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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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 province, country, and ZIP or foreign postal code
GREENWICH, CT 06830

D Employer identification number
06-0646659

E Telephone number
(203) 863-3000

G Gross receipts $ 361,321,482

F Name and address of principal officer
NORMAN ROTH
5 PERRYRIDGE ROAD
GREENWICH, CT 06830

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

H(b) Are all subordinates 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 GREENWICHHOSPITAL 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,978
6	Total number of volunteers (estimate if necessary)	**6**	747
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,720,710
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,842,026	10,299,278
9	Program service revenue (Part VIII, line 2g)	312,982,082	332,206,599
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,171,384	1,835,603
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,917,234	15,135,410
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	335,912,726	359,476,890
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	286,100	445,476
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)	158,795,609	155,513,957
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,381,701		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	155,653,141	167,819,110
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	314,734,850	323,778,543
19	Revenue less expenses Subtract line 18 from line 12	21,177,876	35,698,347

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	459,079,549	489,110,692
21	Total liabilities (Part X, line 26)	137,266,896	147,264,308
22	Net assets or fund balances Subtract line 21 from line 20	321,812,653	341,846,384

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-08-11

EUGENE COLUCCI SR VP
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00032493

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000
INDIANAPOLIS, IN 46204 — Phone no (317) 681-7000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 $ 226,057,512 including grants of $ 445,476) (Revenue $ 338,976,311)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 226,057,512

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	283		
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			
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	1,978		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**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 this 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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶KEITH TANDLER 789 HOWARD AVENUE
NEW HAVEN, CT 06519 (203) 688-9642

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								7,184,834	2,116,842	1,497,454

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 ▶ 254

			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**	Yes	
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	2,671,655
QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON NJ 07940	DIAGNOSTIC TESTING	1,375,423
NURSEFINDERS INC 524 EAST LAMAR BLVD STE 300 ARLINGTON TX 76011	TRAVELING NURSES	1,342,463
UNITEX TEXTILE RENTAL 161 SOUTH MACQESTEN PARKWAY MOUNT VERNON NY 10550	UNIFORM LAUNDERING	1,184,399
EXECUTIVE HEALTH RESOURCES 15 CAMPUS BOULEVARD NEWTOWN SQUARE PA 19073	MEDICAL COMPLIANCE	595,833

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 ▶ 46

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,128,438			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	185,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,985,840			
	g	Noncash contributions included in lines 1a-1f $		302,996			
	h	**Total.** Add lines 1a-1f			10,299,278		
Program Service Revenue			Business Code				
	2a	OUTPATIENT PROGRAM SERVICES	621400	186,082,851	186,082,851		
	b	INPATIENT PROGRAM SERVICES	612990	138,403,038	138,403,038		
	c	OUTREACH LAB	621500	7,720,710		7,720,710	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		332,206,599			
	3	Investment income (including dividends, interest, and other similar amounts)		396,487			396,487
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,200,832				
	b	Less rental expenses	94,105				
	c	Rental income or (loss)	1,106,727				
	d	Net rental income or (loss)		1,106,727			1,106,727
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,575,039 / 13,500				
	b	Less cost or other basis and sales expenses	1,149,423 / 0				
	c	Gain or (loss)	1,425,616 / 13,500				
	d	Net gain or (loss)		1,439,116			1,439,116
Other Revenue	8a	Gross income from fundraising events (not including $ 1,128,438 of contributions reported on line 1c) See Part IV, line 18	a 139,325				
	b	Less direct expenses	b 601,064				
	c	Net income or (loss) from fundraising events		-461,739			-461,739
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	PATHOLOGY SERVICES	900099	2,989,979	2,989,979		
	b	IVF SERVICE INCOME	900099	1,294,835	1,294,835		
	c	CLINIC SERVICES	900099	1,113,592	1,113,592		
	d	All other revenue		9,092,016	9,092,016		
	e	**Total.** Add lines 11a–11d		14,490,422			
	12	**Total revenue.** See Instructions		359,476,890	338,976,311	7,720,710	2,480,591

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

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	445,476	445,476		
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	5,207,709		5,207,709	
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	113,215,361	94,530,649	17,102,235	1,582,477
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,412,226	7,261,183	1,029,488	121,555
9 Other employee benefits	21,089,608	17,751,684	3,040,754	297,170
10 Payroll taxes	7,589,053	6,336,579	1,146,397	106,077
11 Fees for services (non-employees)				
a Management	2,397,612	175,248	2,222,364	
b Legal	471,815		399,021	72,794
c Accounting	226,469		226,469	
d Lobbying	106,619	106,619		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,381,332	21,630,869	38,619,928	130,535
12 Advertising and promotion				
13 Office expenses	8,826,719	6,298,324	1,721,259	807,136
14 Information technology	10,711,703	3,401,379	7,310,324	
15 Royalties . .				
16 Occupancy	17,340,284	10,063,420	7,012,907	263,957
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	484,324	239,512	244,812	
20 Interest	366,784	343,385	23,399	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,344,799	10,348,843	7,995,956	
23 Insurance	540,832		540,832	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLY EXPENSE	25,772,546	25,772,546	0	0
b PHARMECEUTICAL SUPPLIES	20,851,901	20,810,272	41,629	0
c MEMBERSHIP DUES & FEES	930,746	487,185	443,561	0
d EDUCATION & OTHER EMPL	64,625	54,339	10,286	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	323,778,543	226,057,512	94,339,330	3,381,701
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		25,629,508	1	40,011,451
	2	Savings and temporary cash investments		36,303,212	2	36,350,555
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		34,798,934	4	37,984,141
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,726,222	8	2,126,798
	9	Prepaid expenses and deferred charges		8,573,084	9	7,645,355
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 436,220,382			
	b	Less accumulated depreciation	10b 212,997,463	228,143,449	10c	223,222,919
	11	Investments—publicly traded securities		20,807,246	11	16,241,456
	12	Investments—other securities See Part IV, line 11		74,450,940	12	76,034,299
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		28,646,954	15	49,493,718
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		459,079,549	16	489,110,692
Liabilities	17	Accounts payable and accrued expenses		28,569,982	17	32,649,839
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		40,215,000	20	37,710,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		68,481,914	25	76,904,469
	26	**Total liabilities.** Add lines 17 through 25		137,266,896	26	147,264,308
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		276,412,173	27	287,992,251
	28	Temporarily restricted net assets		36,543,332	28	44,115,410
	29	Permanently restricted net assets		8,857,148	29	9,738,723
		Organizations that do not follow SFAS 117 (ASC 958), 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		321,812,653	33	341,846,384
	34	Total liabilities and net assets/fund balances		459,079,549	34	489,110,692

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	359,476,890
2	Total expenses (must equal Part IX, column (A), line 25)	2	323,778,543
3	Revenue less expenses Subtract line 2 from line 1	3	35,698,347
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	321,812,653
5	Net unrealized gains (losses) on investments	5	2,451,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-18,115,616
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	341,846,384

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	Yes	
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	Yes	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL APOSTOLIDES DIRECTOR	1 00 1 00	X						0	0	0
WILLIAM BERKLEY DIRECTOR	1 00 1 00	X						0	0	0
RICHARD BRAUER DIRECTOR	1 00 1 00	X						0	0	0
ALAN BREED DIRECTOR	1 00 2 00	X						0	0	0
NANCY BROWN DIRECTOR	1 00 1 00	X						0	0	0
GAYLE CAPOZZALO DIRECTOR	4 00 36 00	X						130,774	1,176,959	189,700
KEVIN CONBOY DIRECTOR	1 00 1 00	X						0	0	0
FRANK CORVINO PRES & CEO	26 00 14 00	X		X				820,259	441,678	158,791
PETER DAPUZZO DIRECTOR	1 00 1 00	X						0	0	0
DAVID EVANS DIRECTOR	1 00 1 00	X						0	0	0
ELIZABETH GALT SECRETARY	1 00 1 00	X		X				0	0	0
ANNE JUGE DIRECTOR	1 00 1 00	X						0	0	0
ROBIN KANAREK DIRECTOR (APPOINTED 10/2013)	1 00 1 00	X						0	0	0
DONALD KIRK DIRECTOR	1 00 1 00	X						0	0	0
ARTHUR MARTINEZ DIRECTOR	1 00 1 00	X						0	0	0
BARBARA MILLER VICE CHAIR	1 00 3 00	X		X				0	0	0
AMY MINELLA DIRECTOR	1 00 1 00	X						0	0	0
JACK MITCHELL DIRECTOR	1 00 1 00	X						0	0	0
DANIEL MOSLEY CHAIRMAN	1 00 4 00	X		X				0	0	0
VENITA OSTERER DIRECTOR	1 00 1 00	X						0	0	0
JOHN SCHMELTZER III DIRECTOR	1 00 1 00	X						0	0	0
JOHN TOWNSEND III TREASURER/VICE CHAIR	1 00 2 00	X		X				0	0	0
BRUCE WARWICK DIRECTOR	1 00 1 00	X						0	0	0
TOM WHITE DIRECTOR (TERM ENDED 9/2014)	1 00 1 00	X						0	0	0
CHRISTINE BEECHNER VP	39 00 1 00			X				157,817	0	35,076

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN BROWN SENIOR VP	39 00 1 00			X				347,915	0	61,843
EUGENE COLUCCI SENIOR VP	18 00 22 00			X				262,692	321,066	192,153
BRIAN DORAN SENIOR VP	37 00 3 00			X				538,211	0	217,631
DEBORAH HODYS VP	39 00 1 00			X				399,154	0	41,147
MARC KOSAK VP	39 00 1 00			X				263,194	0	41,628
NANCY LEVITT-ROSENTHAL SENIOR VP	1 00 39 00			X				412,497	0	136,869
SPIKE LIPSCHUTZ VP	39 00 1 00			X				497,530	0	49,089
MELISSA TURNER SENIOR VP	20 00 20 00			X				177,139	177,139	123,712
VICKI ALTMEYER DIRECTOR OF PATHOLOGY	40 00 0 00					X		570,632	0	56,610
DOROTHY BLACKMUN PATHOLOGIST	40 00 0 00					X		453,271	0	32,445
ERIC DIAMOND PATHOLOGIST	40 00 0 00					X		489,645	0	77,821
RICHARD EISEN DIRECTOR OF PATHOLOGY	40 00 0 00					X		526,474	0	53,228
CYNTHIA KUCHER PATHOLOGIST	40 00 0 00					X		376,948	0	21,105
QUINTON FRIESEN FORMER OFFICER 9/2012	0 00 0 00						X	659,893	0	0
GEORGE PAWLUSH FORMER OFFICER 2/2013	0 00 0 00						X	100,789	0	8,606

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) 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	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		51,391
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		54,728
j	Total Add lines 1c through 1i			106,619
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 carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING FY 2014 ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS,INCLUDING STATE LEGISLATORS AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS GREENWICH HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES YALE-NEW HAVEN HOSPITAL EIN 06-0646652 $636,959 BRIDGEPORT HOSPITAL EIN 06-0646554 $137,349

