aggregate principal and sinking fund payments required by the Hospital for the Series C revenue bonds for fiscal 2012 through fiscal 2016 and thereafter are as follows (in thousands):

Years Ending:	
2012	$ 2,360
2013	2,430
2014	2,505
2015	2,605
2016	2,675
Thereafter	32,430
	$ 45,005

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

11. Long-Term Debt (continued)

Pursuant to the State of Connecticut Health and Educational Authority Trust Indenture (Trust Indenture), dated May 1, 2008, the Hospital is required to maintain a debt service fund with a trustee to cover payment of principal and interest. The Hospital is required to comply with a variety of covenants, including a debt service coverage ratio. In connection with the Bonds, the Parent is part of the Obligated Group with the Hospital (including the Hospital's Foundation, see Note 1). At September 30, 2011 and 2010, the Obligated Group was in compliance with its financial debt covenants.

In connection with refinancing its Series A revenue bonds and issuing its Series B revenue bonds, the Hospital entered into an interest rate swap agreement (the swap) with a financial institution. Under the terms of the swap, the Hospital will receive variable interest payments and pay fixed interest payments on a notional value of $32.2 million. On October 1, 2006, the Hospital concluded not to apply hedge accounting for the swap. Accordingly, the change in fair value of the swap was recorded as a nonoperating loss in the accompanying statements of operations and changes in net assets, while in 2006 the change in market value was recorded as a change in unrestricted net assets. As a result, the accumulated unrealized derivative gain of approximately $1.4 million at September 30, 2006, is being amortized into excess of revenue and gains over expenses in future years. The Hospital expects that the amount of gain existing in unrestricted net assets to be reclassified to excess of revenue and gains over expenses within the next 12 months will not be significant.

The swap remained in place for the Series C revenue bonds. At September 30, 2011 and 2010, the aggregate fair value of the swap was approximately $5,994,000 and $5,497,000, respectively, and is reflected as a liability in the accompanying balance sheets. The net interest paid or received under the swap is recorded as an adjustment of the variable interest rate on the Series C revenue bonds included in nonoperating gains and losses.

12. Supplemental Operating Data

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2011	**2010**
Pathology services	**$ 4,878**	$ 5,429
Foundation distributed income	**2,352**	2,484
Dining room receipts	**1,368**	1,311
Purchase discounts and rebates	**442**	1,244
Breast care services program	**–**	508
Rental income	**962**	969
Hospitalist program	**–**	718
In vitro fertilization	**1,228**	844
Integrative medicine	**528**	701
Perinatology	**–**	32
Cardiovascular program	**–**	235
Occupational medicine	**425**	366
Power consumption program	**185**	335
Telecom services	**195**	212
Fitness center membership fees	**89**	131
Pharmacy sales	**83**	74
Pediatric sub-specialty income	**146**	162
Premier service income	**217**	176
Greenwich Ambulatory Surgery Center Joint Venture	**358**	–
Lab Client Services	**153**	–
Miscellaneous	**588**	431
	$ 14,197	$ 16,362

Functional expenses related to the Hospital's operating activities for the years ended September 30, 2011 and 2010, are as follows (in thousands):

	2011	**2010**
Health care services	**$ 164,454**	$ 151,189
General and administrative	**141,471**	136,342
	$ 305,925	$ 287,531

12. Supplemental Operating Data (continued)

Other nonoperating gains and losses for the years ended September 30, 2011 and 2010, consisted of the following (in thousands):

	2011	2010
Income from Foundation operations, primarily investment income and net realized gains	**$ 415**	$ 515
Less Foundation income distributed to the Hospital included in other revenue	**(2,352)**	(2,484)
	(1,937)	(1,969)
Unrestricted contributions	**4,117**	1,605
Interest and investment income	**751**	1,051
Fundraising expenses	**(1,879)**	(1,581)
Community Health at Greenwich Hospital	**(632)**	(602)
Net assets released from restrictions used for nonoperating activities, net	**6**	2
Other	**(43)**	(101)
	$ 383	$ (1,595)

Annually, the Foundation has committed to make a distribution to the Hospital, calculated as the greater of $800,000 or 5% of the average market value of its investments for the prior 12 quarters (see Note 1).

