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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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 $ 330,753,681

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**	28
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 2011 (Part V, line 2a)	**5**	2,057
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,469,550
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,821,256	6,463,170
	9 Program service revenue (Part VIII, line 2g)	297,010,149	304,346,157
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,082	780,845
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,102,688	14,224,269
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	318,107,175	325,814,441
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	228,900	203,950
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	170,464,251	159,479,999
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,460,981		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	138,601,239	156,480,443
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	309,294,390	316,164,392
	19 Revenue less expenses Subtract line 18 from line 12	8,812,785	9,650,049

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	419,099,368	441,659,828
	21 Total liabilities (Part X, line 26)	152,754,147	172,435,619
	22 Net assets or fund balances Subtract line 21 from line 20	266,345,221	269,224,209

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 — 2013-08-12 Date

▶ EUGENE COLUCCI SR VP
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00032493
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204			EIN ▶ 34-6565596 Phone no ▶ (317) 280-7471

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 221,856,077 including grants of $ 203,950) (Revenue $ 307,900,824)

SEE SCHEDULE O GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE THAN 13,000 INPATIENT DISCHARGES AND 2,300 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 GREENWICH HOSPITAL SERVES FAIRFIELD, CONNECTICUT AND WESTCHESTER, NEW YORK COUNTIES GREENWICH HOSPITAL, A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM 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 HEALTH LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD DURING FISCAL YEAR (FY) 2012, GREENWICH HOSPITAL PROVIDED APPROXIMATELY $25 6 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $19 2 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), $2 8 MILLION IN HEALTH PROFESSIONS EDUCATION AND $3 1 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $594,000 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 221,856,077

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 instructions)?	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 temporarily restricted endowments, permanent endowments, 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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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**	378		
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**	2,057			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	28		
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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 made 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 made 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 ▶

EUGENE COLUCCI
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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								7,471,460	1,667,858	1,352,045

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 267

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GREENWICH ULTRASOUND ASSOC 67 HOLLY HILL RD GREENWICH, CT 06830	ULTRASOUND SERVICE	2,405,922
NURSEFINDERS INC 524 E LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	TRAVEL NURSES	1,841,558
MAKIARIS MEDIA SERVICES 101 CENTERPOINT DRIVE SUITE 101 MIDDLETOWN, CT 06457	ADVERTISING	1,335,491
UNITEX TEXTILE RENTAL 161 S MAQUESTEW PARKWAY MOUNT VERNON, NY 10550	LAUNDRY/UNIFORM	1,283,197
QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940	LAB SERVICES	657,481

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 55

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 1,400,444				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5,062,726				
	g	Noncash contributions included in lines 1a-1f $ 809,960				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,463,170			
Program Service Revenue		Business Code				
	2a	OUTPATIENT PROGRAM SER	621400	176,050,980	176,050,980		
	b	INPATIENT PROGRAM SERV	612990	119,825,627	119,825,627		
	c	OUTREACH LAB	621500	8,469,550		8,469,550	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		304,346,157			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,487,498			1,487,498
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
		(i) Real / (ii) Personal					
	6a	Gross rents: 927,267 /					
	b	Less rental expenses: 261,438 /					
	c	Rental income or (loss): 665,829 /					
	d	Net rental income or (loss) . . . . . ▶		665,829			665,829
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory: 2,616,905 / 644,636					
	b	Less cost or other basis and sales expenses: 3,797,400 / 170,794					
	c	Gain or (loss): -1,180,495 / 473,842					
	d	Net gain or (loss) . . . . . ▶		-706,653			-706,653
	8a	Gross income from fundraising events (not including $ 1,400,444 of contributions reported on line 1c) See Part IV, line 18 . . . a 200,950					
	b	Less direct expenses . . . b 709,608					
	c	Net income or (loss) from fundraising events . . ▶		-508,658			-508,658
	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 . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	PATHOLOGY SERVICES	900099	3,305,109	3,305,109		
	b	IT MEANINGFUL USE INCO	900099	2,042,881	2,042,881		
	c	CLINIC SERVICES	900099	1,768,057	1,768,057		
	d	All other revenue		6,951,051	6,951,051		
	e	**Total.** Add lines 11a–11d . . . . . ▶		14,067,098			
	12	**Total revenue.** See Instructions . . . ▶		325,814,441	309,943,705	8,469,550	938,016

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	203,950	203,950		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,697,034		6,697,034	
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	114,258,964	94,943,501	18,512,085	803,378
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,341,042	7,873,499	1,400,920	66,623
9	Other employee benefits	21,339,073	17,883,003	3,304,750	151,320
10	Payroll taxes	7,843,886	6,517,878	1,270,856	55,152
11	Fees for services (non-employees)				
a	Management				
b	Legal	227,119	5,336	221,783	
c	Accounting	267,875		267,875	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	54,970,776	18,679,261	36,197,524	93,991
12	Advertising and promotion				
13	Office expenses	27,886,869	17,838,139	9,930,213	118,517
14	Information technology				
15	Royalties . .				
16	Occupancy	7,184,969	4,749,948	2,281,813	153,208
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	355,135	355,135		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,733,002	10,470,025	8,262,977	
23	Insurance				
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	MEDICAL SUPPLY EXPENSE	23,717,620	23,717,620		
b	BAD DEBTS	14,042,325	14,042,325	0	0
c	REPAIRS & MAINTENANCE	7,311,652	4,433,084	2,859,776	18,792
d	MISCELLANEOUS	1,783,101	143,373	1,639,728	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	316,164,392	221,856,077	92,847,334	1,460,981
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		15,123,907	1	10,425,113
	2	Savings and temporary cash investments		39,399,924	2	35,615,361
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		32,433,460	4	36,588,520
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,333,264	8	2,267,969
	9	Prepaid expenses and deferred charges		4,419,164	9	6,940,318
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 412,193,660			
	b	Less accumulated depreciation	10b 177,303,255	239,538,682	10c	234,890,405
	11	Investments—publicly traded securities		25,579,025	11	24,091,928
	12	Investments—other securities See Part IV, line 11		44,908,669	12	67,023,871
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,363,273	15	23,816,343
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		419,099,368	16	441,659,828
Liabilities	17	Accounts payable and accrued expenses		28,928,788	17	29,052,230
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		45,005,000	20	42,645,000
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		78,820,359	25	100,738,389
	26	**Total liabilities.** Add lines 17 through 25		152,754,147	26	172,435,619
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		234,530,748	27	230,689,355
	28	Temporarily restricted net assets		24,575,081	28	29,998,840
	29	Permanently restricted net assets		7,239,392	29	8,536,014
		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		266,345,221	33	269,224,209
	34	Total liabilities and net assets/fund balances		419,099,368	34	441,659,828

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	325,814,441
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,164,392
3	Revenue less expenses Subtract line 2 from line 1	3	9,650,049
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	266,345,221
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,771,061
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	269,224,209

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		

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			
JAMES M MCTAGGART DIRECTOR	1 00	X						0	0	0
ALAN BREED DIRECTOR	1 00	X						0	0	0
FRANK A CORVINO PRESIDENT/CEO/DIRECTOR	36 00	X		X				1,302,649	144,739	157,265
ELIZABETH GALT SECRETARY	1 00	X		X				0	0	0
NANCY BROWN DIRECTOR	1 00	X						0	0	0
JOHN L TOWNSEND III TREASURER/VICE CHAIR	1 00	X		X				0	0	0
DONALD J KIRK DIRECTOR	1 00	X						0	0	0
DANIEL L MOSLEY CHAIRMAN	1 00	X		X				0	0	0
GAYLE L CAPOZZALO DIRECTOR	1 00	X						0	1,217,519	203,569
BRUCE L WARWICK DIRECTOR	1 00	X						0	0	0
ARTHUR C MARTINEZ DIRECTOR	1 00	X						0	0	0
SHIRLEE HILTON DIRECTOR	1 00	X						0	0	0
BARBARA B MILLER VICE CHAIR	1 00	X		X				0	0	0
JACK MITCHELL DIRECTOR	1 00	X						0	0	0
BRUCE MOLINELLI MD DIRECTOR	1 00	X						0	0	0
MARGARET MOORE DIRECTOR	1 00	X						0	0	0
RICHARD O'CONNELL DIRECTOR	1 00	X						0	0	0
NANCY RAQUET DIRECTOR	1 00	X						0	0	0
VENITA OSTERER DIRECTOR	1 00	X						0	0	0
WILLIAM R BERKLEY JR DIRECTOR	1 00	X						0	0	0
KEVIN A CONBOY MD DIRECTOR	1 00	X						0	0	0
DAVID EVANS MD DIRECTOR	1 00	X						0	0	0
LARRY THOMPSON DIRECTOR	1 00	X						0	0	0
AILEEN HOUGHTON DIRECTOR	1 00	X						0	0	0
RICHARD BRAUER MD DIRECTOR	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			
ANNE JUGE DIRECTOR	1 00	X						0	0	0
JOHN SCHMELTZER III DIRECTOR	1 00	X						0	0	0
JOHN TONER DIRECTOR	1 00	X						0	0	0
EUGENE J COLUCCI SVP	26 00			X				350,710	198,735	170,444
QUINTON J FRIESEN EXEC VP/COO	40 00			X				711,018	0	96,151
SUSAN BROWN SVP	40 00			X				319,986	0	50,952
NANCY LEVITT-ROSENTHAL SVP	40 00			X				404,814	0	115,449
MELISSA TURNER SVP	25 00			X				178,109	106,865	114,524
CHRISTINE BEECHNER VP	40 00			X				147,230	0	33,780
STEPHEN CARBERY VP	40 00			X				232,493	0	50,026
MARC KOSAK VP	40 00			X				224,998	0	37,300
GEORGE PAWLUSH VP	40 00			X				223,756	0	40,944
BRIAN DORAN MD SVP, MEDICAL SERVICE	40 00			X				475,665	0	36,208
DEBORAH HODYS VICE PRESIDENT	40 00			X				351,601	0	0
STEPHEN GRAY DIRECTOR PATHOLOGY	40 00					X		560,222	0	48,573
VICKI ALTMEYER PATHOLOGIST	40 00					X		513,257	0	49,140
RICHARD EISEN PATHOLOGIST	40 00					X		516,688	0	63,063
ERIC DIAMOND PATHOLOGIST	40 00					X		495,933	0	54,709
MARVIN LIPSCHUTZ MD CHIEF OF QUALITY	40 00					X		462,331	0	29,948

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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

2011

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 **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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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?		No	0
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		45,393
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities? If "Yes," describe in Part IV	Yes		32,540
j	Total lines 1c through 1i			78,433
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?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING FY 2012 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 $431,000 BRIDGEPORT HOSPITAL EIN 06-0646554 $ 95,474

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	64,905,000	69,106,000	66,856,000	68,156,000	
b Contributions	100,000	45,000	0	0	
c Investment earnings or losses	10,512,000	-1,833,000	4,816,000	2,401,000	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,664,000	2,413,000	2,566,000	3,701,000	
f Administrative expenses					
g End of year balance	72,853,000	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 ▶ 52 180 %
- b Permanent endowment ▶ 29 910 %
- c Term endowment ▶ 17 910 %

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		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,333,484		6,333,484
b Buildings		224,926,124		224,926,124
c Leasehold improvements		19,857,101	5,368,080	14,489,021
d Equipment		157,629,703	171,173,525	-13,543,822
e Other		3,447,248	761,650	2,685,598
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				234,890,405

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 SECURITIES	67,023,871	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	67,023,871	

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
(1) OTHER RECEIVABLES	5,701,034
(2) DUE FROM PERRYRIDGE	2,101,437
(3) PROPERTY HELD IN TRUST	2,100,000
(4) EPIC SHARED PROJECT	11,851,760
(5) THIRD PARTY PAYOR RECEIVABLE	2,062,112
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	23,816,343

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE - 3RD PARTY & OTHER PAYORS	30,706,201
ESTIMATED LIABILITY - SELF INSURANCE	9,452,217
FORWARD INTEREST RATE SWAP	6,416,626
ACCRUED PENSION	54,163,345
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	100,738,389

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	325,814,441
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	316,164,392
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,650,049
4	Net unrealized gains (losses) on investments	4	7,889,008
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,555,740
9	Total adjustments (net) Add lines 4 - 8	9	6,333,268
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,983,317

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	328,542,619
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,889,008		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,425,183		
e	Add lines **2a** through **2d**			2e	9,314,191
3	Subtract line **2e** from line **1**			3	319,228,428
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	6,586,013		
c	Add lines **4a** and **4b**			4c	6,586,013
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	325,814,441

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

1	Total expenses and losses per audited financial statements			1	312,559,302
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	497,204		
e	Add lines **2a** through **2d**			2e	497,204
3	Subtract line **2e** from line **1**			3	312,062,098
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	4,102,294		
c	Add lines **4a** and **4b**			4c	4,102,294
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	316,164,392