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	78,904,000	72,853,000	64,905,000	69,106,000	66,856,000
b	Contributions	925,000	125,000	100,000	45,000	
c	Net investment earnings, gains, and losses	10,828,000	8,395,000	10,512,000	-1,833,000	4,816,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	3,164,000	2,469,000	2,664,000	2,413,000	2,566,000
f	Administrative expenses					
g	End of year balance	87,493,000	78,904,000	72,853,000	64,905,000	69,106,000

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

- a Board designated or quasi-endowment ▶ 53 460 %
- b Permanent endowment ▶ 26 520 %
- c Temporarily restricted endowment ▶ 20 020 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,333,484		6,333,484
b Buildings		230,685,302	74,627,118	156,058,184
c Leasehold improvements		26,346,476	8,737,754	17,608,722
d Equipment		172,393,619	129,632,591	42,761,028
e Other		461,501		461,501
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				223,222,919

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER SECURITIES	76,034,299	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	76,034,299	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	37,314,712
(2) EPIC SHARED PROJECT	12,179,006
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	49,493,718

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE-3RD PARTY & OTHER PAYORS	15,780,377
EST LIABILITY-SELF INSURANCE	25,622,771
FORWARD INTEREST RATE SWAP	3,817,540
ACCRUED PENSION	31,683,781
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	76,904,469

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	354,225,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,497,747		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	4,474,984		
e	Add lines **2a** through **2d**			2e	9,972,731
3	Subtract line **2e** from line **1**			3	344,253,213
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	15,223,677		
c	Add lines **4a** and **4b**			4c	15,223,677
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	359,476,890

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	317,853,964
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-1,117,105		
e	Add lines **2a** through **2d**			2e	-1,117,105
3	Subtract line **2e** from line **1**			3	318,971,069
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,807,474		
c	Add lines **4a** and **4b**			4c	4,807,474
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	323,778,543

Part XIII Supplemental Information

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

Return Reference	Explanation
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 2D - OTHER ADJUSTMENTS	INCOME FROM FOUNDATION RECOGNIZED ON SEPARATE RETURN 1,464,437 NET ASSETS RELEASED FROM OPERATIONS 3,009,665 OTHER EXPENSES - INCLUDED IN NON-OPERATING REVENUE 882
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASS FROM EXPENSE - GAIN ON SALE OF ASSETS 13,500 AUXILIARY REVENUE 1,445,188 CONTRIBUTIONS FROM TEMPORARILY RESTRICTED 7,698,975 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE -94,105 GAIN FROM SALE OF SECURITIES 1,103,000 RECLASS FROM EXPENSE - INSURANCE RECOVERIES 1,798,774 RECLASS TO EXPENSE - NON-OPS 3,258,345
PART XII, LINE 2D - OTHER ADJUSTMENTS	RECLASS - GAIN ON SALE OF ASSETS -13,500 SPECIAL EVENTS RECLASS TO INCOME 601,064 RENTAL EXPENSES - RECLASS FROM EXPENSES TO REVENUE 94,105 RECLASS FROM EXP - INSURANCE RECOVERIES -1,798,774
PART XII, LINE 4B - OTHER ADJUSTMENTS	AUXILIARY EXPENSES 948,945 FUNDRAISING EXPENSES FROM NON-OPERATING REVENUE 3,859,411 MISCELLANEOUS EXPENSE FROM NON-OPERATING REVENUE -882

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.**

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

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 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	843,872	222,742	201,149	1,267,763
	2 Less Contributions	793,647	177,142	157,649	1,128,438
	3 Gross income (line 1 minus line 2)	50,225	45,600	43,500	139,325
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	0	0	0	
	6 Rent/facility costs	71,681	22,275	50,972	144,928
	7 Food and beverages	60,355	49,990	5,227	115,572
	8 Entertainment	11,000	2,803	3,500	17,303
	9 Other direct expenses	198,719	51,984	72,559	323,262
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(601,065)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-461,740

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 Subtract line 7 from line 1, 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 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226033055

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		13,808	19,607,000	1,180,000	18,427,000	5 690 %
b Medicaid (from Worksheet 3, column a)		26,245	22,037,795	13,111,770	8,926,025	2 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d **Total** Financial Assistance and Means-Tested Government Programs		40,053	41,644,795	14,291,770	27,353,025	8 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	20,041	704,744	25,000	679,744	0 210 %
f Health professions education (from Worksheet 5)	4	193	4,931,991	1,339,709	3,592,282	1 110 %
g Subsidized health services (from Worksheet 6)	3	9,975	8,871,416	5,730,152	3,141,264	0 970 %
h Research (from Worksheet 7)	1	0	468,440	0	468,440	0 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	2,387	399,958	0	399,958	0 120 %
j **Total.** Other Benefits	30	32,596	15,376,549	7,094,861	8,281,688	2 550 %
k **Total.** Add lines 7d and 7j	30	72,649	57,021,344	21,386,631	35,634,713	11 000 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	0	272,013	0	272,013	0 080 %
2	Economic development	1	0	13,724	0	13,724	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	236	31,701	0	31,701	0 010 %
7	Community health improvement advocacy	0	0	0	0		
8	Workforce development	1	52	1,971	0	1,971	0 %
9	Other	0	0	0	0		
10	**Total**	5	288	319,409		319,409	0 090 %

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 Explain in Part VI the methodology used by the organization to estimate this amount	2	25,084,845		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	98,031,844
6	Enter Medicare allowable costs of care relating to payments on line 5	6	124,126,714
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-26,094,870
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group GREENWICH HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☑ Other website (list url) SEE PART V, SECTION C			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	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			
11 Used FPG to determine eligibility for providing *discounted* care?	11		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
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 ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	15	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	17		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

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

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION THE FINANCIAL ASSISTANCE POLICY PROVIDES FOR ELIGIBILITY OF CARE REGARDLESS OF INCOME

Form and Line Reference	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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	GREENWICH HOSPITAL IS ONE OF THE TOP FIVE EMPLOYERS IN GREENWICH WITH 1,813 EMPLOYEES IN 2 014 THE HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT FAIRFIELD AND WESTCHESTER COUNTIES MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MA NAGEMENT STAFF ALSO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREENWICH CHAMBER OF COMMERCE AND THE PORT CHESTER-RYE BROOK-RYE TOWN CHAMBER OF COMM ERCE THROUGH THESE ORGANIZATIONS, GREENWICH HOSPITAL ADVOCATES FOR AND FACILITATES INCREA SED ECONOMIC DEVELOPMENT FOR THE AREA GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS A CROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY DATA BASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING AC TIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YE ARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUN ITY BENEFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING C OMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT C AUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HO USING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEV ELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HE ALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT YALE NEW HAVEN HEALTH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COL LABORATION WITH OTHERS WHO SHARE OUR VALUES AS SUCH, GREENWICH HOSPITAL IS INCREASINGLY A WARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES A PERSON 'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS DURING FIS CAL YEAR 2014, GREENWICH HOSPITAL PROVIDED NEARLY $319,410 IN FINANCIAL AND IN-KIND DONATI ONS THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING S TRONGER NEIGHBORHOODS EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES REVITALIZING OUR NEIGHBORHOODSONE OF SEVERAL COMMU NITY INITIATIVES UNDERTAKEN BY GREENWICH HOSPITAL TO ENHANCE ACCESS TO HEALTHY, AFFORDABLE FOOD IS COMMUNITY GARDENS THIS PROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES, PORT CHESTER SCHOOLS AND AREA CHURCHES TO PROVIDE FRESH VEGETABLES TO PARTICIPANTS IN PORT CHESTER'S FOUR FOOD PANTRIES, SEVEN SOUP KITCHENS AND NUTRITION C ENTERS THE COUNCIL OF COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CR OPS OVER THE PAST SEVERAL YEARS, THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CH ESTER FAMILIES WITH FRESH VEGETABLES THE COMMUNITY GARDENS ENCOURAGE HEALTHY EATING HABIT S, ENCOURAGES CHILDREN TO TRY NEW VEGETABLES, CONNECTS CHILDREN TO NATURE AND THE ENVIRONM ENT, AIMS TO PREVENT CHILDHOOD OBESITY, AND PROMOTES PHYSICAL ACTIVITY WHILE ENCOURAGING N EW WAYS OF LEARNING AND PROMOTING HEALTH EDUCATION THE HOSPITAL PROVIDES IN-KIND SUPPORT FOR THE INITIATIVE TO SUPPORT DRIVING SAFETY, GREENWICH HOSPITAL AND THE AARP CO-SPONSORED AN EDUCATIONAL DRIVING PROGRAM FOR OLDER ADULTS WITH APPROXIMATELY 370 WESTCHESTER AND FA IRFIELD COUNTY ADULTS ATTENDING THE PROGRAM THE EDUCATIONAL DRIVING PROGRAM PROMOTES SAFE TY AND IS INTENDED TO REDUCE ACCIDENT RATES AMONG DRIVERS AGE 55 AND OLDER GREENWICH HOSP ITAL WAS ALSO 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 INCLUDING CANCER SURVIVOR PROGRAMS AND THE TREE OF LIGHT PROGRAM EACH WINTER, GREENWICH HOSPITAL PROVIDES A WARM CENTER FOR THE COMMUNITY IN ITS NOBLE CONF ERENCE CENTER THIS WARM CENTER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES, SNOW S TORMS AND FREEZING TEMPERATURES INCLUDED IN THE WARM CENTER ARE COTS, HOT BEVERAGES, HAND WARMERS AND MAGAZINES CREATING EDUCATIONAL OPPORTUNITIES HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION TO ENCOURAGE THE PURSUIT OF HIGHER EDUCATION, GREENWICH HOSPIT AL SPONSORED SEVERAL PROGRAMS TO INTRODUCE MIDDLE AND HIGH SCHOOL STUDENTS TO POTENTIAL HE ALTH CARE CAREERS GREENWICH HOSPITAL, THROUGH A JOINT EFFORT WITH HIGH SCHOOLS IN PORT CH ESTER AND GREENWICH, PROVIDED AN EDUCATIONAL PROGRAM INTRODUCING STUDENTS TO HEALTH CARE C AREER OPPORTUNITIES A TOTAL OF 22 STUDENTS PARTIC

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	IPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFIL LING HEALTH CARE CAREERS THE AFTER-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 GREENWICH HOSPITAL ALSO PROVIDED MIDDLE AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO GET AN IN-DEPTH LOOK INTO VARIOUS HEAL TH CARE CAREERS THROUGH AN AFTER-SCHOOL PROGRAM SPONSORED IN PARTNERSHIP WITH THE BOY SCOU TS OF AMERICA'S GREENWICH CHAPTER WHILE TOURING THE HOSPITAL, PARTICIPANTS LEARNED ABOUT A VARIETY OF HOSPITAL SETTINGS AND SPOKE WITH PROFESSIONALS IN THE MEDICAL FIELD EDUCATIO NAL PROGRAMS FOCUSED ON HEALTH, NUTRITION, FIRST AID, SAFETY, SMOKING PREVENTION AND PROPE R HYGIENE