13. Related-Party Transactions

The Hospital purchased certain services from YNHHSC for the years ended September 30, 2011 and 2010, as follows (in thousands):

	2011	2010
Operating expenses:		
Professional and general liability insurance	**$ 6,588**	$ 7,332
Information systems	**814**	624
Management services	**4,652**	4,435
Other support services	**9,704**	6,556
Physician related strategic support	**1,624**	951
EPIC shared project	**1,094**	–
Expense recoveries	**(198)**	–
	$ 24,278	$ 19,898

13. Related-Party Transactions (continued)

The Hospital has amounts due to YNHHSC of approximately $4.4 million and $3.5 million, included in accrued expenses and other current liabilities, for the years ended September 30, 2011 and 2010, respectively.

In July 2001, the Hospital granted an $11.0 million line of credit to GH Realty Holding LLC, a wholly owned subsidiary of the Perryridge Corporation (an affiliate of the Hospital), of which approximately $0.2 million and $1.2 million was outstanding at September 30, 2011 and 2010, respectively. In April 2004, the Hospital granted a $10.0 million line of credit to 2015 West Main Street Associates, LLC, a wholly owned subsidiary of the Perryridge Corporation, of which approximately $6.1 million and $6.7 million was outstanding at September 30, 2011 and 2010, respectively. Future payments under these loans are as follows (in thousands):

	2011	2010
Amounts due in one year (included in other receivables)	**$ 1,600**	$ 1,600
Amounts due in two to five years	**4,701**	6,301

During the years ended September 30, 2011 and 2010, the Hospital transferred approximately $6.4 million and $4.7 million, respectively, related to operations to GHCS.

14. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 7 or are deemed to be immaterial. While the outcome of the lawsuits cannot be determined at this time, management believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or results of operations of the Hospital.

15. Fair Values of Financial Instruments

The Hospital uses the methods of calculating fair value defined in ASC 820-10 to value its financial assets and liabilities, when applicable. ASC 820-10 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. ASC 820-10 applies to other accounting pronouncements that require or permit fair value measurements and does not require new fair value measurements. Fair value measurements are applied based on the unit of account from the reporting entity's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

ASC 820-10 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

15. Fair Values of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2011, are classified in the table below in one of the three categories described above (in thousands):

	Level 1	Level 2	Level 3	Total
Assets				
Investments, at fair value				
Cash	**$ 32,304**	**$ –**	**$ –**	**$ 32,304**
Money market funds	**35,065**	**–**	**–**	**35,065**
Fixed income				
US government	**12,609**	**–**	**–**	**12,609**
Corporate debt	**19,943**	**–**	**–**	**19,943**
Mortgage backed securities	**376**	**–**	**–**	**376**
US equity securities	**5,574**	**–**	**–**	**5,574**
International equity securities	**4,553**	**–**	**–**	**4,553**
Beneficial interest in remainder trusts	**1,621**	**–**	**–**	**1,621**
	$ 112,045	**$ –**	**$ –**	**112,045**
Liabilities				
Interest rate swap	**$ –**	**$ 5,943**	**$ –**	**$ 5,943**

The amounts reported in the table above exclude assets invested in the Hospital's defined benefit pension plan (see Note 8).

Financial assets and liabilities carried at fair value as of September 30, 2010, are classified in the table below in one of the three categories described above (in thousands):

	Level 1	Level 2	Level 3	Total
Assets				
Investments, at fair value				
Cash	$ 32,170	$ –	$ –	$ 32,170
Money market funds	30,189	–	–	30,189
Fixed income				
US government	8,901	–	–	8,901
Corporate debt	27,928	–	–	27,928
Mortgage backed securities	550	–	–	550
US equity securities	6,237	–	–	6,237
International equity securities	4,638	–	–	4,638
Charitable remainder trusts	1,443	–	–	1,443
	$ 112,056	$ –	$ –	$ 112,056
Liabilities				
Interest rate swap	$ –	$ 5,497	$ –	$ 5,497

15. Fair Values of Financial Instruments (continued)

The Hospital's alternative investments are reported using the equity method of accounting, and therefore, are not included in the tables above (see Note 1).

The following is a description of the Hospital's valuation methodologies for assets measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers and brokers.

The following is a summary of investments (by major class) that have restrictions on the Hospital's ability to redeem its investments at the measurement date, any unfunuded capital commitments and investments strategies of the investees as of December 31, 2010 (including investments accounted for using the equity method) (in thousands):

Description of Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity	$ 5,458	5,375	N/A	N/A
Hedge funds				
Absolute return	2,859	N/A	N/A	N/A
Global equity	10,217	N/A	30 days	190 – 460 days
Total	$ 18,534			

16. Subsequent Events

Management has evaluated subsequent events through December 21, 2011, which is the date the financial statements were available to be issued. No events have occurred that require disclosure to or adjustment of the financial statements.