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT GREENWICH HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE GREENWICH HOSPITAL POOLED INVESTMENT POLICY
PART XI, LINE 8 - OTHER ADJUSTMENTS		INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN 665,565 UNREALIZED GAIN ON INTEREST RATE SWAP -423,000 AUXILIARY CONTRIBUTIONS 550,000 NET ASSETS RELEASED FROM OPERATIONS 3,759,497 FUNDRAISING EXPENSES - INCLUDED IN NON-OPERATING REVENUE -1,924,631 OTHER EXPENSES - INCLUDED IN NON-OPERATING REVENUE -1,202,248 INTEREST & INVESTMENT INCOME FROM TEMP RESTRICTED - 1,345,000 RECLASS FROM EXPENSE - GAIN ON SALE OF ASSETS -473,842 AUXILIARY REVENUE -1,420,216 AUXILIARY EXPENSES 975,414 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 261,675 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE - 261,675 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED -4,318,000 SPECIAL EVENTS RECLASS TO INCOME 709,608 RECLASS - INCOME ON SALE OF ASSETS 473,842 SPECIAL EVENTS RECLASS TO INCOME -709,608 FUNDRAISING EXPENSES FROM NON-OPERATING REVENUE 1,924,631 MISCELLANEOUS EXPENSE FROM NON-OPERATING REVENUE 1,202,248 TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,555,740
PART XII, LINE 2D - OTHER ADJUSTMENTS		INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN 665,565 UNREALIZED GAIN ON INTEREST RATE SWAP -423,000 AUXILIARY CONTRIBUTIONS 550,000 NET ASSETS RELEASED FROM OPERATIONS 3,759,497 FUNDRAISING EXPENSES - INCLUDED IN NON-OPERATING REVENUE -1,924,631 OTHER EXPENSES - INCLUDED IN NON-OPERATING REVENUE -1,202,248
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTEREST & INVESTMENT INCOME FROM TEMP RESTRICTED 1,235,977 RECLASS FROM EXPENSE - GAIN ON SALE OF ASSETS -706,653 AUXILIARY REVENUE 1,420,216 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED 4,318,000 SPECIAL EVENTS RECLASS TO INCOME -709,608 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE -261,437 RECLASS GAIN ON INTEREST RATE SWAP 1,289,518
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS - GAIN ON SALE OF ASSETS -473,842 SPECIAL EVENTS RECLASS TO INCOME 709,608 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 261,438
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY EXPENSES 975,414 FUNDRAISING EXPENSES FROM NON-OPERATING REVENUE 1,924,632 MISCELLANEOUS EXPENSE FROM NON-OPERATING REVENUE 1,202,248

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2011

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?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

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

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

		(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	1,134,644	244,672	222,078	1,601,394
	2 Less Charitable contributions	1,043,644	190,522	166,278	1,400,444
	3 Gross income (line 1 minus line 2)	91,000	54,150	55,800	200,950
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	463,285	133,823	112,501	709,609
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(709,609)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-508,659

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 _____

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

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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

2011

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did 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 policy provide 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 charity care 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	Did the organization prepare a community benefit reportduring 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		2,453	8,066,000	0	8,066,000	2 670 %
b Medicaid (from Worksheet 3, column a)		21,500	19,465,362	8,322,423	11,142,939	3 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d **Total** Charity Care and Means-Tested Government Programs		23,953	27,531,362	8,322,423	19,208,939	6 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	19	24,381	966,825	0	966,825	0 320 %
f Health professions education (from Worksheet 5)	4	189	4,011,015	1,236,940	2,774,075	0 920 %
g Subsidized health services (from Worksheet 6)	3	3,616	3,939,009	2,489,288	1,449,721	0 480 %
h Research (from Worksheet 7)	1	0	359,690	0	359,690	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	7,443	291,875	0	291,875	0 100 %
j **Total** Other Benefits	32	35,629	9,568,414	3,726,228	5,842,186	1 940 %
k **Total.** Add lines 7d and 7j	32	59,582	37,099,776	12,048,651	25,051,125	8 300 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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	0	552,604	0	552,604	0 180 %
2	Economic development	0	0	0	0		
3	Community support	0	0	0	0		
4	Environmental improvements	0	0	0	0		
5	Leadership development and training for community members	0	0	0	0		
6	Coalition building	2	1,757	32,655	0	32,655	0 010 %
7	Community health improvement advocacy	0	0	0	0		
8	Workforce development	1	587	8,396	0	8,396	0 %
9	Other	0	0	0	0		
10	**Total**	4	2,344	593,655		593,655	0 190 %

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	2	5,177,405		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	79,599,575
6	Enter Medicare allowable costs of care relating to payments on line 5	6	108,256,122
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-28,656,547
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures (see instructions)

	(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	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 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 B. Facility Policies and Practices.

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

GREENWICH HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**	Yes	
If "Yes," explain in Part VI			

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 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	
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 descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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
		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
		PART I, L7 COL(F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $14,042,325

Identifier	ReturnReference	Explanation
		PART II GREENWICH HOSPITAL (GH) IS ONE OF THE TOP FIVE EMPLOYERS IN GREENWICH WITH 1,809 EMPLOYEES IN 2012 THE HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMI C INITIATIVES THROUGHOUT FAIRFIELD AND WESTCHESTER COUNTIES MEMBERS OF THE HOSPITAL'S LEA DERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREENWICH CHAMBER OF COMMERCE AND THE PORT CHESTER-RYE BROOK-RYE TOWN CHAMBER OF COMM ERCE GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE CO MMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SO FTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELIN ES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZE D INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPME NT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WO RKFORCE DEVELOPMENT WHILE GH'S VISION IS TO BE THE PREMIER REGIONAL HEALTH CARE PROVIDER, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVI DUALS AND COMMUNITIES RESEARCH FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HE ALTH AND HUMAN SERVICES CLEARLY LINKS THE IMPACT OF ONE'S SOCIOECONOMIC STATUS TO ONE'S HE ALTH INCORPORATING ALL THE DATA AND RESEARCH THAT IS AVAILABLE ON LOCAL, REGIONAL AND FED ERAL LEVELS THE COMMUNITY BUILDING ACTIVITIES AT GREENWICH HOSPITAL ARE MULTI-PRONGED AND DIVERSE THESE PROGRAMS ARE DEVELOPED AND IMPLEMENTED COLLABORATIVELY WITH OTHERS IN THE C OMMUNITY TO ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE HEALTH OF ALL COMMUNITY MEMBERS DURING FISCAL YEAR 2012, GREENWICH HOSPITAL PROVIDED NEARLY $594,000 IN FINANCIAL AND IN- KIND DONATIONS THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NE IGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES REVITALIZING OUR NEIGHBORHOODSONE OF SE VERAL COMMUNITY INITIATIVES UNDERTAKEN BY GREENWICH HOSPITAL IS GOD'S GREEN MARKET THIS P ROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES AND AREA CH URCHES TO PROVIDE FRESH VEGETABLES TO PARTICIPANTS IN PORT CHESTER'S FOUR FOOD PANTRIES AN D SEVEN SOUP KITCHEN AND NUTRITION CENTERS THE COUNCIL OF COMMUNITY SERVICES ORGANIZES VO LUNTEERS TO PLANT AND HARVEST THE CROPS OVER THE PAST FIVE YEARS THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CHESTER FAMILIES WITH FRESH VEGETABLES AND SPONSORS HEALTH E DUCATIONAL PROGRAMS THAT PROMOTE HEALTHIER EATING THE HOSPITAL FUNDS THE INITIATIVE AND T HE HOSPITAL'S DIETITIANS AND NURSES PROVIDED NUTRITION EDUCATION AND HEALTHY RECIPES IN BO TH ENGLISH AND SPANISH GREENWICH HOSPITAL AND THE AARP CO-SPONSORED AN EDUCATIONAL DRIVING PROGRAM FOR OLDER ADULTS WITH APPROXIMATELY 267 WESTCHESTER AND FAIRFIELD COUNTY ADULTS A TTENDING THE PROGRAM THE EDUCATIONAL DRIVING PROGRAM PROMOTES SAFETY AND IS INTENDED TO R EDUCE ACCIDENT RATES AMONG DRIVERS AGE 55 AND OLDER 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 CEREMONIES AND CELEBRATIONS ARE CONDUCTED IN THE GARDEN INCL UDING CANCER SURVIVOR PROGRAMS AND THE TREE OF LIGHT PROGRAM EACH WINTER, GREENWICH HOSPI TAL PROVIDES A WARM CENTER FOR THE COMMUNITY IN ITS NOBLE CONFERENCE CENTER THIS WARM CEN TER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES, SNOW STORMS AND FREEZING TEMPERATU RES INCLUDED IN THE WARM CENTER ARE COTS, HOT BEVERAGES, HAND WARMERS AND MAGAZINES CREAT ING EDUCATIONAL OPPORTUNITIES GREENWICH HOSPITAL THROUGH A JOINT EFFORT WITH HIGH SCHOOLS IN PORT CHESTER AND GREENWICH PROVIDED AN EDUCATIONAL PROGRAM INTRODUCING STUDENTS TO HEAL TH CARE CAREER OPPORTUNITIES A TOTAL OF 27 STUDENTS PARTICIPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFILLING HEALTH CARE CAREERS THE A FTER-SCHOOL PROGRAM WAS HELD OVER FOUR WEEKS AND INCLUDED A TOUR OF GREENWICH HOSPITAL AND ITS JOHN AND ANDREA FRANK SYN APSE SIMULATION CENTER THE SIMULATION CENTER OFFERS HANDS- ON TRAINING USING A HIGH-FIDELITY MANNEQUIN THAT CAN SPEAK AND RESPOND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT AS PART OF SUMMER EDUCATION PROGRAMS, 14 SUMMER INTERN STUDENTS FROM THE OPEN DOOR FAMILY MEDICAL CENTER IN PORT

Identifier	ReturnReference	Explanation
		CHESTER, NY, AND 15 STUDENTS FROM COMMUNITY CENTERS, INC , (CCI) IN GREENWICH, SPENT THE D AY AT THE HOSPITAL LEARNING ABOUT VARIOUS HEALTH CARE CAREERS GREENWICH HOSPITAL ALSO PROV IDED MIDDLE AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO GET AN IN-DEPTH LOOK INTO VARIOUS HEALTH CARE CAREERS THROUGH AN AFTER-SCHOOL PROGRAM SPONSORED IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA'S GREENWICH CHAPTER WHILE TOURING THE HOSPITAL, PARTICIPANTS LEARNED AB OUT A VARIETY OF HOSPITAL SETTINGS AND SPOKE WITH PROFESSIONALS IN THE MEDICAL FIELD

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY $13 2 MILLION AND $13 0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS $8 1 MILLION AND $9 2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT CHARGES, WAS $14 0 MILLION AND $9 3 MILLION, RESPECTIVELY THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, THE HOSPITAL RECEIVED $4 6 MILLION AND $1 9 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY $2 8 MILLION AND $1 3 MILLION WAS RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF $12 1 MILLION AND $3 0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Identifier	ReturnReference	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 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI

Identifier	ReturnReference	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 IS ELIGIBLE FOR HOSPITAL BED FUNDS, FREE OR REDUCED PRICE HOSPITAL SERVICES, OR ANY OTHER PROGRAM WHICH WOULD RESULT IN THE ELIMINATION OF LIABILITY FOR THE DEBT OR REDUCTION IN THE AMOUNT OF SUCH LIABILITY, THE HOSPITAL OR COLLECTION AGENT WILL PROMPTLY DISCONTINUE COLLECTION EFFORTS AND, IF A COLLECTION AGENT, REFERS THE ACCOUNT BACK TO THE HOSPITAL FOR DETERMINATION OF ELIGIBILITY THE COLLECTION EFFORT WILL NOT RESUME UNTIL SUCH DETERMINATION IS MADE

Identifier	ReturnReference	Explanation
GREENWICH HOSPITAL		PART V, SECTION B, LINE 19D ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED - THE CHARGES ARE ADJUSTED OFF THE ACCOUNT