Form and Line Reference	Explanation
PART III, LINE 2	IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Form and Line Reference	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 DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE HOSPITAL AMENDED ITS CHARITY CARE POLICY BASED UPON THE POLICY CHANGE, THE HOSPITAL EXPERIENCED INCREASED CHARITY CARE WRITE OFFS DURING THE YEAR TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY $17 0 MILLION AND $12 5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, 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 APPROXIMATELY $7 5 MILLION AND $5 8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT CHARGES, WAS APPROXIMATELY $25 1 MILLION AND $18 3 MILLION, RESPECTIVELY FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT COST, WAS APPROXIMATELY $9 5 MILLION AND $6 7 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 AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, THE HOSPITAL RECEIVED APPROXIMATELY $1 2 MILLION AND $2 8 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY $0 5 MILLION AND $1 4 MILLION WAS RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF APPROXIMATELY $12 1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 FOR THE 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 HEALTH CARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS

Form and Line Reference	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

Form and Line Reference	Explanation
PART III, LINE 9B	IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY

Form and Line Reference	Explanation
PART VI, LINE 2	COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT GREENWICH HOSPITAL THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS THE DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 3	GREENWICH HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROCESS THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS

Form and Line Reference	Explanation
PART VI, LINE 4	GREENWICH HOSPITAL IS A 206-BED (INCLUDING BASSINETS) REGIONAL HOSPITAL, SERVING FAIRFIELD COUNTY, CONNECTICUT AND WESTCHESTER COUNTY, NEW YORK IT IS A MAJOR ACADEMIC AFFILIATE OF THE YALE 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 THE LOCAL 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, 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, MONTEFIORE MOUNT VERNON AND MONTEFIORE NEW ROCHELLE IN NEW YORK GREENWICH HOSPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS IN FISCAL YEAR 2014, THERE WERE 40,900 VISITS TO THE HOSPITAL'S EMERGENCY DEPARTMENT OF WHICH 5,984 BECAME INPATIENTS AND 32,521 WERE OUTPATIENTS IN THAT SAME FISCAL YEAR, THE HOSPITAL'S INPATIENT VOLUME CONSISTED OF A DIVERSE PAYER MIX WITH 6 4 PERCENT MEDICAID PATIENTS, 36 2 PERCENT MEDICARE PATIENTS, 55 7 PERCENT MANAGED CARE AND COMMERCIAL PATIENTS AND 1 7 PERCENT SELF PAY OR OTHER PATIENTS

Form and Line Reference	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 PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVO LVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, WITH MORE THAN 12,500 INPATIENT DISCHA RGES AND NEARLY 290,000 OUTPATIENT ENCOUNTERS LAST YEAR THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS SPECIALIZED SERVICES ARE OFFERED A T THE BENDHEIM CANCER CENTER, BREAST CENTER, ENDOSCOPY CENTER, LEONA M AND HARRY B HELMS LEY AMBULATORY MEDICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD AS A COMMUNITY HEALTH CARE SERVICES PROV IDER, GREENWICH HOSPITAL REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUT REACH AND OTHER INNOVATIVE SERVICES DURING FISCAL YEAR 2014, GREENWICH HOSPITAL MANAGED $ 52 8 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS-GUA RANTEEING ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND CREATING HEALTHIER COMMUNITIES A SIXTH CATEGORY, BUILDING STRONGER NEIGHBO RHOODS, WAS DISCUSSED PREVIOUSLY IN PART II GUARANTEEING ACCESS TO CAREGREENWICH HOSPITAL RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHE RWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE IN FISCAL YEAR 2014, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS $47 7 MILLION HONORING ITS MISSIO N AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGR AMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE DURING FISCAL YEAR 2014, GREEN WICH HOSPITAL PROVIDED SERVICES FOR 22,245 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF $2 6 1 MILLION (AT COST) ADDITIONALLY, THE HOSPITAL ASSISTED OVER 890 CONNECTICUT AND NEW YO RK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FISCAL YE AR 2014 GREENWICH HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE F OR ELIGIBLE PATIENTS DURING FISCAL YEAR 2014, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSIS TANCE SERVICES FOR AT A TOTAL EXPENSE OF $18 4 MILLION (AT COST) ALSO DURING FISCAL YEAR 2014, HOSPITAL STAFF DISTRIBUTED 1,055 APPLICATIONS FOR HOSPITAL FREE BED FUNDS THE FUNDS WERE DONATED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE USED FOR FINANCIAL ASSI STANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARDSHIP GREENWICH HOSPITAL 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 AND PEDIATR IC OUTPATIENT CENTER EACH YEAR, MORE THAN 5,000 ADULTS AND CHILDREN VISIT THE OUTPATIENT CENTER AND PEDIATRIC OUTPATIENT CENTER FOR DIAGNOSIS, TREATMENT AND PREVENTIVE CARE GREEN WICH HOSPITAL WAS ONCE AGAIN THE BENEFICIARY OF A GRANT FROM THE BREAST CANCER ALLIANCE TO PROVIDE FUNDING FOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAM SERVICES FOR WOMEN WHO ARE UN INSURED OR UNDERINSURED IN CALENDAR YEAR 2014, 186 UNINSURED WOMEN RECEIVED FREE SCREENIN G MAMMOGRAMS AMONG THE WOMEN NEEDING FURTHER TESTING, 24 HAD FREE UNILATERAL DIAGNOSTIC M AMMOGRAMS, THREE HAD FREE BILATERAL DIAGNOSTIC MAMMOGRAMS AND 30 RECEIVED FREE ULTRASOUND EXAMINATIONS IN ADDITION, 211 NEWLY DIAGNOSED BREAST CANCER PATIENTS RECEIVED EDUCATION R ESOURCE NOTEBOOKS WITH INFORMATION ABOUT LOCAL SUPPORT AND CANCER RESOURCES THAT CAN PROVI DE ASSISTANCE PROMOTING HEALTH AND WELLNESSDURING FISCAL YEAR 2014, GREENWICH HOSPITAL PRO VIDED $679,744 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRA M, SUPPORT GROUPS AND HEALTH FAIRS EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW THE HOSPITAL LED THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, WHICH MEETS MONTHLY TO IDENTIFY COMMUNITY NEEDS AND IMPLEMENT HEALTH PROGRAMS AND RESOURCES THE PARTN ERSHIP ORGANIZED A HEALTH AND WELLNESS FAIR TITLED THE TEDDY BEAR REPAIR CLINIC THE CLINI C DREW 1,300 COMMUNITY MEMBERS FOR A DAY OF INTERACTIVE EDUCATION ON HEALTH AND WELLNESS IN 2014, THE TEDDY BEAR CLINIC WAS HELD AT THE GREENWICH MEDICAL BUILDING PARKING LOT LOCA TED BEHIND GREENWICH HOSPITAL THE CLINIC EXPOSES CHILDREN AND THEIR FAMILIES TO HEALTHCAR E PROFESSIONALS, MEDICAL PROCEDURES AND HOSPITAL DEPARTMENTS IN A FAMILY-FRIENDLY, RELAXED SETTING THIRTY-FIVE COMMUNITY MEMBERS PARTICIPATED IN THE MENTAL HEALTH FIRST AID PROGRA M, A TWO-DAY, 12-HOUR CERTIFICATION COURSE TO INCREASE MENTAL HEALTH LITERACY THE PROGRAM HELPS COMMUNITY MEMBERS UNDERSTAND MENTAL ILLNESS AND PROVIDES AN OVERVIEW OF INTERVENTIO NS AND TREATMENTS PARTICIPANTS LEARNED ABOUT RISK FACTORS AND WARNING SIGNS OF DEPRESSION , ANXIETY, TRAUMA, PSYCHOSIS AND PSYCHOTIC DISORDERS, EATING DISORDERS, SUBSTANCE ABUSE, S ELF-INJURY AND OTHER MENTAL HEALTH DISORDERS THIS

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	COURSE IS DESIGNED TO GIVE LAY PERSONS TOOLS TO RESPOND TO PSYCHIATRIC EMERGENCIES UNTIL PROFESSIONAL HELP ARRIVES ADDITIONAL EFFORTS TO PROMOTE AWARENESS OF MENTAL HEALTH AND TO REDUCE THE STIGMA OF MENTAL ILLNESS INCLUDED VIEWINGS OF THE FILM "HAZE" AS THE HOSPITAL' S OUTREACH DEPARTMENT, COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIR CHESTER ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES IN CONNECTICUT AND NEW YORK BOTH ENTITIES MAINTAIN A STRONG COMMUNITY PRESENCE THROUGH THEIR NUMEROUS PARTNERSH IPS WITH THE YALE NEW HAVEN HEALTH SYSTEM, LOCAL AND REGIONAL COMMUNITY ORGANIZATIONS, SCH OOLS, GOVERNMENT AGENCIES, CORPORATIONS AND OTHER GREENWICH HOSPITAL DEPARTMENTS COMMUNIT Y HEALTH @ GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER SUPPORT THE HOSPITAL'S M ISSION TO PROVIDE A FULL CONTINUUM OF CARE BY OFFERING INNOVATIVE HEALTH SCREENINGS, SPEAK ERS, SUPPORT GROUPS, SCHOOL PROGRAMS, HEALTH EDUCATION AND WELLNESS PROGRAMS DESIGNED TO P ROMOTE HEALTH AND INCREASE ACCESS TO HEALTHCARE SERVICES OVER THE PAST YEAR, GREENWICH HOS PITAL PARTICIPATED IN MORE THAN 33 HEALTH FAIRS REACHING AN ESTIMATED 1,300 PEOPLE AT VARI OUS COMMUNITY SITES WITH THE GOAL OF INCREASING PEOPLE'S KNOWLEDGE AND HEALTH LITERACY TH E FAIRS WERE HELD AT PARKS, SCHOOLS, MULTI-HOUSING DEVELOPMENTS, HOUSES OF WORSHIP, YOUTH AND SENIOR CENTERS IN WESTCHESTER AND FAIRFIELD COUNTIES PARTICIPANTS RECEIVED HEALTH SCR EENINGS, INFORMATION AND EDUCATION ABOUT EXERCISE, HEALTHY HABITS AND BEHAVIORS, HAND WASH ING AND HYGIENE, IMMUNIZATION, SUN SAFETY, CHOLESTEROL, STROKE, WEIGHT MANAGEMENT, NUTRITI ON, BREAST SELF-EXAMS, SMOKING CESSATION AND MORE GREENWICH HOSPITAL STAFF OFFERED FREE B LOOD PRESSURE AND METABOLIC SCREENINGS ALONG WITH HEALTH EDUCATION AND COUNSELING ON HEALT HY LIVING IN ADDITION, GREENWICH HOSPITAL PROVIDED MORE THAN 100 INDIVIDUALS WITH INFORMA TION FROM VENDORS SPECIALIZING IN DIABETIC CARE AND CONDUCTED FREE DIABETES-RELATED HEALTH SCREENINGS AS PART OF A DIABETES HEALTH FAIR THE GREENWICH DEPARTMENT OF HEALTH, THE GRE ENWICH COMMISSION ON AGING AND GREENWICH HOSPITAL SPONSORED AN ANNUAL SENIOR HEALTH FAIR, WHICH OFFERED FREE HEALTH EDUCATION, SCREENINGS AND RESOURCE REFERRALS IN ADDITION, 32 FR EE CHOLESTEROL SCREENINGS WERE CONDUCTED AT THE EVENT GREENWICH HOSPITAL, THROUGH THE NUR SE IS IN PROGRAM, PROVIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH COUNSELING TO OVER 4, 000 PEOPLE AT LOCAL LIBRARIES, YMCAS AND SENIOR CENTERS IN CONNECTICUT AND NEW YORK AN AD DITIONAL NEARLY 2,200 FREE BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT OTHER COMMUNITY SIT ES THE HOSPITAL'S PARISH NURSE PROGRAM, A PARTNERSHIP WITH THE FIRST CONGREGATIONAL CHURC H OF GREENWICH, PROVIDES MORE THAN 2,000 CHURCH MEMBERS WITH HEALTH EDUCATION PROGRAMS, SU PPORT GROUPS, FLU SHOTS AND SCREENINGS ALL CONDUCTED OR COORDINATED BY A REGISTERED NURSE DURING FISCAL YEAR 2014, A TOTAL OF 64 MEN PARTICIPATED IN FREE PROSTATE CANCER SCREENING S THAT INCLUDED A PSA (PROSTATE-SPECIFIC ANTIGEN) TEST, CONSULTATION AND EXAMINATION WITH AN UROLOGIST THE UNIQUE EDUCATION AND SCREENING EVENT WAS SPONSORED BY GREENWICH HOSPITAL ALONG WITH WFAN RADIO SPORTS PERSONALITY ED RANDALL'S "FANS FOR THE CURE" PROGRAM COMMUN ITY HEALTH @ GREENWICH HOSPITAL PROVIDED OR PARTICIPATED IN ADDITIONAL YOUTH ADULT HEALTH PROGRAMS INCLUDING AN AREA PTA WELLNESS COMMITTEE, BODY GUARDS-A HAND HYGIENE PROGRAM FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS, INTERACTIVE HEALTH AND SAFETY PROGRAMS, SCHOO L HEALTH EDUCATION ABOUT SELF-BREAST EXAMS AND SELF-TESTICULAR EXAMS, SMOKING PREVENTION A ND DRUG AND ALCOHOL PREVENTION PROGRAMS GREENWICH HOSPITAL ALSO CONTINUED TO SUPPORT THE LIONS LOW VISION CENTER, WHICH ASSISTS PATIENTS SUFFERING FROM MODERATE VISUAL IMPAIRMENTS TO MAXIMIZE THEIR REMAINING VISION AND IMPROVE THEIR QUALITY OF LIFE IN FISCAL YEAR 2014 , 25 PEOPLE UTILIZED THIS SERVICE