Identifier	ReturnReference	Explanation
GREENWICH HOSPITAL		PART V, SECTION B, LINE 21 ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED - THE CHARGES ARE ADJUSTED OFF THE ACCOUNT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 GREENWICH HOSPITAL (GH) IS A 206-BED (INCLUDING BASSINETS) REGIONAL HOSPI TAL, 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 HAV EN HEALTH SYSTEM SINCE OPENING IN 1903, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY GREENWICH HO SPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DI AGNOSTIC AND WELLNESS PROGRAMS GREENWICH HOSPITAL IS A COMMUNITY HOSPITAL DEDICATED TO PRO VIDING QUALITY, VALUE DRIVEN HEALTH CARE INDIVIDUALS WITHIN THE COMMUNITIES SERVED BY GRE ENWICH HOSPITAL ARE ASSURED ACCESS TO QUALITY HEALTH CARE REGARDLESS OF 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 FAIRFIELD COUNTY, CT AND WESTCHESTER COUNTY, NY REPRESENT A WIDE SPECTRUM OF SOCIOECONOMIC GROUPINGS THE CLOSING OF TWO WESTCHESTER C OUNTY HOSPITALS (UNITED HOSPITAL MEDICAL CENTER AND SAINT AGNES HOSPITAL) HAS HAD A PROFOU ND EFFECT ON BOTH INCREASED VOLUME AND UNCOMPENSATED CARE AT THE HOSPITAL THE GREENWICH HO SPITAL BOARD OF TRUSTEES IS DIRECTLY INVOLVED IN COMMUNITY BENEFITS THROUGH A SUBCOMMITTEE CALLED THE COMMUNITY ADVISORY COMMITTEE (CAC) A BOARD OF TRUSTEES MEMBER CHAIRS THE CAC, WHICH MEETS QUARTERLY TO DISCUSS THE COMMUNITY BENEFIT STRATEGY AS WELL AS SPECIFIC COMMU NITY OUTREACH ACTIVITIES BASED ON IDENTIFIED NEEDS THE CAC INCLUDES 30 MEMBERS WHO REPRES ENT A VARIETY OF COMMUNITY ORGANIZATIONS SUCH AS THE UNITED WAY, YMCA, YWCA, HOUSES OF WOR SHIP, LOCAL MUNICIPAL HEALTH DEPARTMENTS, HISPANIC HEALTH COUNCIL, FAMILY CENTERS, NATIONA L ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, COUNCIL OF COMMUNITY SERVICES, HOUSIN G AUTHORITIES OF GREENWICH AND PORT CHESTER AND OTHER PRIVATE AND CORPORATE GROUPS THE PR ESIDENT AND CHIEF EXECUTIVE OFFICER OF GREENWICH HOSPITAL AND SEVERAL OTHER SENIOR LEVEL A DMINISTRATORS REGULARLY ATTEND CAC MEETINGS THE CAC CHAIRMAN PROVIDES UPDATES ON COMMUNIT Y BENEFIT PROGRAMS AT BOARD OF TRUSTEES MEETINGS THE CAC ESTABLISHED THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) IN 2003 TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY AS PAR T OF ITS CENTENNIAL CELEBRATION, THE HOSPITAL, UNDER THE DIRECTION OF CAC, CONDUCTED A COM PREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT QUANTITATIVE DATA WERE COLLECTED THROUGH A 6 5 QUESTION CUSTOMIZED GENERAL POPULATION SURVEY THREE THOUSAND SURVEYS WERE MAILED, AND O NE THOUSAND FOUR HUNDRED TWENTY-ONE SURVEYS WERE COMPLETED THE SURVEY WAS ALSO TRANSLATED INTO SPANISH TO OBTAIN INFORMATION FROM THE GROWING LATINO COMMUNITY QUALITATIVE DATA WE RE COLLECTED THROUGH COMMUNITY DISCUSSION GROUPS TARGETING SPECIFIC AUDIENCES (MENTAL HEAL TH PROVIDERS, SENIOR SERVICE PROVIDERS, SERVICE AGENCIES, ETC) OVER 250 PEOPLE ATTENDED ONE OF THE TWENTY OPEN DISCUSSION GROUPS THE CHIP AND THE CAC SET THE FOLLOWING GOALS FOLL OWING THE 2003 COMMUNITY HEALTH NEEDS ASSESSMENTS THE TARGETS INCLUDED A EXPANDING DENTA L HEALTH SERVICES FOR THE UNINSUREDB EXPANDING MENTAL HEALTH EDUCATIONAL PROGRAMS AND SERV ICESC INCREASING ACCESS TO SERVICES FOR VULNERABLE POPULATIONSD PROVIDING TARGETED SERVICE S TO PEOPLE WITH LOWER LEVELS OF HEALTH LITERACY (E G , INDIVIDUALS FROM OTHER COUNTRIES, ETC)E CREATING A DIRECTORY OF COMMUNITY SERVICES AND PROGRAMSF PROMOTING COLLABORATIVE OP PORTUNITIES AND ACTIVITIES BETWEEN HEALTHCARE PROVIDERS AND SERVICES DATA COLLECTED THROU GH THE ASSESSMENT WERE REPORTED TO THE COMMUNITY THROUGH A HEALTH SUMMIT HELD AT THE LOCAL LIBRARY OVER ONE HUNDRED PEOPLE ATTENDED THE EVENT THE COMMUNITY HEALTH IMPROVEMENT PAR TNERSHIP (CHIP) CONTINUES TO MEET MONTHLY AND ADDRESSES HEALTH EDUCATION, HEALTH AND WELLN ESS PROMOTION, AND ACCESS TO HEALTHCARE THE MEMBERS OF THE CHIP ARE REPRESENTATIVES AND M EMBERS OF THE DEPARTMENT OF HEALTH, DEPARTMENT OF SOCIAL SERVICES, THE UNITED WAY, NUMEROU S SOCIAL SERVICES ORGANIZATIONS, BOARD OF EDUCATION, PTA, LEAGUE OF WOMEN'S VOTERS, GREENW ICH HOUSING AUTHORITY, CHILD GUIDANCE CENTERS, GREENWICH POLICE DEPARTMENT, FAMILY CENTERS , INC , PATHWAYS AND INTERESTED COMMUNITY MEMBERS THIS IS A VERY DIVERSE COLLABORATIVE GR OUP COMPOSED OF PROFESSIONALS AND LAYPEOPLE THAT HAVE A VESTED INTEREST IN THE HEALTH OF T HEIR COMMUNITIES ATTAINING THE GOALS DEFINED BY THE NEEDS ASSESSMENT IS POSSIBLE THROUGH C OLLABORATIVE EFFORTS AND RELATIONSHIPS THAT HAVE BEEN ESTABLISHED AND BUILT BETWEEN THE HO SPITAL AND COMMUNITY GROUPS SOME OF THE OTHER COMMUNITY PARTNERS THAT PROVIDE NEEDS ASSES SMENT DATA AND INFORMATION THAT IS UTILIZED IN PLANNING HEALTH PROGRAMS TO MEET THE NEEDS OF THE COMMUNITY INCLUDE THE HISPANIC HEALTH COUNCIL, THE COUNCIL OF COMMUNITY SERVICES, T HE LOCAL FEDERALLY QUALIFIED HEALTH CENTERS, MUNICIPAL DEPARTMENTS OF HEALTH, SCHOOLS, LIB RARIES, HOUSES OF WORSHIP, PARENT GROUPS, PTA, SEN

Identifier	ReturnReference	Explanation
		IOR SERVICES AND VARIOUS COMMUNITY SERVICE ORGANIZATIONS THE HOSPITAL PROVIDES STAFF AND FINANCIAL SUPPORT FOR THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP WHICH CONDUCTS INFORMAL HEALTH ASSESSMENTS VIA THE COMMUNICATION AND REPORTING BY THE MEMBERS OF THE PARTNERSHIP OVER THE LAST SEVERAL YEARS, THE CHIP HAS IMPLEMENTED OVER 75 HEALTH INITIATIVES THAT BEN EFIT THE COMMUNITY CHIP MEETINGS ARE HELD MONTHLY DURING FY 2012, GREENWICH HOSPITAL INTE RVIEWED VARIOUS CONSULTING FIRMS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ASSIST WITH THE DEVELOPMENT OF IMPLEMENTATION STRATEGIES A CONSULTING FIRM WAS ENGAGED IN LATE AUGUST AND A WORK PLAN DEVELOPED FOR FY 2013 THIS EFFORT WILL BUILD UPON EXISTING DATA AN D ASSESSMENTS PROVIDED BY EXTERNAL AGENCIES AND ORGANIZATIONS THROUGH FOCUS GROUPS AND STA KEHOLDER INTERVIEWS

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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 GREENWICH HOSPITAL (GH) IS A 206-BED (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 GEOGRAPHIC AREA SERVED BY GREENWICH HOSPITAL INCLUDES THE CONNECTICUT TOWNS OF GREENWICH, DARIEN, NEW CANAAN AND STAMFORD AS WELL AS THE NEW YORK TOWNS OF PORT CHESTER, RYE, HARRISON, LARCHMONT AND MAMARONECK APPROXIMATELY 29% OF HOUSEHOLDS HAVE INCOMES LESS THAN $50,000 WHILE 42% OF HOUSEHOLDS HAVE INCOMES BETWEEN $50,000 AND $150,000 AND THE REMAINING 29% OF HOUSEHOLDS HAVE INCOMES GREATER THAN $150,000 THE SECONDARY GEOGRAPHIC COVERAGE AREA OF THE HOSPITAL ENCOMPASSES A WIDE RANGE OF TOWNS INCLUDING NORWALK, WESTON, WESTPORT AND WILTON IN CONNECTICUT AND ARMONK, BEDFORD, HARTSDALE, KATONAH, MOUNT KISCO, MOUNT VERNON, NEW ROCHELLE, POUND RIDGE, PURCHASE, SCARSDALE, SOUTH SALEM, WEST HARRISON, AND WHITE PLAINS IN NEW YORK SEVERAL NON-PROFIT HOSPITALS ARE LOCATED IN THE AREA INCLUDING STAMFORD HOSPITAL AND NORWALK HOSPITAL IN CONNECTICUT IN ADDITION TO WHITE PLAINS HOSPITAL, WESTCHESTER MEDICAL CENTER 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 2012, THERE WERE 43,587 VISITS TO THE HOSPITAL'S EMERGENCY DEPARTMENT OF WHICH 7,663 BECAME INPATIENTS AND 35,924 WERE OUTPATIENTS ONLY IN THAT SAME FISCAL YEAR, THE HOSPITAL'S INPATIENT VOLUME CONSISTED OF A DIVERSE PAYER MIX WITH 6 PERCENT MEDICAID PATIENTS, 38 PERCENT MEDICARE PATIENTS, 53 PERCENT MANAGED CARE/COMMERCIAL PATIENTS AND 3 PERCENT SELF PAY OR OTHER PATIENTS THE HIGH QUALITY OF CARE COUPLED WITH GREENWICH HOSPITAL'S CONVENIENT LOCATION, ARE SOME OF THE MANY REASONS PATIENTS CHOOSE TO BE TREATED HERE

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSP ITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE THAN 1 3,000 INPATIENT DISCHARGES AND 2,300 BIRTHS A YEAR THE HOSPITAL OFFERS A WIDE RANGE OF ME DICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS, AS WELL AS MEDICA L INNOVATIONS FROM ROBOTIC SURGERY TO SOPHISTICATED DIAGNOSTIC IMAGING TO NATIONAL CLINICA L TRIALS IT IS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE AND A MEM BER OF THE YALE NEW HAVEN HEALTH SYSTEM THE STATE-OF-THE-ART MAIN CAMPUS INCLUDES THE HELM SLEY MEDICAL BUILDING AND WATSON PAVILION OTHER SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M AND HARRY B HELMSLEY AMBULATORY ME DICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITA L DIAGNOSTIC CENTER IN STAMFORD AS A COMMUNITY HEALTH CARE SERVICES PROVIDER, GREENWICH HO SPITAL REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH AND OTHER IN NOVATIVE SERVICES DURING FISCAL YEAR 2012, GREENWICH HOSPITAL MANAGED $25 1 MILLION IN FI NANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND C REATING HEALTHIER COMMUNITIES A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREV IOUSLY DISCUSSED IN RESPONSE TO QUESTION 5 GUARANTEEING ACCESS TO CAREGREENWICH HOSPITAL (GH) RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE IN FY 2012, THE TOTAL COMMUNITY BENEF IT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS $20 6 MILLION HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRA MS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE DURING FY 2012, GH PROVIDED SER VICES FOR 21,500 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF $11 1 MILLION (AT COST) ADD ITIONALLY, THE HOSPITAL ASSISTED OVER 1,200 CONNECTICUT AND NEW YORK PATIENTS WITH MEDICAI D APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FY 2012 GH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS DURING FY 2012, THE HOSPITA L DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF $8 1 MILLION (AT COST) ALSO DURING FY 2012, HOSPITAL STAFF DISTRIBUTED NEARLY 2,000 APPLICATIONS FOR HOSPI TAL FREE BED FUNDS THAT RESULTED IN FREE CARE OF NEARLY $1 8 MILLION THE FUNDS WERE DONAT ED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE USED FOR FINANCIAL ASSISTANCE TO P ATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARDSHIP GREENWICH H OSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID SUBSIDIZED HEALTH SERVICES INCLUDE THE OUTPATIENT CENTER'S MEDICAL (INCLUDING DIABETES) AND BEHAVIORAL HEALTH CLINICS EACH YEAR, MORE THAN 5,000 ADULTS AND CHILDREN VISIT THE OUTPATIENT CENTER AND PEDIATRIC OUTPATIENT CENTER FOR DIAGNOSIS, TREATMENT AND PREVENTIVE CARE GREENWICH HOSPITAL WAS ONCE AGAIN THE BENEFICIAR Y OF A GRANT FROM THE BREAST CANCER ALLIANCE TO PROVIDE FUNDING FOR FREE SCREENING AND DIA GNOSTIC MAMMOGRAM SERVICES FOR WOMEN WHO ARE UNINSURED OR UNDERINSURED IN CALENDAR YEAR 2 012, 191 UNINSURED WOMEN RECEIVED FREE SCREENING MAMMOGRAMS AMONG THE WOMEN NEEDING FURTH ER TESTING, 22 HAD FREE UNILATERAL DIAGNOSTIC MAMMOGRAMS, 7 HAD FREE BILATERAL DIAGNOSTIC MAMMOGRAMS AND 27 RECEIVED FREE ULTRASOUND EXAMINATIONS IN ADDITION, 131 NEWLY DIAGNOSED BREAST CANCER PATIENTS RECEIVED EDUCATION RESOURCE NOTEBOOKS WITH INFORMATION ABOUT LOCAL SUPPORT AND CANCER RESOURCES THAT CAN PROVIDE ASSISTANCE PROMOTING HEALTH AND WELLNESSDURI NG FY 2012, GREENWICH HOSPITAL PROVIDED $967,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS EXAMPLES OF THESE IM PORTANT SERVICES AND PROGRAMS, MANY IN COLLABORATION WITH OTHER ORGANIZATIONS, ARE PROVIDE D BELOW THE HOSPITAL LED COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, WHICH MEETS MONTHLY TO IDENTIFY COMMUNITY NEEDS AND IMPLEMENT HEALTH PROGRAMS ORGANIZED A HEALTH AND WELLNESS FAI R, WHICH WAS HELD AT THE HAMILTON AVENUE SCHOOL IN COLLABORATION WITH COMMUNITY PARTNERS, INCLUDING THE UNITED WAY, GREENWICH EMERGENCY MEDICAL SERVICE, GREENWICH POLICE DEPARTMENT , GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH ALLIANCE, FAMILY CENTER AND THE HOUSING AU THORITY OF THE TOWN OF GREENWICH MORE THAN 300 PEOPLE RECEIVED FREE HEALTH SCREENINGS AND INFORMATION ON COMMUNITY RESOURCES ANOTHER EVENT COORDINATED THROUGH THE COMMUNITY HEALT H IMPROVEMENT PARTNERSHIP WAS, "NO KIDDING! ME, TOO!", HELD AT THE GREENWICH LIBRARY AND H OSTED BY JOE PANTOLIANO, EMMY-AWARD WINNING ACTOR,