Form and Line Reference	Explanation
GREENWICH HOSPITAL PARTICIPATED IN SEVERAL PROGRAMS OFFERED	THROUGHOUT THE YEAR FOCUSED ON PROVIDING HEALTHY LIFESTYLE EDUCATION FOR FAMILIES THESE I NCLUDED FAMILY UNIVERSITY AND FRIDAY NIGHT OUT THE FAMILY UNIVERSITY IS DESIGNED TO EMPOW ER STUDENTS IN GRADES 5-12 AND THEIR PARENTS TO MAKE SMART HEALTHY CHOICES WITHIN THEIR FA MILIES THESE BILINGUAL WORKSHOPS HELD IN COLLABORATION WITH THE PORT CHESTER SCHOOL SYSTE M AND THE PORT CHESTER CARES COMMITTEE INCLUDED A SERIES OF TOPICS INCLUDING PREVENTION OF ALCOHOL AND SUBSTANCE ABUSE, BULLYING, HEALTHY NUTRITION AND EXERCISE FRIDAY NIGHT OUT A T THE BOYS AND GIRLS CLUB OF GREENWICH AND SPONSORED WITH A GRANT FROM PEPSI BOTTLING GROU P PROVIDED A THREE-MONTH PROGRAM PROMOTING HEALTHY LIFESTYLES TEN FAMILIES PARTICIPATED I N THE PROGRAM KIDS COOKING IN THE KITCHEN IS A WELLNESS PROGRAM THAT BROUGHT TOGETHER GRE ENWICH HOSPITAL AND THE BOYS & GIRLS CLUB OF GREENWICH TO TACKLE OBESITY BY EDUCATING AND EMPOWERING YOUTH TO MAKE HEALTHY FOOD AND LIFESTYLE CHOICES TEN CHILDREN AGES 10 TO 12 YE ARS ATTENDED THREE WEEKLY, 90-MINUTE SESSIONS OF KIDS COOKING IN THE KITCHEN AT THE BOYS & GIRLS CLUB OF GREENWICH IN MARCH 2014 THE GOAL WAS TO ENGAGE CHILDREN IN A SAFE, SUPERVI SED CULINARY ENVIRONMENT THAT PROVIDED NUTRITION EDUCATION AND HEALTHY COOKING THAT ULTIMA TELY BENEFITTED THE ENTIRE FAMILY AS PARTICIPANTS SHARED WHAT THEY LEARNED WITH THEIR PARE NTS AND SIBLINGS IN THEIR OWN LANGUAGE AND CULTURE AT HOME GREENWICH HOSPITAL OFFERS A VA RIETY OF SUPPORT GROUPS FOR PATIENTS AND FAMILIES INCLUDING CANCER, DIABETES, LUNG DISEASE , PARKINSON'S DISEASE, HEART HEALTH, CELIAC AND FOOD ALLERGY, PAIN, BARIATRIC SURGERY, WEI GHT LOSS, STROKE, SMOKING CESSATION, LUPUS, MULTIPLE SCLEROSIS, AND CHRONIC PAIN THE GROU PS ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESS ES AND RELATED ISSUES THE HOSPITAL ALSO SUPPORTED DANCE PROGRAMS FOR COMMUNITY MEMBERS AF FECTED WITH PARKINSON'S DISEASE AT RYE ARTS CENTER AND FOR CANCER PATIENTS AT THE GRAND BA LLROOM OF GREENWICH ADVANCING CAREERS IN HEALTH CAREAS A MAJOR ACADEMIC AFFILIATE OF THE Y ALE SCHOOL OF MEDICINE, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER A ND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY IN ADDITION, THE HOSPITAL PRO VIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN THE AREAS OF N URSING AND RESPIRATORY CARE TECHNICIANS IN 2014, THE COST TO GREENWICH HOSPITAL TO PROVID E FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS NEARLY $3 6 MILLION, AND BENE FITED 193 INDIVIDUALS THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDU CATION ON AN ANNUAL BASIS FOR 22 MEDICAL PROFESSIONALS THIS INCLUDES GRADUATE AND INDIREC T MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS AND M EDICAL STUDENTS DURING 2014, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE T RAINING TO 147 STUDENTS ENROLLED IN NURSING PROGRAMS GREENWICH HOSPITAL HAS LONG-STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING NORWA LK COMMUNITY COLLEGE AND THE COLLEGE OF NEW ROCHELLE IN 2014, GREENWICH HOSPITAL PILOTED A NEW ONCOLOGY NURSING FELLOWSHIP PROGRAM THE PROGRAM WAS MADE POSSIBLE THROUGH THE SUSAN D FLYNN ONCOLOGY NURSING TRAINING AND DEVELOPMENT FUND, ESTABLISHED BY RETIRED STAMFORD BUSINESS EXECUTIVE FREDERICK C FLYNN JR IN MEMORY OF HIS LATE WIFE, WHO DIED OF OVARIAN CANCER IN 2013 DURING THE EIGHT WEEK PROGRAM AT GREENWICH HOSPITAL, STUDENTS SHADOWED SEA SONED NURSES, BECAME INTEGRAL HANDS-ON MEMBERS OF THE CANCER CARE TEAMS IN THE OR, RADIATI ON, CHEMO INFUSION, THE CANCER REGISTRY AND ONCOLOGY RESEARCH THEY ALSO WORKED WITH NURSE NAVIGATORS AND THE QUALITY AND SAFETY TEAM AND ATTENDED SCHWARTZ CENTER ROUNDS, A MONTHLY DISCUSSION AMONG HOSPITAL STAFF ABOUT THE ETHICAL AND EMOTIONAL CHALLENGES CAREGIVERS FAC E TWO STUDENTS FROM BOSTON COLLEGE GRADUATED FROM THE PROGRAM AT GREENWICH HOSPITAL WITH NINE OTHER ONCOLOGY NURSING STUDENTS FROM EITHER BOSTON COLLEGE OR FAIRFIELD UNIVERSITY CO MPLETING SIMILAR PROGRAMS AT SEVERAL LEADING HOSPITALS INCLUDING STAMFORD HOSPITAL, WENTWO RTH-DOUGLAS HOSPITAL, MASSACHUSETTS GENERAL HOSPITAL, AND THE DANA-FARBER CANCER INSTITUTE RESEARCHSTATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND A ND ADDRESS CANCER BURDEN REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RIS K-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS SUCH INFORMATION IS ALSO ESSENTIAL F OR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORI NG THE TREATMENT PROVIDED TO CANCER PATIENTS IN ADDITION, RELIABLE REGISTRY DATA ARE FUND AMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIV ENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS IN THE UNITED STATES, THESE DAT A ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING H OSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATI

Form and Line Reference	Explanation
GREENWICH HOSPITAL PARTICIPATED IN SEVERAL PROGRAMS OFFERED	ON FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES DURING FISCAL YEA R 2014, THE TOTAL COST ASSOCIATED WITH THE GREENWICH HOSPITAL CANCER REGISTRY INCLUDING BO TH DIRECT AND INDIRECT COSTS WERE $468,440 GREENWICH HOSPITAL ALSO PROVIDES ANNUAL SUPPORT TO THE ONS FOUNDATION FOR CLINICAL RESEARCH AND EDUCATION THE ONS FOUNDATION FOR CLINICA L RESEARCH AND EDUCATION, A GREENWICH HOSPITAL ALLIANCE, WORKS TO DEVELOP, VALIDATE, FORMA LIZE AND DISSEMINATE THE LATEST ADVANCES IN SURGICAL TECHNIQUES, REHABILITATION PROTOCOLS AND CLINICAL OUTCOMES IN ORTHOPAEDICS AND NEUROSURGERY TO IMPROVE PATIENT CARE ON REGIONAL AND NATIONAL LEVELS THE HOSPITAL'S SPONSORSHIP OF THIS WORK IS CAPTURED UNDER CREATING H EALTHIER COMMUNITIES CREATING HEALTHIER COMMUNITIESIN FISCAL YEAR 2014, GREENWICH HOSPITA L CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND MUNICIPALITI ES AND SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SER VICES TOTALING $399,958 EXAMPLES INCLUDE ANNUAL PROGRAMS SUCH AS CARDIO PULMONARY RESUSCI TATION (CPR) TRAINING, RELAY FOR LIFE, SHED YOUR MEDS AND A SPEAKER'S BUREAU AS A COMMUNI TY TRAINING CENTER FOR THE AMERICAN HEART ASSOCIATION, GREENWICH HOSPITAL PROVIDED CPR TRA INING TO 302 PROFESSIONAL AND LAY RESCUERS IN ADDITION, FREE ADULT CPR CLASSES WERE PROVI DED TO THE COMMUNITY AND 39 PEOPLE ATTENDED ANOTHER 30 PEOPLE ATTENDED FEW INFANT AND CHI LD CPR CLASSES, WHICH WERE HELD AT OPEN DOOR COMMUNITY HEALTH @ GREENWICH HOSPITAL WAS A M AJOR SPONSOR OF GREENWICH'S RELAY FOR LIFE, AN AMERICAN CANCER SOCIETY EVENT THAT BRINGS C ANCER SURVIVORS TOGETHER TO CELEBRATE LIFE THE EVENT RAISED APPROXIMATELY $77,347 FOR THE AMERICAN CANCER SOCIETY OVER THE PAST EIGHT YEARS, REALY FOR LIFE HAS RAISED A TOTAL OF $550,000 COMMUNITY HEALTH @ GREENWICH HOSPITAL PARTNERED WITH OTHER ORGANIZATIONS TO SPON SOR VARIOUS CANCER-AWARENESS EVENTS THAT PROVIDED EDUCATION ABOUT CANCER, AND THE IMPORTAN CE OF EXAMS FOR EARLY DETECTION AND TREATMENT THERAPIES THESE EVENTS INCLUDED CANCER CARE , CT SPORTS FOUNDATION AGAINST CANCER, AND ED RANDALL'S FANS FOR THE CURE SHED YOUR MEDS C ONTINUES TO BE SPONSORED BY GREENWICH HOSPITAL, THE TOWN OF GREENWICH, THE GREENWICH POLIC E DEPARTMENT, CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION, THE SILVER SHIELD OF GREENWIC H, GREENWICH YOUTH SERVICES COUNCIL, COMMUNITY AND POLICE PARTNERSHIP AND THE COMMUNITY HE ALTH IMPROVEMENT PARTNERSHIP SHED YOUR MEDS IS AN ANNUAL PUBLIC SAFETY EFFORT WHICH ENCOU RAGES RESIDENTS TO GET RID OF UNWANTED OR EXPIRED MEDICATIONS THE INSTALLATION OF A PERMA NENT "DROP BOX" PROVIDING RESIDENTS WITH ROUND THE CLOCK ACCESS TO DROP OFF UNWANTED OR EX PIRED MEDICATIONS WAS COMPLETED IN 2013 AS PART OF ITS OUTREACH MISSION, COMMUNITY HEALTH AT GREENWICH HOSPITAL OPERATES A SPEAKER'S BUREAU TO PROMOTE HEALTH EDUCATION AND AWARENE SS IN THE COMMUNITY IN 2014, GREENWICH HOSPITAL PHYSICIANS, NURSES, DIETICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS, AND PHARMACISTS CONDUCTED FREE LECTURES AT LIBRARIES, SENIOR C ENTERS, SCHOOLS, CORPORATIONS, AND COMMUNITY SERVICE ORGANIZATIONS SUCH AS ROTARY CLUB, 40 /40 CLUB, YWCA, AND YMCA IN CONNECTICUT AND WESTCHESTER COMMUNITIES TOPICS INCLUDED DIABE TES, STROKE, HEART ATTACK PREVENTION, BREAST, SKIN AND COLON CANCER AWARENESS, CHOLESTEROL REDUCTION, HEALTHY LIFESTYLES AND HABITS, HYGIENE, HEART HEALTH, MENTAL HEALTH, IMMUNIZAT ION, NUTRITION, OSTEOPOROSIS, KNOWING YOUR NUMBERS, PARKINSON'S DISEASE, PROSTATE HEALTH, SMOKING PREVENTION / CESSATION, AND WEIGHT MANAGEMENT

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION	IN ADDITION TO THE ACTIVITIES DESCRIBED, GREENWICH HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF TRUSTEES WITH MANY OF THE BOARD MEMBERS RESIDING OR WORKING IN THE TOWN OF GREENWICH AND OTHER MUNICIPALITIES SERVED BY THE HOSPITAL THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY IN FISCAL YEAR 2014 THERE WERE A TOTAL OF 548 MEMBERS OF THE GREENWICH HOSPITAL MEDICAL STAFF UNDER THE LEADERSHIP OF ITS BOARD OF TRUSTEES AND SENIOR ADMINISTRATION, GREENWICH ACHIEVED STRONG PERFORMANCE IN 2014 FOLLOWING ARE SOME OF THE HIGHLIGHTS OF THE YEAR THE GREENWICH HOSPITAL CAMPUS OF SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN CONVERTED ALL OF ITS MAMMOGRAPHY EQUIPMENT TO THREE-DIMENSIONAL (3-D) UNITS THAT OFFER IMPROVED CANCER DETECTION THIS ADVANCED TECHNOLOGY IS AVAILABLE AT THE HOSPITAL'S BREAST CENTER IN GREENWICH AND ITS DIAGNOSTIC CENTER IN STAMFORD GREENWICH HOSPITAL WELCOMED A RECORD 2,500 NEWBORNS INTO THE WORLD IN ITS REDESIGNED MATERNITY DEPARTMENT, WHICH INCLUDES A NURSERY, LEVEL 3 NICU, LABOR AND DELIVERY AREA, AND ACCOMMODATIONS FOR ADDITIONAL ANTENATAL AND PERINATAL PATIENTS THE HUGS INFANT SECURITY SYSTEM ALSO WAS EXPANDED TO ENSURE THE HIGHEST PATIENT SAFETY POSSIBLE FOUR NEW YORK OBSTETRICIANS JOINED THE MEDICAL STAFF, STRENGTHENING GREENWICH'S REPUTATION AS THE REGION'S DESTINATION HOSPITAL FOR PROSPECTIVE PARENTS ALWAYS STRIVING TO IMPROVE THE PATIENT EXPERIENCE, GREENWICH BECAME THE ONLY HOSPITAL IN THE NORTHEAST TO OFFER FAMILY TOUCH, A COMMUNICATION SYSTEM THAT ALLOWS AMBULATORY SURGERY PATIENTS TO KEEP LOVED ONES UPDATED ON THEIR STATUS THROUGH TEXT MESSAGES COMMUNITY MEMBERS UTILIZE GREENWICH HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING IN FISCAL YEAR 2014, 747 ADULT AND JUNIOR VOLUNTEERS DEDICATED A TOTAL OF 54,700 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

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE INFORMATION	THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS PART VI, LINE 7, LIST STATES RECEIVING COMMUNITY BENEFIT REPORT CONNECTICUT

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION A	
GREENWICH HOSPITAL	PART V, SECTION B, LINE 3 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS GREENWICH HOSPITAL SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERES TS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS WITH COMMUNITY MEMBERS, KE Y INFORMANT INTERVIEWS WITH COMMUNITY STAKEHOLDERS, AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PRO FESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENT ATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY S ERVED BY GREENWICH HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POP ULATIONS PART V, SECTION B, LINE 5A - HOSPITAL FACILITY'S WEBSITE (LIST URL) GREENWICHHOSP ITAL ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTPART V, SECTION B, LINE 5B - OTHER WEBSITE S (LIST URL) EXPLANATION CT GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/GREE NWICH_HOSPITAL PDF
GREENWICH HOSPITAL	PART V, SECTION B, LINE 7 BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH CARE PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUN ITY REPRESENTATIVES, GREENWICH HOSPITAL PLANS TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORT S ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE ACCESS TO CARE, CANCE R, MENTAL HEALTH AND PROMOTING HEALTHY LIFESTYLES AREAS IDENTIFIED AS PART OF THE COMMUNI TY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INC LUDE DENTAL CARE, DIABETES, HEART DISEASE, RESPIRATORY DISEASE AND STROKE GREENWICH HOSPIT AL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL FOUR A REAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT
GREENWICH HOSPITAL	PART V, SECTION B, LINE 11 THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION THERE IS NO INCOME LIMITATION FOR ELIGIBILITY FOR DISCOUNTED CARE
GREENWICH HOSPITAL	PART V, SECTION B, LINE 20D PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED S TANDARD GROSS CHARGES AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDU AL QUALIFIES FOR THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLE CTED IN THE INDIVIDUAL'S BILLING
SCHEDULE H, PART V, SECTION D	THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE NON-HOSPITAL HEALT H CARE FACILITIES THAT GREENWICH HOSPITAL OPERATED DURING THE TAX YEAR, WHETHER OR NOT REQ UIRED TO BE LICENSED OR REGISTERED UNDER STATE LAW, AS REQUIRED BY THE IRS ALL SUCH LOCAT IONS ARE OPERATED BY GREENWICH HOSPITAL UNDER THE GREENWICH HOSPITAL STATE HOSPITAL LICENS E

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
PHYSICAL MEDICINE & REHABILIATION CENTER 2015 WEST MAIN ST SUITE 200 STAMFORD,CT 06902	HOSPITAL
HOSPITAL OUTPATIENT MEDICAL ONCOLOGY 15 VALLEY DRIVE GREENWICH,CT 06831	HOSPITAL
BENDHEIM CANCER CENTER 77 LAFAYETTE PLACE GREENWICH,CT 06830	HOSPITAL
GREENWICH HOSPITAL OCCUPAT HEALTH 75 HOLLY HILL LANE GREENWICH,CT 06830	HOSPITAL
AMBULATORY SURGICAL CENTER 55 HOLLY HILL LANE GREENWICH,CT 06830	HOSPITAL
GREENWICH HOSPITAL LAB 49 LAKE AVE 2ND FLOOR GREENWICH,CT 06830	HOSPITAL
GREENWICH HOSPITAL LAB 90 MORGAN STREET 3RD FLOOR SUITE 302 STAMFORD,CT 06905	HOSPITAL
GREENWICH HOSPITAL LAB 106 NOROTON AVENUE DARIEN,CT 06820	HOSPITAL
GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVE 2ND FLOOR GREENWICH,CT 06830	HOSPITAL
GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE 2ND FLOOR GREENWICH,CT 06830	HOSPITAL
GREENWICH HOSPITAL LAB 40 CROSS ST 3RD FLOOR SUITE 350 NORWALK,CT 06851	HOSPITAL
GREENWICH HOSPITAL LAB 148 EAST AVE SUITE 1F NORWALK,CT 06851	HOSPITAL
GREENWICH HOSPITALCNTR FOR INTEGR MED 35 RIVER ROAD COS COB,CT 06807	HOSPITAL
GREENWICH HOSPITAL LAB 1275 SUMMER STREET 3RD FLOOR STAMFORD,CT 06905	HOSPITAL
GREENWICH HOSPITAL LAB 15 VALEY DRIVE SUITE 200 GREENWICH,CT 06831	HOSPITAL

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
GREENWICH HOSPITAL DIAGNOSTIC CENTER 2015 WEST MAIN ST STAMFORD,CT 06902	HOSPITAL
GREENWICH HOSPITAL LAB 31 RIVER ROAD SUITE 102 COS COB,CT 06807	HOSPITAL
GREENWICH HOSPITAL HOME CARE AND HOSPICE 500 WEST PUTNAM AVENUE GREENWICH,CT 06830	HOSPITAL
GREENWICH HOSPITAL LAB 90 SOUTH RIDGE STREET RYE,NY 10573	HOSPITAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226033055