Identifier	ReturnReference	Explanation
		WRITER AND DIRECTOR IN THIS DOCUMENTARY FILM, MR PANTIOLIANO INTERVIEWS PEOPLE WHO ARE AFFECTED BY MENTAL ILLNESS THE FILM WAS CREATED TO HELP REDUCE THE STIGMA OF MENTAL ILLNE SS FOLLOWING THE SHOWING, A PANEL OF MENTAL HEALTH PROVIDERS INCLUDING A PSYCHIATRIST FRO M GREENWICH HOSPITAL, A PSYCHOLOGIST FROM GREENWICH HIGH SCHOOL, A FAMILY THERAPIST FROM T HE CHILD GUIDANCE CENTER AND TWO YOUNG ADULTS AFFLICTED WITH MENTAL ILLNESS SHARED THEIR O WN BATTLES WITH THIS DISEASE OVER 250 MEMBERS OF THE COMMUNITY ATTENDED THE EVENT IN 201 2, THROUGH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, GREENWICH HOSPITAL SPONSORED MENT AL HEALTH FIRST AID, A NATIONWIDE PUBLIC EDUCATION PROGRAM THAT HELPS PEOPLE IDENTIFY AND RESPOND TO SIGNS OF MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS THE 12-HOUR CERTIFICATE COURSE, WHICH WAS OFFERED IN PARTNERSHIP WITH THE TOWN OF GREENWICH, COVERS RISK FACTORS A ND WARNING SIGNS OF MENTAL HEALTH PROBLEMS, AS WELL AS THEIR IMPACT AND COMMON TREATMENTS IT HAS BENEFITED A VARIETY OF AUDIENCES, INCLUDING PRIMARY CARE PROFESSIONALS, EMPLOYERS AND BUSINESS LEADERS, FAITH COMMUNITIES, SCHOOL PERSONNEL AND EDUCATORS, NURSING HOME STAF F, VOLUNTEERS AND FAMILIES THIRTY-TWO MEMBERS OF THE COMMUNITY ATTENDED THE TWO-DAY PROGR AM AS THE HOSPITAL'S OUTREACH DEPARTMENT, COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMU NITY HEALTH OF FAIRCHESTER ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES IN CONNECTICUT AND NEW YORK BOTH ENTITIES MAINTAIN A STRONG COMMUNITY PRESENCE THROUGH ITS N UMEROUS PARTNERSHIPS WITH THE YALE NEW HAVEN HEALTH SYSTEM, LOCAL AND REGIONAL COMMUNITY O RGANIZATIONS, SCHOOLS, GOVERNMENT AGENCIES, CORPORATIONS AND OTHER GREENWICH HOSPITAL DEPA RTMENTS CH@GH AND CHF SUPPORT THE HOSPITAL'S MISSION TO PROVIDE A FULL CONTINUUM OF CARE BY OFFERING INNOVATIVE HEALTH SCREENINGS, SPEAKERS, SUPPORT GROUPS, SCHOOL PROGRAMS, HEALT H EDUCATION AND WELLNESS PROGRAMS DESIGNED TO PROMOTE HEALTH AND INCREASE ACCESS TO HEALTH CARE SERVICES GREENWICH HOSPITAL PARTICIPATED IN MORE THAN 36 HEALTH FAIRS REACHING AN EST IMATED 10,000 PEOPLE AT VARIOUS COMMUNITY SITES WITH THE GOAL OF INCREASING PEOPLE'S KNOWL EDGE AND HEALTH LITERACY THE FAIRS WERE HELD AT SCHOOLS, MULTI-HOUSING DEVELOPMENTS, HOUS ES OF WORSHIP, PARKS, YOUTH AND SENIOR CENTERS IN WESTCHESTER AND FAIRFIELD COUNTIES PART ICIPANTS RECEIVED INFORMATION AND EDUCATION ABOUT EXERCISE, HEALTHY HABITS/BEHAVIORS, HAND WASHING/HYGIENE, IMMUNIZATION, HEALTH SCREENINGS, SUN SAFETY, CHOLESTEROL, STROKE, WEIGHT MANAGEMENT, NUTRITION, BREAST SELF-EXAMS, SMOKING CESSATION AND MORE HOSPITAL STAFF ALSO OFFERED FREE BLOOD PRESSURE AND METABOLIC SCREENINGS ALONG WITH EDUCATIONAL COUNSELING ON HEALTHY LIVING THE HOSPITAL ALSO PROVIDED MORE THAN 200 INDIVIDUALS WITH INFORMATION FRO M VENDORS SPECIALIZING IN DIABETIC CARE AND CONDUCTED FREE DIABETES-RELATED HEALTH SCREENI NGS THE GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH COMMISSION ON AGING AND GREENWICH H OSPITAL SPONSORED AN ANNUAL SENIOR HEALTH, WHICH OFFERED FREE HEALTH EDUCATION, SCREENINGS AND RESOURCE REFERRALS TO MORE THAN 400 OLDER ADULTS IN ADDITION, 62 FREE CHOLESTEROL SC REENINGS WERE CONDUCTED AT THE EVENT COMMUNITY HEALTH OF FAIRCHESTER ALSO PARTICIPATED IN THE WESTCHESTER COUNTY SALUTE TO SENIORS PROGRAM IN WHITE PLAINS, WHICH DREW MORE THAN 50 0 AREA RESIDENTS GREENWICH HOSPITAL THROUGH THE NURSE IS IN PROGRAM, PROVIDED FREE BLOOD P RESSURE SCREENINGS AND HEALTH COUNSELING TO 5,358 PEOPLE AT LOCAL LIBRARIES, YMCAS AND SEN IOR CENTERS IN CONNECTICUT AND NEW YORK AN ADDITIONAL 2,790 FREE BLOOD PRESSURE SCREENING S WERE CONDUCTED AT OTHER COMMUNITY SITES THE HOSPITAL'S PARISH NURSE PROGRAM, A PARTNERS HIP WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH, PROVIDES MORE THAN 2,000 CHURCH MEM BERS WITH HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS, FLU SHOTS AND SCREENINGS ALL CONDUCTE D OR COORDINATED BY A REGISTERED NURSE

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 DURING FY 2012, GREENWICH HOSPITAL RECEIVED VARIOUS AWARDS AND RECOGNITION INCLUDING THE 2012 JOHN D THOMPSON AWARD FOR "EXCELLENCE IN DELIVERY OF HEALTHCARE THROUGH THE USE OF DATA", BY THE CONNECTICUT HOSPITAL ASSOCIATION, A 2012 MERIT AWARD FROM THE U S ENVIRONMENTAL PROTECTION AGENCY FOR CREATING "HEALING RAIN GARDENS" THAT REDUCE POLLUTION AND PROMOTE A HEALTHY ENVIRONMENT FOR PATIENTS IT WAS ONE OF JUST TWO NEW ENGLAND HOSPITALS TO BE HONORED WITH THE AWARD THE HOSPITAL ALSO RECEIVED TWO AWARDS FROM THE CONNECTICUT QUALITY IMPROVEMENT AWARD PARTNERSHIP - GOLD AWARD FOR ITS MULTIMODAL ANALGESIC REGIME FOR JOINT REPLACEMENT SURGERY AND A SILVER AWARD FOR "IMPACT OF SUBTLE COGNITIVE DEFICITS ON READMISSIONS" GREENWICH HOSPITAL WAS ALSO RECOGNIZED WITH THE "GET WITH THE GUIDELINES" STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION, WHICH RECOGNIZES THE HOSPITAL'S COMMITMENT TO IMPLEMENTING A HIGHER STANDARD OF STROKE CARE BY ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARDS AND RECOMMENDATIONS THE HOSPITAL'S SIMULATION CENTER ADDED ADDITIONAL TRAINING TOOLS IN FY 2012 THE YALE NEW HAVEN HEALTH SYSTEM SUPPORTED CENTER FEATURES A SIMULATED INPATIENT HOSPITAL ROOM AND REALISTIC, HIGH-FIDELITY "PATIENTS" THAT CAN BE PROGRAMMED TO BREATHE, SPEAK, BLINK, SWEAT, BLEED AND RESPOND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT THIS TYPE OF MEDICAL SIMULATION IS BENEFICIAL TO STAFF AND EDUCATORS AND IS AN INTEGRAL TOOL IN MEDICAL EDUCATION IN FY 2012, AN INFANT MANNEQUIN WAS ADDED AND USED DURING MONTHLY PEDIATRIC SIMULATION DRILLS GREENWICH HOSPITAL CONTINUED TO BE DEFINED BY ITS SERVICE EXCELLENCE ENVIRONMENT IN JULY, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RELEASED THE NEXT SET OF HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) RESULTS FOR THE TIME PERIOD OF OCTOBER 2010 TO SEPTEMBER 2011 HCAHPS IS THE SURVEY THAT MEASURES TEN AREAS OF INPATIENT PERCEPTIONS OF CARE THE HOSPITAL SCORED WELL, WITH EIGHT MEASURES ABOVE THE NEW YORK AND CONNECTICUT AVERAGES AND SIX MEASURES ABOVE THE NATIONAL AVERAGE AMONG ALL CONNECTICUT HOSPITALS, PATIENTS RATED GREENWICH HOSPITAL THE HIGHEST IN "OVERALL RATING " AND "WILLINGNESS TO RECOMMEND TO OTHERS" YALE NEW HAVEN HEALTH SYSTEM WAS NAMED "MOST WIRED" BY HOSPITALS AND HEALTH NETWORKS THE AWARD RECOGNIZES HEALTH SYSTEMS AND HOSPITALS AS BEING AMONG THE TOP HOSPITALS NATIONALLY TO HAVE INVESTED IN AND SUCCESSFULLY LEVERAGED LEADING-EDGE TECHNOLOGY IN THE AREAS OF SAFETY AND QUALITY, CUSTOMER SERVICE, PUBLIC HEALTH AND SAFETY, WORKFORCE MANAGEMENT AND BUSINESS PROCESSES IN FY 2012, GREENWICH HOSPITAL BECAME THE FIRST YALE NEW HAVEN HEALTH SYSTEM HOSPITAL TO IMPLEMENT EPIC THE EPIC SYSTEM ALLOWS CAREGIVERS TO PROVIDE ONE STANDARD OF CARE ACROSS THE SYSTEM THAT IS SAFER, MORE EFFECTIVE AND EFFICIENT, AND WILL IMPROVE PATIENT OUTCOMES IN PREPARATION FOR "GO LIVE", HUNDREDS OF PHYSICIANS, NURSES, PHYSICIAN ASSISTANCES, PHARMACISTS, TECHNICIANS, THERAPISTS, NURSING ASSISTANTS, UNIT SECRETARIES, AND OTHERS PARTICIPATED IN MORE THAN 20,000 HOURS OF TRAINING COMMUNITY MEMBERS UTILIZE GREENWICH HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING IN FY 2012, 754 ADULT AND JUNIOR VOLUNTEERS DEDICATED A TOTAL OF 63,300 SERVICE HOURS TO THE HOSPITAL VOLUNTEERS WERE PLACED IN MANY PATIENTS AND NON PATIENT AREAS INCLUDING THE ED, PATIENT TRANSPORT/ESCORT, ONCOLOGY, SURGERY, PAIN MANAGEMENT, MATERNITY, NICU, HUMAN RESOURCES AND INFORMATION SERVICES IN FY 2012, THE GREENWICH HOSPITAL AUXILIARY CONTINUED TO SUPPORT THE HOSPITAL'S EFFORTS AND THOSE OF THE COMMUNITY EXAMPLES INCLUDE A THREE-YEAR FINANCIAL COMMITMENT BY THE AUXILIARY TO NORWALK COMMUNITY COLLEGE TO BUILD A STATE-OF-THE-ART NURSES TRAINING CENTER AND FOUR $1,000 SCHOLARSHIPS PROVIDED TO GREENWICH HIGH SCHOOL SENIORS PURSING STUDIES IN HEALTH CARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL 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 NETWORK'S 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
REPORTS FILED WITH STATES	PART VI, LINE 7	CT