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 14

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION GREENWICH HOSPITAL ("GH") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3 ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVES GH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO GH ASSISTANCE DONATED BY GH TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES GH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS

Additional Data

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 GREENWICH 259 E PUTNAM AVENUE GREENWICH,CT 06830	06-0646992	501(C)(3)	30,250				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 ALLIANCE 48 MAPLE AVENUE GREENWICH,CT 06830	06-1453500	501(C)(3)	55,000				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
AMERICAN CANCER SOCIETY 372 DANBURY ROAD WILTON,CT 06897	13-1788491	501(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
VILLAGE OF RYE BROOK 938 KING STREET RYE BROOK, NY 10573	13-3830232	501(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
ONS FOUNDATION 6 GREENWICH OFFICE PARK GREENWICH,CT 06831	26-1394760	501(C)(3)	55,000				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
LYME RESEARCH ALLIANCE 2001 WEST MAIN STREET STAMFORD,CT 06902	06-1559393	501(C)(3)	15,000				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
GEMS 111 E PUTNAM AVE RIVERSIDE,CT 06878	22-2721171	501(C)(3)	98,583				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
CABRINI OF WESTCHESTER 115 BROADWAY DOBBS FERRY,NY 10522	23-7063399	501(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
GREENWICH UNITED WAY ONE LAFAYETTE COURT GREENWICH,CT 06830	06-0646578	501(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
SHELTER FOR THE HOMELESS 137 HENRY ST STE 505 STAMFORD,CT 06902	06-1144355	501(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
TRANSPORTATION ASSOCIATION OF GREENWICH 13 RIVERSIDE AVE RIVERSIDE,CT 06878	22-2531166	501(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
UNITED HOME FOR AGED HEBREWS 391 PELHAM RD NEW ROCHELLE, NY 10805	13-1663975	501(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
YMCA OF GREENWICH 50 E PUTNAM AVE GREENWICH,CT 06830	06-0646976	501(C)(3)	15,450				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
YMCA OF RYE 21 LOCUST AVE RYE,NY 10580	13-1740515	501(C)(3)	12,500				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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	SEVERENCE NONQUALIFIED EQUITY-BASED EUGENE COLUCCI $0 $86,208 $0 NANCY LEVITT-ROSENTHAL $0 $64,872 $0 MELISSA TURNER $0 $53,317 $0 BRIAN DORAN $0 $96,984 $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 2013 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2013 CALENDAR YEAR FORM W-2 GAYLE CAPOZZALO $322,870 ONE FORMER OFFICER RECEIVED A PAYMENT FROM A NONQUALIFIED PLAN THIS AMOUNT IS NOT INCLUDED IN COLUMN B OR C THE FOLLOWING PAYMENT WAS MADE DIRECTLY TO HIM FROM THE RABBI TRUST QUINTON FRIESEN $127,684 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)
PART I, LINE 7	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

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GAYLE CAPOZZALO DIRECTOR	(I) (II)	65,868 592,810	23,002 207,013	41,904 377,136	14,365 129,285	4,605 41,445	149,744 1,347,689	0 0
FRANK CORVINO PRES & CEO	(I) (II)	541,037 291,327	256,090 137,895	23,132 12,456	89,473 48,177	13,742 7,399	923,474 497,254	11,805 6,356
CHRISTINE BEECHNER VP	(I) (II)	132,950 0	17,547 0	7,320 0	11,644 0	23,432 0	192,893 0	2,250 0
SUSAN BROWN SENIOR VP	(I) (II)	294,529 0	51,406 0	1,980 0	37,662 0	24,181 0	409,758 0	0 0
EUGENE COLUCCI SENIOR VP	(I) (II)	180,791 220,966	50,201 61,356	31,700 38,744	76,886 93,972	9,583 11,712	349,161 426,750	19,890 24,309
BRIAN DORAN SENIOR VP	(I) (II)	413,488 0	85,297 0	39,426 0	184,134 0	33,497 0	755,842 0	0 0
DEBORAH HODYS VP	(I) (II)	324,111 0	56,948 0	18,095 0	13,629 0	27,518 0	440,301 0	0 0
MARC KOSAK VP	(I) (II)	210,101 0	35,224 0	17,869 0	15,953 0	25,675 0	304,822 0	0 0
NANCY LEVITT-ROSENTHAL SENIOR VP	(I) (II)	296,690 0	77,331 0	38,476 0	132,522 0	4,347 0	549,366 0	0 0
SPIKE LIPSCHUTZ VP	(I) (II)	382,247 0	85,411 0	29,872 0	16,179 0	32,910 0	546,619 0	0 0
MELISSA TURNER SENIOR VP	(I) (II)	122,606 122,606	31,483 31,483	23,050 23,050	50,184 50,184	11,672 11,672	238,995 238,995	0 0
VICKI ALTMEYER DIRECTOR OF PATHOLOGY	(I) (II)	495,568 0	48,208 0	26,856 0	37,662 0	18,948 0	627,242 0	8,268 0
DOROTHY BLACKMUN PATHOLOGIST	(I) (II)	435,042 0	0 0	18,229 0	20,544 0	11,901 0	485,716 0	0 0
ERIC DIAMOND PATHOLOGIST	(I) (II)	462,540 0	0 0	27,105 0	41,912 0	35,909 0	567,466 0	0 0
RICHARD EISEN DIRECTOR OF PATHOLOGY	(I) (II)	487,084 0	12,593 0	26,797 0	27,963 0	25,265 0	579,702 0	5,961 0
CYNTHIA KUCHER PATHOLOGIST	(I) (II)	362,573 0	0 0	14,375 0	18,858 0	2,247 0	398,053 0	35,992 0
QUINTON FRIESEN FORMER OFFICER 9/2012	(I) (II)	0 0	117,663 0	542,230 0	0 0	0 0	659,893 0	520,569 0
GEORGE PAWLUSH FORMER OFFICER 2/2013	(I) (II)	45,894 0	49,807 0	5,088 0	4,985 0	3,621 0	109,395 0	20,873 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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 SERIES B		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	55,121,028			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	522,360			
8	Credit enhancement from proceeds	68,897			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	54,529,771			
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 of bond-financed property?	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 ▶		1 370 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 770 %						
6	Total of lines 4 and 5		2 140 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	UBS							
c	Term of hedge	18 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2009

Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	REFINANCE ISSUANCE DATE 4/6/2006

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

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

Return Reference	Explanation
PART III, LINE 9	THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATION WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	500,492	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, COLUMN D	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 $500,492SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,500	FAIR MARKET VALUE
5 Clothing and household goods	X		57,490	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	5	6,645	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	383	112,496	FAIR MARKET VALUE
26 Other ▶ (VACACTION/ENT)	X	29	93,165	FAIR MARKET VALUE
27 Other ▶ (PHOTOGRAPHY)	X	11	30,700	FAIR MARKET VALUE
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 1

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	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 noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	AMOUNTS REPRESENT NUMBER OF CONTRIBUTIONS RECEIVED

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

Return Reference	Explanation
FORM 990, PART III, LINE 4A	GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, WITH MORE THAN 12,500 INPATIENT DISCHARGES AND NEARLY 290,000 OUTPATIENT ENCOUNTERS LAST YEAR THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS SPECIALIZED SERVICES ARE OFFERED AT THE BENDHEIM CANCER CENTER, BREAST CENTER, ENDOSCOPY CENTER, LEONA M AND HARRY B HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD DURING FISCAL YEAR 2014, GREENWICH HOSPITAL PROVIDED APPROXIMATELY $52 8 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $44 5 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $3 6 MILLION IN HEALTH PROFESSIONS EDUCATION AND $4 7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $319,409 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 PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT 18 VOTING MEMBERS ARE INDEPENDENT BASED ON OTHER INFORMATION KNOWN TO THE ORGANIZATION, THE ORGANIZATION HAS NO REASON TO BELIEVE THAT ONE OF THE REMAINING TWO VOTING MEMBERS IS NOT INDEPENDENT

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

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.

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

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

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

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

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 FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION PROCESS FOR OFFICERS CERTAIN OFFICERS ARE EMPLOYEES OF YNHHS, OTHER OFFICERS ARE EMPLOYED DIRECTLY BY THE HOSPITAL COMPENSATION DETERMINATIONS OF YNHHS EMPLOYEES ARE MADE BOTH BY THE COMPENSATION COMMITTEES AND BOARDS OF YNHHS AND THE HOSPITAL COMPENSATION DETERMINATION OF THE HOSPITAL EMPLOYEES ARE MADE BY THE HOSPITAL'S COMPENSATION COMMITTEE AND BOARD THE EXECUTIVE COMPENSATION COMMITTEES OF GREENWICH HOSPITAL 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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ANY AVAILABLE 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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	LAUNDERING SERVICE PROGRAM SERVICE EXPENSES 1,091,350 MANAGEMENT AND GENERAL EXPENSES 30,612 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,121,962 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 10,074,998 MANAGEMENT AND GENERAL EXPENSES 37,075,803 FUNDRAISING EXPENSES 130,535 TOTAL EXPENSES 47,281,336 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 10,464,521 MANAGEMENT AND GENERAL EXPENSES 1,513,513 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,978,034

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION ADJUSTMENT -9,492,000 AMORTIZATION -71,000 TRANSFERS TO AFFILIATES -11,614,000 ASSETS RELEASED FOR OPERATIONS -3,010,000 RESTRICTED CONTRIBUTIONS 7,999,000 REALIZED GAIN ON INVESTMENTS 1,103,000 CHANGE IN FOUNDATION NET ASSETS -3,801,595 CHANGE IN AUXILIARY NET ASSETS 97,772 MISCELLANEOUS -422 BOOK TO TAX ITEMS - SEE SCH D, PART XI 673,629

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GREENWICH HOSPITAL

Employer identification number
06-0646659

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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	1,303,060	251,548	GREENWICH HOSPITAL
(3) GREENWICH PATHLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT	3,418,510	643,708	GREENWICH HOSPITAL

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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	