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 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 DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB
GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB
GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB
GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB
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GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB
GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB
GREENWICH HOSPITAL DIAGNOSTIC CENT 2015 WEST MAIN ST 302 STAMFORD,CT 06902	DI / LAB

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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) YWCA OF GREENWICH 259 E PUTNAM AVENUE GREENWICH,CT 06830	06-0646992	C-3	11,950				SUPPORT ORGANIZATION
(2) ED RANDALL'S FANS 4 A CURE120 W 45TH ST FL17 NEW YORK,NY 10036	06-1696245	C-3	5,000				SUPPORT ORGANIZATION
(3) BREAST CANCER ALLIANCE48 MAPLE AVENUE GREENWICH,CT 06830	06-1453500	C-3	5,000				SUPPORT ORGANIZATION
(4) AMERICAN CANCER SOCIETY372 DANBURY ROAD WILTON,CT 06897	13-1788491	C-3	10,000				SUPPORT ORGANIZATION
(5) SACRED HEART UNIVERSITY5151 PARK AVENUE FAIRFIELD,CT 06825	06-0776644	C-3	5,000				SUPPORT ORGANIZATION
(6) VILLAGE OF RYE BROOK938 KING STREET RYE BROOK,NY 10573	13-3830232	C-3	5,000				SUPPORT ORGANIZATION
(7) GREENWICH UNITED WAY1 LAFAYETTE COURT GREENWICH,CT 06830	06-0646578	C-3	1,000				SUPPORT ORGANIZATION
(8) RED RIBBON FOUNDATION270 GREENWICH AVENUE GREENWICH,CT 06830	06-1427158	C-3	5,000				SUPPORT ORGANIZATION
(9) STAMFORD HOSPITAL 166 W BROAD STREET STAMFORD,CT 06904	06-0646917	C-3	6,000				SUPPORT ORGANIZATION
(10) GEMS111 E PUTNAM AVE RIVERSIDE,CT 06878	22-2721171	C-3	91,000				SUPPORT ORGANIZATION
(11) ONS FOUNDATION6 GREENWICH OFFICE PARK GREENWICH,CT 06831	26-1394760	C-3	50,000				SUPPORT ORGANIZATION

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS - NONE OF THE AMOUNT REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR MISSION

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
YWCA OF GREENWICH259 E PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	C-3	11,950				SUPPORT ORGANIZATION
ED RANDALL'S FANS 4 A CURE 120 W 45TH ST FL17 NEW YORK, NY 10036	06-1696245	C-3	5,000				SUPPORT ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BREAST CANCER ALLIANCE48 MAPLE AVENUE GREENWICH,CT 06830	06-1453500	C-3	5,000				SUPPORT ORGANIZATION
AMERICAN CANCER SOCIETY 372 DANBURY ROAD WILTON,CT 06897	13-1788491	C-3	10,000				SUPPORT ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SACRED HEART UNIVERSITY5151 PARK AVENUE FAIRFIELD,CT 06825	06-0776644	C-3	5,000				SUPPORT ORGANIZATION
VILLAGE OF RYE BROOK938 KING STREET RYE BROOK,NY 10573	13-3830232	C-3	5,000				SUPPORT ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GREENWICH UNITED WAY1 LAFAYETTE COURT GREENWICH,CT 06830	06-0646578	C-3	1,000				SUPPORT ORGANIZATION
RED RIBBON FOUNDATION270 GREENWICH AVENUE GREENWICH,CT 06830	06-1427158	C-3	5,000				SUPPORT ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
STAMFORD HOSPITAL166 W BROAD STREET STAMFORD,CT 06904	06-0646917	C-3	6,000				SUPPORT ORGANIZATION
GEMS111 E PUTNAM AVE RIVERSIDE,CT 06878	22-2721171	C-3	91,000				SUPPORT ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ONS FOUNDATION 6 GREENWICH OFFICE PARK GREENWICH, CT 06831	26-1394760	C-3	50,000				SUPPORT ORGANIZATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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?	**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 Schedule J-1 if additional space needed.

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

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

(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								

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
	PART I, LINE 4B	PART I, LINE 4B SEVERENCE NONQUALIFIED EQUITY-BASED EUGENE COLUCCI $0 $71,760 $0 NANCY LEVITT-ROSENTHAL $0 $54,272 $0 MELISSA TURNER $0 $40,416 $0 THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2011 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2011 CALENDAR YEAR FORM W-2S FRANK CORVINO $ 261,824 QUINTON FRIESEN $ 173,947 GAYLE CAPOZZALO $ 294,699 VICKI ALTMEYER $ 17,772 RICHARD EISEN $ 8,630 STEPHEN GRAY $ 25,566 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)
	PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES
SUPPLEMENTAL INFORMATION	PART III	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 2011 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2011 CALENDAR YEAR FORM W-2S FRANK CORVINO $ 261,824 QUINTON FRIESEN $ 173,947 GAYLE CAPOZZALO $ 294,699 VICKI ALTMEYER $ 17,772 RICHARD EISEN $ 8,630 STEPHEN GRAY $ 25,566 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	(I)	711,944	259,250	331,455	121,723	19,815	1,444,187	402
	(II)	79,105	28,806	36,828	13,525	2,202	160,466	45
GAYLE L CAPOZZALO	(I)	0	0	0	0	0	0	0
	(II)	611,828	225,236	380,455	140,600	62,969	1,421,088	0
EUGENE J COLUCCI	(I)	241,268	66,789	42,653	94,741	14,053	459,504	1,395
	(II)	136,718	37,847	24,170	53,686	7,964	260,385	791
QUINTON J FRIESEN	(I)	373,815	101,376	235,827	73,767	22,384	807,169	0
	(II)	0	0	0	0	0	0	0
SUSAN BROWN	(I)	276,379	43,607	0	0	50,952	370,938	0
	(II)	0	0	0	0	0	0	0
NANCY LEVITT-ROSENTHAL	(I)	291,174	76,828	36,812	114,178	1,271	520,263	11,745
	(II)	0	0	0	0	0	0	0
MELISSA TURNER	(I)	120,414	31,886	25,809	53,968	17,609	249,686	0
	(II)	72,248	19,132	15,485	32,381	10,566	149,812	0
CHRISTINE BEECHNER	(I)	123,897	16,623	6,710	0	33,780	181,010	3,124
	(II)	0	0	0	0	0	0	0
STEPHEN CARBERY	(I)	177,320	33,173	22,000	0	50,026	282,519	0
	(II)	0	0	0	0	0	0	0
MARC KOSAK	(I)	182,152	29,110	13,736	0	37,300	262,298	2,353
	(II)	0	0	0	0	0	0	0
GEORGE PAWLUSH	(I)	162,655	39,101	22,000	0	40,944	264,700	0
	(II)	0	0	0	0	0	0	0
BRIAN DORAN MD	(I)	390,948	68,217	16,500	0	36,208	511,873	11,107
	(II)	0	0	0	0	0	0	0
DEBORAH HODYS	(I)	284,699	50,402	16,500	0	37,175	388,776	2,424
	(II)	0	0	0	0	0	0	0
STEPHEN GRAY	(I)	492,898	47,814	19,510	0	48,573	608,795	17,177
	(II)	0	0	0	0	0	0	0
VICKI ALTMEYER	(I)	453,215	38,042	22,000	0	49,140	562,397	2,006
	(II)	0	0	0	0	0	0	0
RICHARD EISEN	(I)	467,023	28,406	21,259	0	63,063	579,751	0
	(II)	0	0	0	0	0	0	0
ERIC DIAMOND	(I)	473,933	0	22,000	0	54,709	550,642	0
	(II)	0	0	0	0	0	0	0
MARVIN LIPSCHUTZ MD	(I)	383,139	75,220	3,972	0	29,948	492,279	0
	(II)	0	0	0	0	0	0	0

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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

2011

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	REFINANCE 4/3/2006 (SERIES B) BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	53,630,000			
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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 770 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	1 460 %							
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
PART III, LINE 3C		THE ORGANIZATION HAS IN-HOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS IN-HOUSE COUNSEL CONSULT WITH THE HOSPITAL'S OUTSIDE BOND COUNSEL AS NEEDED, INCLUDING ON NON-ROUTINE ISSUES

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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

2011

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					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
SCHEDULE L, PART V ADDITIONAL INFORMATION -		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 $445,068 00 NAME OF INTERESTED PERSON ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLCTRUSTEE PAUL APOSTOLIDES IS A MEMBER OF ORTHOPAEDIC & NEUROSURGERY SPECIALISTS, PC, WHICH IS A MEMBER OF ONS ASC, LLC ONS ASC, LLC AND GREENWICH AMBULATORY SURGERY CENTER, LLC (AN AFFILIATE OF THE HOSPITAL) ARE EACH MEMBERS OF A JOINT VENTURE, ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC (THE "JOINT VENTURE") PURSUANT TO AN AGREEMENT BETWEEN THE JOINT VENTURE AND THE HOSPITAL, THE JOINT VENTURE PAYS AN ANNUAL FEE TO THE HOSPITAL FOR THE USE OF FACILITIES, EQUIPMENT, SUPPLIES AND STAFF FOR THE CONDUCT OF THE JOINT VENTURE'S OPERATIONS AMOUNT OF TRANSACTION $1,346,196 91SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR 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 DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION

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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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	9	5,640	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		4,828	FAIR MARKET VALUE
5	Clothing and household goods	X		99,229	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	3	215,781	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	114	34,549	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (VACACTION/AIR/CRUISE)	X	34	150,474	FAIR MARKET VALUE
26	Other ▸ (ACQUARIUM)	X	2	6,393	FAIR MARKET VALUE
27	Other ▸ (PHOTOGRAPHY)	X	29	53,550	FAIR MARKET VALUE
28	Other ▸ (MISCELLANEOUS)	X	330	239,516	FAIR MARKET VALUE

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

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

Part II

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

Identifier	Return Reference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	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 21 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO REASON TO BELIEVE THAT THE REMAINING 2 VOTING MEMBERS ARE NOT INDEPENDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	TRUSTEE WILLIAM R BERKLEY, JR AND OFFICER/TRUSTEE FRANK A CORVINO ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATIONS CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE GREENWICH HEALTH SERVICES, INC , GREENWICH PEDIATRIC SERVICES, P C , AND GREENWICH INTEGRATIVE MEDICINE, P C

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS THE HOSPITAL IS A CONNECTICUT NON-STOCK CORPORATION ITS SOLE MEMBER IS GREENWICH HEALTH CARE SERVICES, INC (''GHCSI''), ITSELF A CONNECTICUT NON-STOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF MEMBERS AND THEIR RIGHTS YALE NEW HAVEN HEALTH SERVICES CORPORATION (YNHHS), THE SOLE MEMBER OF GHCSI (THE HOSPITAL'S SOLE MEMBER), HAS THE AUTHORITY TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AND APPROVE NOMINEES TO THE HOSPITAL'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE HOSPITAL'S BYLAWS AND THAT CERTAIN SYSTEM AFFILIATION AGREEMENT (THE "AFFILIATION AGREEMENT") BY AND AMONG YNHHS, GHCSI AND THE HOSPITAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE HOSPITAL HAS RESERVED POWERS TO BOTH GHCSI AND YNHHS GHCSI GHCSI, IN ITS CAPACITY AS THE SOLE MEMBER OF THE HOSPITAL, HAS ONLY THOSE RIGHTS, POWERS AND PRIVILEGES REQUIRED BY LAW TO BE ACCORDED TO MEMBERS OF A NONSTOCK, NONPROFIT CORPORATION YNHHS IN ACCORDANCE WITH THE HOSPITAL'S BYLAWS AND THE AFFILIATION AGREEMENT, YNHHS HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES VIS-A-VIS THE HOSPITAL (A)TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AT THE PLEASURE OF YNHHS, WHICH DESIGNEE SHALL BE A VOTING MEMBER OF THE EXECUTIVE OR ANY SIMILAR COMMITTEE OF THE HOSPITAL, (B)TO APPROVE THE NOMINEES TO THE BOARD OF TRUSTEES OF THE HOSPITAL IN ACCORDANCE WITH THE PROVISIONS OF SECTION 3 3 OF THE HOSPITAL BYLAWS AND SECTION 4 2 OF THE AFFILIATION AGREEMENT, (C)TO DIRECT THE HOSPITAL BOARD OF TRUSTEES TO REMOVE ANY HOSPITAL TRUSTEE IN ACCORDANCE WITH PROVISIONS OF THE HOSPITAL BYLAWS AND THE AFFILIATION AGREEMENT, (D)TO APPROVE THE HOSPITAL'S ANNUAL OPERATING AND CAPITAL BUDGETS AND STRATEGIC PLANS, AND (E)TO CONSENT TO (I) THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE HOSPITAL'S ASSETS, (II) ANY MERGER OR CONSOLIDATION INVOLVING THE HOSPITAL, (III)ANY CONTRACT TO MANAGE OR ADMINISTER THE HOSPITAL OR ANY SUBSTANTIAL PART OF THE BUSINESS OF THE HOSPITAL, (IV) ANY LIQUIDATION OR DISSOLUTION OF THE HOSPITAL OR FILING FOR BANKRUPTCY OR SIMILAR PROTECTION, OR (V) ANY CHANGE IN THE NAME OF THE HOSPITAL FURTHER, IN ACCORDANCE WITH THE HOSPITAL BYLAWS, GHCSI AND YNHHS MUST EACH APPROVE ANY AMENDMENT TO THE HOSPITAL'S CERTIFICATE OF INCORPORATION OR BYLAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE HOSPITAL DIRECTOR OF CORPORATE FINANCE SUBSEQUENTLY, IT IS SENT TO ERNST & YOUNG US LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF 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
	FORM 990, PART VI, SECTION B, LINE 12C	GREENWICH HOSPITAL IS COVERED UNDER THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT HE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIALS THE TOP OFFICIAL IS AN EMPLOYEE OF YNHHS THE EXECUTIVE COMPENSATION COMMITTEES OF GREENWICH HOSPITAL AND YNHHS STRIVE TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEES ARE RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR THEIR RESPECTIVE CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR RESPECTIVE CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL GREENWICH HOSPITAL AND YNHHS BOARDS ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEES EXPRESSLY DETERMINE THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEES CONSIST OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEES THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEES IN THEIR COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT,NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEES THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEES, AND PROVIDED TO THE BOARDS OF YNHHS AND THE HOSPITAL COMPENSATION PROCESS FOR OFFICERS CERTAIN OFFICERS ARE EMPLOYEES OF YNHHS, OTHER OFFICERS ARE EMPLOYED DIRECTLY BY THE HOSPITAL COMPENSATION DETERMINATIONS OF YNHHS EMPLOYEES ARE MADE BOTH BY THE COMPENSATION COMMITTEES AND BOARDS OF YNHHS AND THE HOSPITAL COMPENSATION DETERMINATION OF THE HOSPITAL EMPLOYEES ARE MADE BY THE HOSPITAL'S COMPENSATION COMMITTEE AND BOARD THE EXECUTIVE COMPENSATION COMMITTEES OF GREENWICH HOSPITAL 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
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 5,068,000 PENSION ADJUSTMENT -8,397,000 AMORTIZATION -79,000 TRANSFERS TO AFFILIATES -6,615,000 TRANSFERS FROM AFFILIATES 700,000 ASSETS RELEASED FOR OPERATIONS -3,759,000 ASSETS RELEASED FOR NON-OPERATIONS -139,000 RESTRICTED CONTRIBUTIONS 4,318,000 REALIZED GAIN ON INVESTMENTS 1,345,000 CHANGE IN FOUNDATION NET ASSETS -5,441,000 CHANGE IN AUXILIARY NET ASSETS -105,524 MISCELLANEOUS 195 BOOK TO TAX ITEMS - SEE SCH D, PART XI, LINE 9 6,333,268 TOTAL TO FORM 990, PART XI, LINE 5 -6,771,061

Identifier	Return Reference	Explanation
		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

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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

2011

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 LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILDING OPERATIONS	CT	0	0	GREENWICH HOSPITAL
(2) GREENWICH CLINICAL PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT	0	106,885	GREENWICH HOSPITAL
(3) GREENWICH PATHLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT	0	620,364	GREENWICH HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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
(1) SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE	CT	N/A									
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE	CT	N/A									
(3) ORTHOPAEDIC & NEUROSURGERY CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE	CT	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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 related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	Yes
p	Reimbursement paid by related organization(s) for expenses	1p	Yes
q	Other transfer of cash or property to related organization(s)	1q	Yes
r	Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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

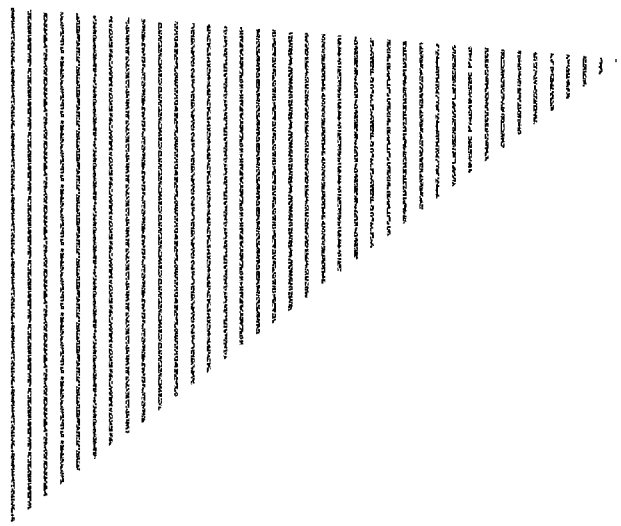
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE	CT	501C3	LINE 3	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES 267 GRANT STREET BRIDGEPORT, CT 06610 06-1066729	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT	CT	501C3	LINE 7	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
CARITAS INSURANCE 30 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
NORMA F PFREIM BREAST CANCER INC 111 BEACH ROAD FAIRFIELD, CT 06430 06-0567752	HEALTHCARE	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 06-1330992	HEALTHCARE	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 35-2380180	HEALTHCARE	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
SCHS PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	N/A		No
YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YNH NETWORK CORP	Yes	
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE	CT	501C3	LINE 3	YNH NETWORK CORP	Yes	
YNH NETWORK CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP		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
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1436530	HEALTHCARE	CT	N/A	C			
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	CT	N/A	C			
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	CT	N/A	C			
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	CT	N/A	C			
GREENWICH OCCUPATIONAL HEALTH SERV-NY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	N/A	C			
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	CT	N/A	C			
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C			
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	CT	N/A	C			
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1405531	HEALTHCARE	CT	N/A	C			
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	CT	N/A	C			
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561581	HEALTHCARE	CT	N/A	C			
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561583	HEALTHCARE	CT	N/A	C			
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	CT	N/A	C			
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C			
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	N/A	C			
GREENWICH OCCUPATIONAL HEALTH SERVICES NJ 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	N/A	C			100 000 %
LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA BD 98-1072793	INSURANCE	BD	N/A	C			

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 CORP	L	33,936,581	COMPARABLE MARKET VALUE
(2)	PERRYRIDGE CORPORATION	J	904,990	COMPARABLE MARKET VALUE
(3)	PERRYRIDGE CORPORATION	K	34,236	COMPARABLE MARKET VALUE
(4)	PERRYRIDGE CORPORATION	P	55,383	ACTUAL COST
(5)	PERRYRIDGE CORPORATION	O	76,012	COMPARABLE MARKET VALUE
(6)	GREENWICH FERTILITY AND IVF CENTER PC	I	37,437	COMPARABLE MARKET VALUE
(7)	NORTHEAST MEDICAL GROUP	I	139,689	COMPARABLE MARKET VALUE
(8)	GREENWICH HEALTH CARE SERVICES INC	Q	6,590,422	CASH/NET ASSET TRANSFER
(9)	GREENWICH HOSPITAL ENDOWMENT FUND	R	2,472,000	COMPARABLE MARKET VALUE
(10)	GREENWICH HOSPITAL ENDOWMENT FUND	P	59,375	WRITTEN AGREEMENT
(11)	GREENWICH HEALTH SERVICES INC	L	26,687	COMPARABLE MARKET VALUE



FINANCIAL STATEMENTS

Greenwich Hospital
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Greenwich Hospital

Financial Statements

Years Ended September 30, 2012 and 2011

Contents

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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, 2012 and 2011, 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of 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, 2012 and 2011, 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.

As discussed in Notes 1 and 9 to the accompanying financial statements, in 2012 the Hospital changed its method of accounting for estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update 2012-24 *Presentation of Insurance claims and Related Insurance Recoveries*

Ernst & Young LLP

December 21, 2012

Greenwich Hospital

Balance Sheets

	September 30 2012	2011
	(In Thousands)	
Assets		
Current assets:		
Cash and cash equivalents	**$ 35,083**	$ 32,149
Short-term investments *(Note 4)*	**10,243**	21,585
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately $19,737,000 in 2012 and $12,738,000 in 2011 *(Note 2)*	**36,589**	32,433
Other receivables *(Note 1)*	**17,852**	11,852
Professional liabilities insurance recoveries receivable – current portion *(Note 9)*	**2,173**	4,137
Other current assets	**8,662**	5,150
Total current assets	**110,602**	107,306
Assets limited as to use *(Note 4)*	**39,991**	33,110
Beneficial interest in the net assets of the Foundation	**51,267**	45,826
Long-term investments *(Note 4)*	**39,879**	35,756
Due from affiliate *(Note 12)*	**2,101**	4,701
Professional liabilities insurance recoveries receivable – non-current *(Note 9)*	**8,751**	11,300
Other assets *(Note 1)*	**16,060**	10,800
Property, plant and equipment: *(Note 1)*		
Land and land improvements	**8,441**	7,766
Buildings and fixtures	**244,783**	240,238
Equipment	**157,608**	182,950
	410,832	430,954
Less accumulated depreciation	**(177,284)**	(191,442)
	233,548	239,512
Construction in progress	**1,339**	25
	234,887	239,537
Total assets	**$ 503,538**	$ 488,336

	September 30	
	2012	**2011**
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 6,161**	$ 8,228
Accrued expenses *(Note 12)*	**22,858**	20,668
Professional liabilities – current portion *(Note 9)*	**2,173**	4,137
Current portion of long-term debt *(Note 7)*	**2,430**	2,360
Other current liabilities	**19,016**	11,722
Total current liabilities	**52,638**	47,115
Long-term debt, net of current portion *(Note 7)*	**40,215**	42,645
Accrued pension and postretirement benefit obligations *(Note 8)*	**54,164**	46,068
Professional liabilities *(Note 9)*	**14,202**	18,698
Interest rate swap *(Note 7)*	**6,417**	5,994
Other long-term liabilities *(Note 2)*	**16,175**	16,514
Total liabilities	**183,811**	177,034
Commitments and contingencies		
Net assets: *(Note 6)*		
Unrestricted	**267,939**	266,335
Temporarily restricted	**29,999**	24,575
Permanently restricted	**21,789**	20,392
Total net assets	**319,727**	311,302
Total liabilities and net assets	**$ 503,538**	$ 488,336

See accompanying notes

Greenwich Hospital

Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Operating revenue:		
Net patient service revenue *(Note 2)*	**$ 304,346**	$ 297,010
Other revenue *(Note 13)*	**20,142**	18,563
Total operating revenue	**324,488**	315,573
Operating expenses:		
Salaries and benefits	**153,225**	164,309
Supplies and other	**126,528**	113,015
Depreciation	**18,406**	18,906
Interest *(Note 7)*	**358**	425
Bad debts	**14,042**	9,270
Total operating expenses	**312,559**	305,925
Income from operations	**11,929**	9,648
Nonoperating losses and gains:		
Change in fair value of swap, including counterparty payments *(Note 7)*	**(1,713)**	(1,847)
Change in unrealized gains and losses on investments	**7,990**	(2,162)
Other nonoperating gains and losses, net *(Note 13)*	**(2,223)**	383
Excess of revenue and gains over expenses	**15,983**	6,022

(Continued on next page)

Greenwich Hospital

Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Unrestricted net assets:		
Excess of revenue and gains over expenses *(continued)*	**$ 15,983**	$ 6,022
Other changes in net assets *(Note 7)*	**(79)**	(74)
Transfers to affiliates *(Note 12)*	**(6,615)**	(6,445)
Net assets released from restrictions for purchases of fixed assets	**12**	409
Transfer from Yale New Haven Health Services Corporation	**700**	700
Contributed property released from restriction	**-**	2,100
Pension and other postretirement liability adjustments *(Note 8)*	**(8,397)**	(19,055)
Increase (decrease) in unrestricted net assets	**1,604**	(16,343)
Temporarily restricted net assets:		
Net realized gains and income from investments	**1,338**	821
Change in net unrealized gains and losses on investments	**3,778**	(333)
Bequests and contributions	**4,218**	3,673
Net assets released from restrictions for purchases of fixed assets	**(12)**	(409)
Net assets released from restriction for operations	**(3,759)**	(4,366)
Net assets released from restrictions for nonoperating activities	**(139)**	(6)
Contributed property released from restriction	**-**	(2,100)
Increase (decrease) in temporarily restricted net assets	**5,424**	(2,720)
Permanently restricted net assets:		
Contributions	**100**	45
Net realized gains on investments	**7**	4
Change in net unrealized gains and losses on investments	**1,290**	(1,202)
Increase (decrease) in permanently restricted net assets	**1,397**	(1,153)
Increase (decrease) in net assets	**8,425**	(20,216)
Net assets at beginning of year	**311,302**	331,518
Net assets at end of year	**$ 319,727**	$ 311,302