Part VII Supplemental Information

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

Return Reference	Explanation
PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS	BRIDGEPORT HOSPITAL - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14 BRIDGEPORT HOSPITAL AUXILIARY INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 BRIDGEPORT HOSPITAL FOUNDATION, INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 SOUTHERN CT HEALTH SYSTEM PROPERTIES INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 YALE-NEW HAVEN CARE CONTINUUM CORP - YNH NETWORK CORP 10/1/13-5/16/14 YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14 YALE-NEW HAVEN HOSPITAL - YNH NETWORK CORP 10/1/13-5/16/14 YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE	CT	501C3	LINE 3	SEE PART VII	Yes	
(1) BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES (MERGED 52014) 267 GRANT STREET BRIDGEPORT, CT 06610 06-1066729	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
(2) BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	SEE PART VII	Yes	
(3) BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT	CT	501C3	LINE 7	SEE PART VII	Yes	
(4) CARITAS INSURANCE 40 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
(5) NORMA F PFREIM BREAST CANCER INC (MERGED 22014) 111 BEACH ROAD FAIRFIELD, CT 06430 06-0567752	HEALTHCARE	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
(6) 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	
(7) NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 35-2380180	HEALTHCARE	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
(8) PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
(9) SCHS PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		SEE PART VII	Yes	
(10) 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	
(11) 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
(12) YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	SEE PART VII	Yes	
(13) YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE	CT	501C3	LINE 3	SEE PART VII	Yes	
(14) YNH NETWORK CORP (MERGED 52014) 789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
(15) 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
(16) BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS INC 120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	CT	N/A	C				Yes	
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	CT	N/A	C				Yes	
GREENWICH INTEGRATIVE MEDICINE (DISSOLVED 9222014) 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	CT	N/A	C				Yes	
GREENWICH OCCUPATIONAL HEALTH SERV-NY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	N/A	C				Yes	
GREENWICH PEDIATRIC SERVICES PC (DISSOLVED 9222014) 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	CT	N/A	C				Yes	
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C				Yes	
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	CT	N/A	C				Yes	
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	CT	N/A	C				Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C				Yes	
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C				Yes	
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	N/A	C				Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES NJ 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	N/A	C	219,786	118,276	100 000 %	Yes	
LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON BD 98-1072793	INSURANCE	BD	N/A	C				Yes	
PRIMARYNET OF CONNECTICUT INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1463534	HEALTHCARE	CT	N/A	C				Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	N/A	C				Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
CENTURY MANAGEMENT SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1303173	RECEIVABLES MNGT	CT	N/A	C				Yes	

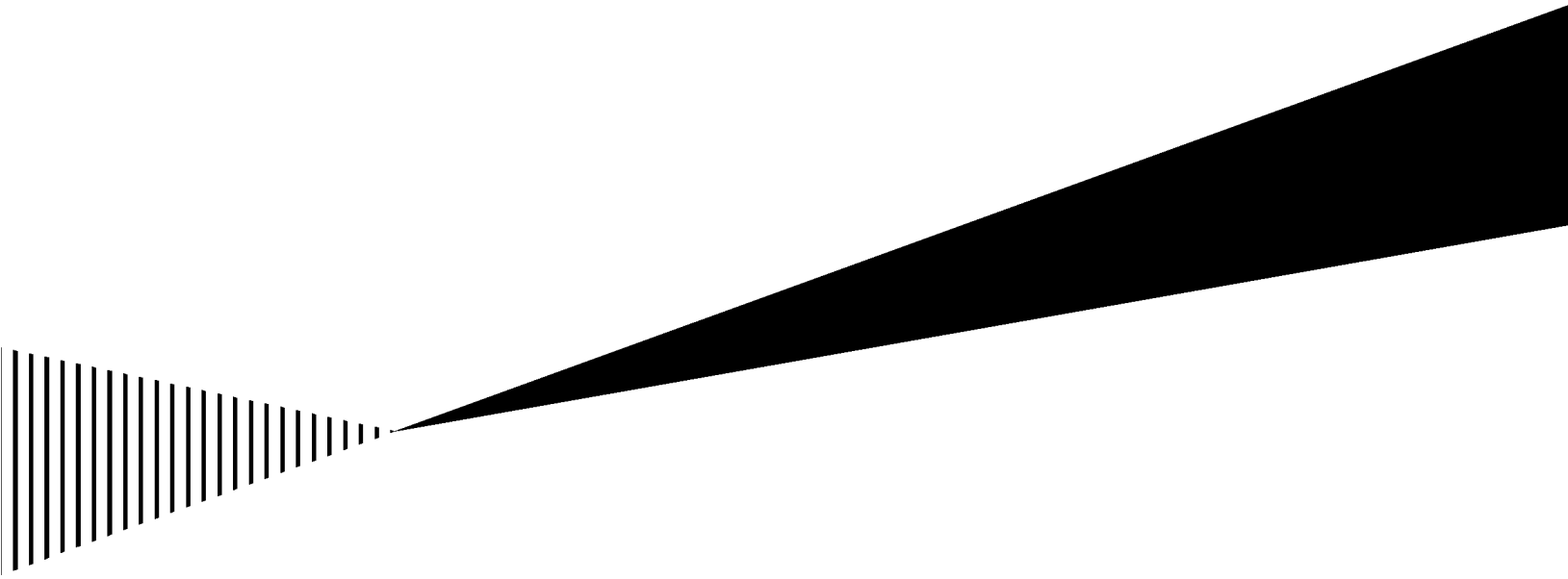
Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
YALE NEW HAVEN HEALTH SERVICES CORP	M	46,393,443	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	P	5,647,266	COMPARABLE MARKET VALUE
GREENWICH HEALTH CARE SERVICES INC	R	10,300,000	CASH/NET ASSET TRANSFER
GREENWICH HEALTH CARE SERVICES INC	P	17,650	CASH
GREENWICH HEALTH CARE SERVICES INC	L	1,294,835	CASH
GREENWICH HOSPITAL ENDOWMENT FUND	S	4,203,364	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL ENDOWMENT FUND	Q	15,625	COMPARABLE MARKET VALUE
PERRYRIDGE CORPORATION	K	1,152,120	COMPARABLE MARKET VALUE
PERRYRIDGE CORPORATION	Q	47,870	ACTUAL COST
PERRYRIDGE CORPORATION	L	36,336	COMPARABLE MARKET VALUE
PERRYRIDGE CORPORATION	S	1,011,559	CASH

FINANCIAL STATEMENTS

Greenwich Hospital
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better working world

Greenwich Hospital

Financial Statements

Years Ended September 30, 2014 and 2013

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Statements of Cash Flows . . 7
Notes to Financial Statements . . 8

Ernst & Young LLP
20 Church Street
Hartford, CT 06103

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ey com

Building a better working world

Report of Independent Auditors

The Board of Trustees
Greenwich Hospital

We have audited the accompanying financial statements of Greenwich Hospital (the Hospital), which comprise the balance sheets as of September 30, 2014 and 2013, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Building a better working world

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, 2014 and 2013, and the results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst & Young LLP

December 23, 2014

Greenwich Hospital

Balance Sheets

	September 30 2014	2013
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 43,811**	$ 25,344
Short-term investments *(Note 4)*	**31,934**	36,063
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately $49,896,000 in 2014 and $41,874,000 in 2013 *(Note 2)*	**37,984**	34,799
Other receivables *(Note 2)*	**28,313**	21,944
Professional liabilities insurance recoveries receivable – current portion *(Note 9)*	**8,030**	6,570
Other current assets	**9,268**	9,779
Total current assets	**159,340**	134,499
Assets limited as to use *(Note 4)*	**38,804**	33,475
Beneficial interest in the net assets of the Foundation	**60,140**	56,389
Long-term investments *(Note 4)*	**51,525**	45,989
Due from affiliate *(Note 12)*	**–**	501
Professional liabilities insurance recoveries receivable – non-current *(Note 9)*	**17,916**	13,962
Other assets *(Note 1)*	**15,737**	15,773
Property, plant, and equipment *(Note 1):*		
Land and land improvements	**10,618**	8,441
Buildings and fixtures	**252,748**	251,020
Equipment	**172,367**	163,134
	435,733	422,595
Less accumulated depreciation	**(212,977)**	(194,596)
	222,756	227,999
Construction in progress	**461**	138
	223,217	228,137
Total assets	**$ 566,679**	$ 528,725

	September 30	
	2014	**2013**
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 8,178**	$ 5,989
Accrued expenses *(Note 12)*	**24,436**	22,545
Professional liabilities – current portion *(Note 9)*	**8,030**	6,570
Current portion of long-term debt *(Note 7)*	**2,605**	2,505
Other current liabilities *(Note 2)*	**12,282**	12,215
Total current liabilities	**55,531**	49,824
Long-term debt, net of current portion *(Note 7)*	**35,105**	37,710
Accrued pension and postretirement benefit obligations *(Note 8)*	**31,684**	23,880
Professional liabilities *(Note 9)*	**24,769**	19,717
Interest rate swap *(Note 7)*	**3,817**	4,166
Other long-term liabilities *(Note 2)*	**14,411**	15,804
Total liabilities	**165,317**	151,101
Commitments and contingencies		
Net assets *(Note 6):*		
Unrestricted	**334,040**	318,845
Temporarily restricted	**44,115**	36,543
Permanently restricted	**23,207**	22,236
Total net assets	**401,362**	377,624
Total liabilities and net assets	**$ 566,679**	$ 528,725

See accompanying notes.

Greenwich Hospital

Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2014	**2013**
	(In Thousands)	
Operating revenue		
Net patient service revenue	**$ 357,292**	$ 331,264
Less. Provision for bad debts	**(25,085)**	(18,282)
Net patient service revenue, less provision for bad debts	**332,207**	312,982
Other revenue *(Note 13)*	**17,848**	19,797
Total operating revenue	**350,055**	332,779
Operating expenses:		
Salaries and benefits	**150,222**	152,296
Supplies and other	**142,360**	137,021
Depreciation	**24,929**	21,233
Interest *(Note 7)*	**343**	469
Total operating expenses	**317,854**	311,019
Income from operations	**32,201**	21,760
Non-operating losses and gains		
Change in fair value of swap, including counterparty payments *(Note 7)*	**(847)**	1,011
Change in unrealized gains and losses on investments	**6,345**	5,019
Other non-operating gains and losses, net *(Note 13)*	**(1,327)**	140
Excess of revenue over expenses	**36,372**	27,930

Greenwich Hospital

Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2014	**2013**
	(In Thousands)	
Unrestricted net assets:		
Excess of revenue over expenses	**$ 36,372**	$ 27,930
Other changes in net assets	**(71)**	(72)
Transfers to affiliates *(Note 12)*	**(11,614)**	(9,988)
Net assets released from restrictions for purchases of fixed assets	**–**	9
Transfer from Yale New Haven Health Services Corporation	**–**	700
Pension and other postretirement liability adjustments *(Note 8)*	**(9,492)**	32,327
Increase in unrestricted net assets	**15,195**	50,906
Temporarily restricted net assets:		
Net realized gains and income from investments	**1,091**	805
Change in net unrealized gains and losses on investments	**2,417**	5,187
Bequests and contributions	**7,074**	4,187
Net assets released from restrictions for purchases of fixed assets	**–**	(9)
Net assets released from restriction for operations	**(3,010)**	(3,621)
Net assets released from restrictions for nonoperating activities	**–**	(5)
Increase in temporarily restricted net assets	**7,572**	6,544
Permanently restricted net assets:		
Contributions	**925**	125
Net realized gains on investments	**12**	23
Change in net unrealized gains and losses on investments	**34**	299
Increase in permanently restricted net assets	**971**	447
Increase in net assets	**23,738**	57,897
Net assets at beginning of year	**377,624**	319,727
Net assets at end of year	**$ 401,362**	$ 377,624

See accompanying notes.