See accompanying notes

Greenwich Hospital

Statements of Cash Flows

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Cash flows from operating activities		
Increase (decrease) in net assets	**$ 8,425**	$ (20,216)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation	**18,406**	18,906
Change in net interest in the net assets of the Foundation	**(5,441)**	3,815
Net realized and change in net unrealized gains and losses on investments	**(7,216)**	2,820
Bequests and contributions	**(6,098)**	(5,498)
Pension and other postretirement liability adjustments	**8,397**	19,055
Change in fair value of interest rate swap agreement	**423**	446
Bad debts	**14,042**	9,270
Changes in operating assets and liabilities		
Accounts receivable, net	**(18,198)**	(9,185)
Other receivables	**(6,000)**	(2,693)
Professional liabilities and related insurance recoveries receivable	**(1,947)**	28
Due from affiliate	**2,600**	1,600
Other assets	**(8,772)**	(7,355)
Accounts payable	**(2,067)**	1,411
Accrued expenses	**2,190**	1,064
Other current liabilities, accrued pension and post retirement benefit obligations and other long-term liabilities	**6,654**	1,579
Net cash provided by operating activities	**5,398**	15,047
Cash flows from investing activities		
Acquisition of property, plant and equipment, net	**(13,756)**	(15,135)
Net change in investments and assets limited as to use	**7,554**	(3,014)
Net cash used in investing activities	**(6,202)**	(18,149)
Cash flows from financing activities		
Bequests, contributions and grants	**6,098**	5,498
Repayment of long-term debt	**(2,360)**	(2,260)
Net cash provided by financing activities	**3,738**	3,238
Net increase in cash and cash equivalents	**2,934**	136
Cash and cash equivalents at beginning of year	**32,149**	32,013
Cash and cash equivalents at end of year	**$ 35,083**	$ 32,149

See accompanying notes

Greenwich Hospital

Notes to Financial Statements

September 30, 2012

1. Organization and Significant Accounting Policies

Organization

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

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

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, estimated settlements with third-party payors and professional insurance liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue 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.

During fiscal 2012 and 2011, the Hospital recorded a change in estimate of approximately $2.5 million and $0.8 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2012 and 2011, respectively.

1. Organization and Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

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

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

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met.

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

Donor Restricted Gifts

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

Cash and Cash Equivalents

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

1. Organization and Significant Accounting Policies (continued)

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

Accounts Receivable

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

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

Investments

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

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

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

1. Organization and Significant Accounting Policies (continued)

Certain alternative investments are subject to various withdrawal restrictions regarding timing, fees and enhanced disclosure required transaction limits at September 30, 2012 and 2011. Future funding commitments for alternative investments aggregated approximately $1.8 million at September 30, 2012.

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

Inventories

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

Assets Limited as to Use

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

Perpetual Trusts

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

Interest Rate Swap Agreements

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

1. Organization and Significant Accounting Policies (continued)

Beneficial Interest in the Net Assets of the Foundation

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

Deferred Financing Costs

Issuance costs, included in other assets, related to the Hospital's bond issuance are being amortized over the term of the applicable indebtedness using the effective interest method. Amortization, included in interest expense in the accompanying statements of operations and changes in net assets, was approximately $30,000 for the years ended September 30, 2012 and 2011.

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 $500,000 for the years ended September 30, 2012 and 2011.

Beneficial Interest in Remainder Trusts

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

Benefits and Insurance

The Hospital provides medical, dental, hospitalization and prescription drug benefits to employees for which it is self-insured. Liabilities have been accrued for claims, including claims incurred but not reported (IBNRs), which are based on Hospital-specific experience. At September 30, 2012 and 2011, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately $1.2 million and $1.5 million, respectively, and is included in accrued expenses in the accompanying balance sheets.

1. Organization and Significant Accounting Policies (continued)

The Hospital is effectively self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including IBNRs, which are based on Hospital-specific experience. At September 30, 2012 and 2011, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 3.0% in 2012 and 3.5% in 2011, aggregated approximately $2.8 million and $3.2 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

Professional Liability Insurance

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

Property, Plant and Equipment

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

Excess of Revenue Over Expenses

In the accompanying statements of operations and changes in net assets, excess of revenue 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.

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.

1. Organization and Significant Accounting Policies (continued)

Income Taxes

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

Impairment of Assets

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

Change in Accounting Principle

In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the new guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The new guidance became effective for the Hospital as of October 1, 2011. The Hospital elected to retrospectively adopt ASU No. 2010-24 as of September 30, 2011. The change resulted in an increase to current assets and liabilities of approximately $4.1 million and an increase to long-term assets and liabilities of approximately $11.3 million as of September 30, 2011.

New Accounting Pronouncements

In August 2010, the FASB issued Accounting Standards Update No. 2010-23, *Measuring Charity Care for Disclosure*. The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Hospital on October 1, 2011 and are included in the accompanying financial statements for all periods presented.

1. Organization and Significant Accounting Policies (continued)

In July 2011, the FASB 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 has adopted the presentation changes to the statement of operations for periods beginning after December 15, 2011.

Reclassifications

Certain reclassifications have been made to the 2011 financial statements in order to conform with the 2012 presentation.

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

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

Third-party payor receivables included in other receivables were $2.2 million at September 30, 2012. Third-party payor liabilities included in other current liabilities were $3.2 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other long-term liabilities were $11.3 million and $12.3 million at September 30, 2012 and 2011, respectively.

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

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

Revenue from Medicare and Medicaid programs accounted for approximately 27% and 3%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 and approximately 26% and 3%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 32%, respectively, for the year ended September 30, 2012 and approximately 37% and 32%, respectively, for the year ended September 30, 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing.

Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2007 for Medicare and 1995 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 33% from Medicare, 3% from Medicaid, and 64% from non-governmental payors at September 30, 2012 and 36% from Medicare, 6% from Medicaid, and 59% from non-governmental payors at September 30, 2011.

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

Net patient service revenue is comprised of the following for the years ended September 30, 2012 and 2011 (in thousands):

	2012	2011
Gross revenue from patients	**$ 971,611**	$ 944,999
Deductions:		
Contractual allowances	**645,389**	625,691
Charity and free care (at charges)	**21,876**	22,298
Net patient service revenue	**$ 304,346**	$ 297,010

3. Uncompensated Care and Community Benefit Expense

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

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined.

For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately $13.2 million and $13.0 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of uncompensated care is determined by the Hospital's cost accounting system. This analysis calculates the actual percentage of accounts written off or designated as bad debt vs. charity care while taking into account the total costs incurred by the hospital for each account analyzed.

3. Uncompensated Care and Community Benefit Expense (continued)

The estimated cost of charity care provided was $8.1 million and $9.2 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is determined by the Hospital's cost accounting system.

For the years ended September 30, 2012 and 2011, bad debt expense, at charges, was $14.0 million and $9.3 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue. During the years ended September 30, 2012 and 2011, the Hospital received $4.6 million and $1.9 million, respectively, in CDSHP distributions, of which approximately $2.8 million and $1.3 million was related to charity care. The Hospital made payments into the CDSHP of $12.1 million and $3.0 million for the years ended September 30, 2012 and 2011, respectively, for the 1% assessment.

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

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

4. Investments and Assets Limited as to Use

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

	2012	2011
Money market funds	**$ 38,905**	$ 35,220
U.S. equity securities	**8,156**	5,574
U.S. equity securities – common collective trusts	**4,956**	1,925
International equity securities (c)	**6,406**	4,553
Fixed income:		
U.S. government	**7,346**	12,609
U.S. government – common collective trusts	**5,358**	4,574
International government	**1,220**	-
Corporate debt (a)	**11,518**	19,943
Mortgage backed securities (b)	**250**	376
Hedge funds:		
Absolute return (d)	**3,815**	3,715
Private equity (e)	**1,543**	1,253
Real assets (f)	**640**	522
Real estate (g)	**-**	187
	$ 90,113	$ 90,451

(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

The Hospital participates in the Yale-New Haven Health System Investment Trust (the Trust), a unitized Delaware Investment Trust created to pool assets for investment by the Health System nonprofit entities. The Hospital's ownership percentage of the Trust was approximately 1.4% as of September 30, 2012. The Hospital's pro rata portion of the Trust's investments are included in the assets limited to use by board designation table.

5. Endowment

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

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

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

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

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

5. Endowment (continued)

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	299	105	–	404
Net appreciation (realized and unrealized)	(1,807)	768	(1,198)	(2,237)
Total investment return (loss)	(1,508)	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

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Spending Policy and How the Investment Objectives Relate to Spending Policy

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

5. Endowment (continued)

Net assets released from donor-imposed restrictions used for operations and included in other revenue consisted of the following at September 30, 2012 and 2011 (in thousands):

	2012	2011
Restricted funds to support operations	**$ 3,183**	$ 3,733
Free care fund	**576**	633
	$ 3,759	$ 4,366

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2012 and 2011 (in thousands):

	2012	2011
Other specified capital expenditures	**$ 3,150**	$ 2,336
Indigent care	**1,234**	1,122
Indigent care funds held by trustee	**10,507**	9,370
Specified health care services and operations	**12,421**	8,815
Education	**2,687**	2,932
	$ 29,999	$ 24,575

Permanently restricted net assets are restricted as follows at September 30, 2012 and 2011 (in thousands):

	2012	2011
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)	**$ 13,208**	$ 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)	**6,947**	5,650
	$ 21,789	$ 20,392

7. Long-Term Debt

Long-term debt consists of the following at September 30, 2012 and 2011 (in thousands):

	2012	2011
State of Connecticut Health and Educational Facilities Authority Tax Exempt Bonds, Series C (variable interest rates with an average rate of approximately 3.20% for fiscal 2012)	**$ 42,645**	$ 45,005
Less current portion	**(2,430)**	(2,360)
Long-term portion	**$ 40,215**	$ 42,645

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

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

On May 6, 2008, CHEFA issued $53.6 million of its Revenue Bonds on behalf of Greenwich Hospital, Series C, consisting of variable rate demand bonds. The proceeds were utilized for the refunding of the outstanding Series B revenue bonds. Principal amounts related to the Series C revenue bonds mature annually each July 1 through fiscal 2026. The effective interest rate of 3.20% is the result of the variable rate paid to bondholders, disclosed as interest expense of approximately $0.1 million and net counterparty payments of approximately $1.3 million in connection with the interest rate swap included in nonoperating gains and losses.

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

7. Long-Term Debt (continued)

Aggregate principal and sinking fund payments required by the Hospital for the Series C revenue bonds for fiscal 2013 through fiscal 2017 and thereafter are as follows (in thousands):

Years Ending:	
2013	$ 2,430
2014	2,505
2015	2,605
2016	2,675
2017	2,790
Thereafter	29,640
	$ 42,645

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

Pursuant to the State of Connecticut Health and Educational Authority Trust Indenture (Trust Indenture), dated May 1, 2008, the Hospital is required to maintain a debt service fund with a trustee to cover payment of principal and interest. The Hospital is required to comply with a variety of covenants, including a debt service coverage ratio. In connection with the Bonds, the Parent is part of the Obligated Group with the Hospital (including the Hospital's Foundation). At September 30, 2012 and 2011, the Obligated Group was in compliance with its debt covenants.

In connection with its Series C revenue bonds, the Hospital entered into an interest rate swap agreement (the swap) with a financial institution. Under the terms of the swap, the Hospital will receive variable interest payments and pay fixed interest payments on a notional value of $29.1 million.

There was an unfavorable change in fair value of approximately $0.4 million and $0.5 million for the years ended September 30, 2012 and 2011, respectively, which was recorded in the excess of revenue over expenses. Although an unfavorable change in market value of the Series C swap has occurred, the terms of the swap agreement have not required the Hospital to collateralize funds to be held by the financial institution as of September 30, 2012 and 2011.

8. Retirement Plan

Defined Contribution Pension Plan

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

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

In total, the Hospital contributed approximately $5.5 million and $5.3 million to the Plan for the years ended September 30, 2012 and 2011, 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, 2012 and 2011, are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	2012	2011
Unrecognized actuarial loss	**$ (67,659)**	$ (59,256)
Unrecognized prior service cost	**(13)**	(20)
	$ (67,672)	$ (59,276)

The actuarial loss and prior service cost included in unrestricted net assets at September 30, 2012 and expected to be recognized in net periodic benefit cost during the year ending September 30, 2013, are as follows (in thousands):

Unrecognized actuarial loss	$ 7,974
Unrecognized prior service cost	6
	$ 7,980

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, 2012 and 2011 (in thousands):

	2012	2011
Change in benefit obligations:		
Benefit obligation, at prior measurement date	**$ 167,284**	$ 154,009
Service cost	**2,942**	2,973
Interest cost	**8,363**	8,006
Actuarial loss	**20,749**	7,631
Benefits paid	**(6,260)**	(5,335)
Benefit obligation, at current measurement date	**$ 193,078**	$ 167,284
Change in plan assets:		
Fair value of plan assets, at prior measurement date	**$ 121,216**	$ 124,110
Actual return on plan assets	**19,258**	(2,559)
Employer contributions	**4,700**	5,000
Benefits paid	**(6,260)**	(5,335)
Fair value of plan assets, at current measurement date	**$ 138,914**	$ 121,216
Pension liability	**$ (54,164)**	$ (46,068)

8. Retirement Plan (continued)

The actuarial losses in 2012 and 2011 primarily relates to a decrease in the discount rate used to measure the benefit obligation.

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets were as follows at September 30, 2012 and 2011 (in thousands):

	2012	2011
Projected benefit obligation	**$ 193,078**	$ 167,284
Accumulated benefit obligation	**183,789**	156,916
Fair value of plan assets	**138,914**	121,216

The following table provides the components of the net periodic benefit cost for the plan for the years ended September 30, 2012 and 2011 (in thousands):

	2012	2011
Service cost	**$ 2,942**	$ 2,973
Interest cost	**8,363**	8,007
Expected return on plan assets	**(10,821)**	(10,637)
Amortization of prior service cost	**6**	6
Amortization loss	**3,908**	1,765
Net periodic benefit cost	**$ 4,398**	$ 2,114

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, 2012 and 2011, are shown in the following table:

	Net Periodic Benefit Cost		Benefit Obligation	
	2012	2011	2012	2011
Discount rate	**5.10%**	5.30%	**4.00%**	5.10%
Rate of compensation increase	**3.50**	3.25	**3.50**	3.50
Expected rate of return on plan assets	**7.75**	7.75	–	–

8. Retirement Plan (continued)

The asset allocation of the Plan at September 30, 2012 and 2011 was as follows:

	2013 Target Allocation	2012	2011
Equity securities	60% - 90%	**51%**	48%
Debt securities	10% - 40%	**20**	23
Alternative investments	0% - 25%	**29**	29
		100%	100%

The plan assets carried at fair value as of September 30, 2012, are classified in the table below in one of the three categories described in Note 15 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market funds	**$ 1,898**	**$ –**	**$ –**	**$ 1,898**
US equity securities	**18,311**	**22,026**	**–**	**40,337**
International equity securities	**–**	**30,433**	**–**	**30,433**
Fixed income:				
Corporate debt	**26,595**	**–**	**–**	**26,595**
Private equity	**–**	**–**	**8,319**	**8,319**
Hedge funds:				
Absolute return	**–**	**16,173**	**10,579**	**26,752**
Real assets	**–**	**–**	**4,580**	**4,580**
	$ 46,804	**$ 68,632**	**$ 23,478**	**$ 138,914**

8. Retirement Plan (continued)

The plan 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
US equity securities	14,965	16,088	–	31,053
International equity securities	4,456	22,518	–	26,974
Fixed income:				
Corporate debt	26,438	–	–	26,438
Private equity	–	–	7,444	7,444
Hedge funds:				
Absolute return	–	14,243	9,848	24,091
Real assets	–	–	4,237	4,237
	$ 46,838	$ 52,849	$ 21,529	$ 121,216

The composition and presentation of financial assets categorized as Level 3 investments in the tables above for the fiscal year ended September 30, 2012 and 2011 are as follows (in thousands):

	Private Equity	Real Assets	Hedge Funds	Total
Beginning balance as of October 1, 2011	**$ 7,444**	**$ 4,237**	**$ 9,848**	**$ 21,529**
Realized gains	**490**	**–**	**45**	**535**
Unrealized gains (losses)	**578**	**343**	**915**	**1,836**
Purchases, sales, issuance, settlements, transfers, other	**(193)**	**–**	**(229)**	**(422)**
Ending balance as of September 30, 2012	**$ 8,319**	**$ 4,580**	**$ 10,579**	**$ 23,478**

	Private Equity	Real Assets	Hedge Funds	Total
Beginning balance as of October 1, 2010	$ 5,676	$ 5,517	$ 10,198	$ 21,391
Realized gains	5	–	84	89
Unrealized gains (losses)	(205)	(1,280)	71	(1,414)
Purchases, sales, issuance, settlements, transfers, other	1,968	–	(505)	1,463
Ending balance as of September 30, 2011	$ 7,444	$ 4,237	$ 9,848	$ 21,529

8. Retirement Plan (continued)

Description of Investment Policies and Strategies

The Hospital's investment strategy for its pension assets, balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term while ensuring security of principal to meet near term expenses and obligations through the fixed income allocation. The allocations of the investment pool to various sectors of the markets are designed to reduce volatility in the portfolio.

The Hospital's pension portfolio return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses.

Cash Flows

Contributions: The Hospital expects to make cash contributions of approximately $5.3 million to the Plan in fiscal 2013.

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

Years Ending:	
2013	$ 7,176
2014	7,786
2015	8,347
2016	9,081
2017	9,844
2018 to 2022	59,246

9. Professional Liability Insurance

Yale-New Haven Hospital ("YNHH") and a number of academic medical centers are shareholders in The Medical Center Insurance Company, Ltd. (the "Captive"). The Captive was formed to insure for professional and comprehensive general liability risks of its shareholders and certain affiliated entities of the shareholders. On October 1, 1997, the Hospital was added to the YNHH program as an additional insured. The Captive and its wholly-owned subsidiary write direct insurance and reinsurance for varying levels of per claim limit exposure. The Captive has reinsurance coverage from outside reinsurers for amounts above the per claim limits.

Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, and the Captive. The Hospital pays insurance premiums to YNHHSC.

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred and not reported aggregated approximately $16.4 and $22.8 million at September 30, 2012 and 2011, respectively. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately $6.2 million and $8.6 million at September 30, 2012 and 2011, respectively, and is included in professional liabilities in the accompanying consolidated balance sheets at the actuarially determined present value of approximately $5.5 million and $7.4 million, respectively, based on a discount rate of 3.0% and 3.5% for the years ended September 31, 2012 and 2011, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately $10.9 million and $15.4 million at September 30, 2012 and 2011, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

10. Commitments and Contingencies

Leases

The Hospital leases various equipment and properties under operating leases and has long-term commitments under service contracts expiring at various dates through fiscal 2018. Expense under such leases and service contracts was approximately $5.3 million and $5.9 million for fiscal 2012 and 2011, respectively.

Future minimum lease payments for each of the following five years subsequent to September 30, 2012, under noncancelable operating leases and service contracts are as follows (in thousands):

Years Ending:	
2013	$ 5,644
2014	5,516
2015	5,587
2016	2,975
2017	1,886
2018 and thereafter	254
	$ 21,862

The Hospital has been involved in leasing leased and owned houses and properties to Hospital employees. Expenses for the years ended September 30, 2012 and 2011, under these leases are included in supplies and other expenses. The amounts received from employees relating to these leases are included in other revenue (see Note 12).

The Hospital has a leasing arrangement, renewable annually, with an affiliate, Perryridge Corporation, to rent four office buildings (the Cohen Pavilion, 55 Holly Hill Lane, 500 West Putnam Avenue and 2015 West Main Street). Included in supplies and other expenses was approximately $3.1 million and $2.9 million for fiscal 2012 and 2011, respectively. It is anticipated that this arrangement will be renewed in the future.

10. Commitments and Contingencies (continued)

Litigation

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

11. Functional Expense

Functional expenses related to the Hospital's operating activities for the years ended September 30, 2012 and 2011, are as follows (in thousands):

	2012	2011
Health care services	**$ 162,280**	$ 164,454
General and administrative	**150,279**	141,471
	$ 312,559	$ 305,925

12. Related-Party Transactions

The Hospital purchased certain services from YNHHSC for the years ended September 30, 2012 and 2011, as follows (in thousands):

	2012	2011
Operating expenses:		
Professional and general liability insurance	**$ 5,575**	$ 6,588
Information systems	**6,979**	814
Management services	**3,793**	4,652
Other support services	**15,445**	9,704
Physician related strategic support	**2,496**	1,624
EPIC shared project	**7,076**	1,094
Expense recoveries	**(2,176)**	(198)
	$ 39,188	$ 24,278

The Hospital has amounts due to YNHHSC of approximately $12.5 million and $4.4 million, included in accrued expenses and other current liabilities, for the years ended September 30, 2012 and 2011, respectively.

In July 2001, the Hospital granted an $11.0 million line of credit to GH Realty Holding LLC, a wholly owned subsidiary of the Perryridge Corporation (an affiliate of the Hospital), which was fully paid at September 30, 2012. In April 2004, the Hospital granted a $10.0 million line of credit to 2015 West Main Street Associates, LLC, a wholly owned subsidiary of the Perryridge Corporation, of which approximately $3.7 million and $6.1 million was outstanding at September 30, 2012 and 2011, respectively.

Future payments under these loans are as follows (in thousands):

	2012	2011
Amounts due in one year (included in other receivables)	**$ 1,600**	$ 1,600
Amounts due in two to five years	**2,101**	4,701

During the years ended September 30, 2012 and 2011, the Hospital transferred approximately $6.6 million and $6.4 million, respectively, related to operations to GHCS.

13. Supplemental Operating Data

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2012	**2011**
Pathology services	**$ 5,073**	$ 4,878
Foundation distributed income	**2,472**	2,352
Cafeteria and vending	**1,377**	1,368
Greenwich Ambulatory Surgery Center Joint Venture	**1,346**	358
Net assets released from restrictions for operations	**3,759**	4,366
Electronic health record incentive payment	**2,043**	–
In vitro fertilization	**1,290**	1,228
Other	**2,782**	4,013
	$ 20,142	$ 18,563

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act ("HITECH"). The provisions were designed to increase the use of electronic health record ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. Medicare EHR incentive payment revenue totaling $2.0 million for the year ended September 30, 2012, is included in other revenue in the accompanying statement of operations. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

13. Supplemental Operating Data (continued)

Other non-operating gains and losses for the years ended September 30, 2012 and 2011, consisted of the following (in thousands):

	2012	2011
Income from Foundation operations, primarily investment income and net realized gains	**$ 665**	$ 415
Less Foundation income distributed to the Hospital included in other revenue	**(2,472)**	(2,352)
	(1,807)	(1,937)
Unrestricted contributions	**1,780**	4,117
Interest and investment income	**237**	751
Fundraising expenses	**(1,925)**	(1,879)
Community Health at Greenwich Hospital	**(647)**	(632)
Net assets released from restrictions used for non-operating activities, net	**139**	6
Other	**–**	(43)
	$ (2,223)	$ 383

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

14. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

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

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.

14. Fair Value Measurements (continued)

- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets and liabilities carried at fair value as of September 30, 2012, are classified in the table below in one of the three categories described above (in thousands):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 35,083	$ –	$ –	$ 35,083
Money market funds	38,905	–	–	38,905
U S equity securities	8,156	–	–	8,156
International equity securities	6,406	–	–	6,406
Fixed income				
U S government	7,346	–	–	7,346
Corporate debt	11,518	–	–	11,518
Mortgage Backed Securities	250	–	–	250
International government	659	561	–	1,220
Beneficial interest in remainder trusts	1,641	–	–	1,641
Investments at fair value	$ 109,964	$ 561	$ –	$ 110,525
Common collective trusts				10,314
Alternative investments				5,998
Investments not at fair value				16,312
Total investments as of September 30, 2012				$ 126,837
Liabilities				
Interest rate swaps	$ –	$ (6,417)	$ –	$ (6,417)

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

14. Fair Value Measurements (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
Cash and cash equivalents	$ 32,149	$ –	$ –	$ 32,149
Money market funds	35,220	–	–	35,220
U S equity securities	5,574	–	–	5,574
International equity securities	4,553	–	–	4,553
Fixed income				
U S government	12,609	–	–	12,609
Corporate debt	19,943	–	–	19,943
Mortgage Backed Securities	376	–	–	376
Beneficial interest in remainder trusts	1,621	–	–	1,621
Investments at fair value	$ 112,045	$ –	$ –	112,045
Common collective trusts				6,499
Alternative investments				5,677
Investments not at fair value				12,176
Total investments as of September 30, 2011				$ 124,221
Liabilities				
Interest rate swaps	$ –	$ (5,943)	$ -	$ (5,943)

The fair value of long-term debt was approximately $42.7 million and $45.0 million at September 30, 2012 and 2011, respectively.

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan. In addition, included in the table above are investments at September 30, 2012 and 2011 in common collective trusts totaling approximately $10.3 million and $6.5 million, respectively, other alternative investments totaling approximately $6.0 million and $5.7 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2012 and 2011.

14. Fair Value Measurements (continued)

The following is a summary of total investments as of September 30, 2012 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

Description of Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity	$ 5,637	1,770	N/A	N/A
Hedge funds				
Absolute return	3,203	N/A	N/A	N/A
Global equity	5,771	N/A	30 days	190 – 460 days
Total	$ 14,611			

15. Subsequent Events

Management has evaluated subsequent events through December 21, 2012, which is the date the financial statements were available to be issued. No events have occurred that require disclosure to or adjustment of the financial statements.

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