Greenwich Hospital

Statements of Cash Flows

	Year Ended September 30	
	2014	**2013**
	(In Thousands)	
Operating activities		
Increase in net assets	**$ 23,738**	$ 57,897
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation	**24,929**	21,233
Change in net interest in the net assets of the Foundation	**(3,751)**	(5,122)
Net realized and change in net unrealized gains and losses on investments	**9,898**	11,333
Bequests and contributions	**(7,999)**	(4,312)
Pension and other postretirement liability adjustments	**9,492**	(32,327)
Change in fair value of interest rate swap agreement	**(349)**	(2,251)
Changes in operating assets and liabilities		
Accounts receivable, net	**(3,185)**	1,790
Other receivables	**(6,369)**	(4,092)
Professional liabilities and related insurance recoveries receivable	**1,098**	304
Due from affiliate	**501**	1,600
Other assets	**547**	(830)
Accounts payable	**2,189**	(172)
Accrued expenses	**1,891**	(313)
Other current liabilities, accrued pension, and post retirement benefit obligations and other long-term liabilities	**(3,014)**	(5,129)
Net cash provided by operating activities	**49,616**	39,609
Investing activities		
Acquisition of property, plant, and equipment, net	**(20,009)**	(14,483)
Net change in investments and assets limited as to use	**(16,634)**	(13,457)
Net cash used in investing activities	**(36,643)**	(27,940)
Financing activities		
Bequests and contributions	**7,999**	4,312
Repayment of long-term debt	**(2,505)**	(2,430)
Net cash provided by financing activities	**5,494**	1,882
Net increase in cash and cash equivalents	**18,467**	13,551
Cash and cash equivalents at beginning of year	**25,344**	11,793
Cash and cash equivalents at end of year	**$ 43,811**	$ 25,344

See accompanying notes

Greenwich Hospital

Notes to Financial Statements

September 30, 2014

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 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 2014 and 2013, the Hospital recorded a change in estimate of approximately $2.1 million and $(0 3) million, respectively Included in the change are amounts related to third-party payor settlements at September 30, 2014 and 2013, 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

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

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor imposed restrictions, if any, on the contributions

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

1. Organization and Significant Accounting Policies (continued)

investment The financial statements of the investees are audited annually by independent auditors. Certain alternative investments are subject to various withdrawal restrictions regarding timing, fees and enhanced disclosure required transaction limits at September 30, 2014 and 2013 Future funding commitments for alternative investments aggregated approximately $2 4 million at September 30, 2014.

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

1. Organization and Significant Accounting Policies (continued)

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

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 Deferred financing costs capitalized totaled approximately $0.6 million for September 30, 2014 and 2013 The accumulated amortization of deferred financing costs was approximately $0.2 million for September 30, 2014 and 2013 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, 2014 and 2013.

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 $400,000 for the year ended September 30, 2013 No distributions were recorded for the year ended September 30, 2014

1. Organization and Significant Accounting Policies (continued)

Beneficial Interest in Remainder Trusts

The Hospital is the ultimate beneficiary of certain charitable remainder trusts and similar arrangements Under most of these arrangements, the Hospital is not receiving any distributions, but will be entitled to the remaining assets in the trust upon the death of the donor and any 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, 2014 and 2013, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately $0 9 million and is included in accrued expenses in the accompanying balance sheets.

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, 2014 and 2013, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 2 5% in 2014 and 2013, aggregated approximately $2 0 million and $2 3 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

1. Organization and Significant Accounting Policies (continued)

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

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

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

1. Organization and Significant Accounting Policies (continued)

New Accounting Pronouncement

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services The adoption of ASU 2014-09 is required on October 1, 2017, and management is current evaluating the effect of this guidance on its financial statements

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2013 balances previously reported in the financial statements in order to conform with the current year presentation Approximately $22 8 million reported as a reduction to accounts receivable is now classified as allowances for uncollectible accounts, charity care, and free care on the accompanying balance sheet to conform with the current year presentation. See Note 3 for additional information relative to the amendment of the Hospital's Charity Care policy

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

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

Third-party payor receivables included in other receivables were approximately $2.9 million and $2.3 million at September 30, 2014 and 2013, respectively Third-party payor liabilities included in other current liabilities were approximately $4 0 million and $3 9 million at September 30, 2014 and 2013, respectively Third-party payor liabilities included in other long-term liabilities were approximately $10 9 million and $12.1 million at September 30, 2014 and 2013, respectively

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare, Medicaid and other third-party payors for adjustments to current and prior year payment rates, based on 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 29% and 4%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2014 and approximately 28% and 3%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2013 Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 36% and 6%, respectively, for the year ended September 30, 2014 and approximately 39% and 5%, respectively, for the year ended September 30, 2013 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 In April 2014, the Hospital began participation in the Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement initiative Under the Bundled Payments for Care Improvement initiative, the Hospital has entered into payment arrangements that include financial and performance accountability for episodes of care

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

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2012 for Medicare and 1995 for Medicaid. Other years remain open for settlement

The significant concentrations of accounts receivable for services to patients include 37% from Medicare, 3% from Medicaid, and 60% from non-governmental payors at September 30, 2014 and 34% from Medicare, 5% from Medicaid, and 61% from non-governmental payors at September 30, 2013

Net patient service revenue is comprised of the following for the years ended September 30, 2014 and 2013(in thousands).

	2014	2013
Gross revenue at charges	**$ 1,149,849**	$ 1,081,143
Deductions		
Contractual allowances	**772,804**	733,992
Charity and free care (at charges)	**19,753**	15,887
Provision for doubtful accounts	**25,085**	18,282
Net patient service revenue	**$ 332,207**	$ 312,982

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

Patient service revenue for the years ended September 30, 2014 and 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources based on primary insurance designation, is as follows (in thousands).

	Third-Party	Self-Pay	Total All Payors
2014 Patient service revenue (net of contractual allowances and discounts)	**$ 341,172**	**$ 16,120**	**$ 357,292**
2013 Patient service revenue (net of contractual allowances and discounts)	322,834	8,430	331,264

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience Accounts receivable are also reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

The Hospital's allowance for doubtful accounts totaled approximately $49.9 million and $41 9 million at September 30, 2014 and 2013, respectively The allowance for doubtful accounts for self-pay patients was approximately 53% and 60% of self-pay accounts receivable as of September 30, 2014 and 2013, respectively Overall, the total of self-pay discounts and write-offs did not change significantly in 2014

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

3. Uncompensated Care and Community Benefit Expense (continued)

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care During the year ended September 30, 2014, the Hospital amended its Charity Care policy Based upon the policy change, the Hospital experienced increased charity care write offs during the year

Together, charity care and bad debt expense represent uncompensated care The estimated cost of total uncompensated care is approximately $17 0 million and $12.5 million for the years ended September 30, 2014 and 2013, 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 approximately $7 5 million and $5 8 million for the years ended September 30, 2014 and 2013, respectively The estimated cost of charity care is determined by the Hospital's cost accounting system.

For the years ended September 30, 2014 and 2013, bad debt expense, at charges, was approximately $25 1 million and $18.3 million, respectively For the years ended September 30, 2014 and 2013, bad debt expense, at cost, was approximately $9.5 million and $6.7 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 an assessment on hospital net patient service revenue During the years ended September 30, 2014 and 2013, the Hospital received approximately $1.2 million and $2.8 million, respectively, in CDSHP distributions, of which approximately $0.5 million and $1 4 million was related to charity care The Hospital made payments into the CDSHP of approximately $12 1 million for the years ended September 30, 2014 and 2013 for the assessment

3. Uncompensated Care and Community Benefit Expense (continued)

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

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

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).

	2014	2013
Money market funds	**$ 59,018**	$ 58,410
U S. equity securities	**8,843**	9,849
U S. equity securities – common collective trusts	**7,100**	4,752
International equity securities[c]	**10,625**	9,107
Fixed income		
U.S government	**3,979**	3,754
U.S government – common collective trusts	**7,116**	6,911
International government	**1,284**	1,073
Corporate debt[a]	**16,409**	13,250
Mortgage backed securities[b]	**24**	44
Hedge funds		
Absolute return[d]	**3,126**	4,385
Private equity [e]	**2,154**	1,911
Commodities	**1,050**	1,356
Real assets[f]	**895**	725
Long/short equity [g]	**640**	–
	$ 122,263	$ 115,527

4. Investments and Assets Limited as to Use (continued)

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

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

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

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

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

(f) Investments made in pooled investment funds

(g) Investments with an external long/short equity fund of funds manager underlying portfolio investments consisting of publicly traded equity positions

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 1% and 1.3% as of September 30, 2014 and 2013, respectively.

5. Endowment

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

5. Endowment (continued)

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, 2014 are as follows (in thousands)

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

5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2013 are as follows (in thousands).

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 38,014	$ 10,115	$ 21,789	$ 69,918
Investment return				
Investment income	95	–	–	95
Net appreciation (realized and unrealized)	7,302	5,426	322	13,050
Total investment return	7,397	5,426	322	13,145
Contributions	–	–	125	125
Appropriation of endowment assets for expenditure	(2,400)	(69)	–	(2,469)
Endowment net assets, end of year	$ 43,011	$ 15,472	$ 22,236	$ 80,719

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.

5. Endowment (continued)

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

Net assets released from donor-imposed restrictions used for operations and included in other revenue consisted of the following at September 30, 2014 and 2013 (in thousands)

	2014	2013
Restricted funds to support operations	**$ 3,008**	$ 3,177
Free care fund	**2**	444
	$ 3,010	$ 3,621

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2014 and 2013 (in thousands)

	2014	2013
Other specified capital expenditures	**$ 5,649**	$ 3,266
Indigent care	**10,065**	8,505
Indigent care funds held by trustee	**11,918**	11,142
Specified health care services and operations	**9,868**	7,626
Education	**6,615**	6,004
	$ 44,115	$ 36,543

6. Temporarily and Permanently Restricted Net Assets (continued)

Permanently restricted net assets are restricted as follows at September 30, 2014 and 2013 (in thousands).

	2014	2013
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)	**$ 13,418**	$ 13,283
Principal to be held in perpetuity (held by the trustee), with income expendable to support free care programs (reported as an increase in unrestricted net assets)	**1,941**	1,941
Principal to be held in perpetuity, with income to be spent for restricted purposes as specified by donor (reported as additions to temporarily restricted net assets until released upon satisfaction of restriction)	**7,848**	7,012
	$ 23,207	$ 22,236

7. Long-Term Debt

Long-term debt consists of the following at September 30, 2014 and 2013 (in thousands).

	2014	2013
State of Connecticut Health and Educational Facilities Authority Tax Exempt Bonds, Series C (variable interest rates with an average rate of approximately 3 22% for fiscal 2014)	**$ 37,710**	$ 40,215
Less current portion	**(2,605)**	(2,505)
Long-term portion	**$ 35,105**	$ 37,710

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

7. Long-Term Debt (continued)

On April 3, 2006, CHEFA issued approximately $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 approximately $53 6 million of its Revenue Bonds on behalf of Greenwich Hospital, Series C, consisting of variable rate demand bonds The proceeds were utilized for the refunding of the outstanding Series B revenue bonds Principal amounts related to the Series C revenue bonds mature annually each July 1 through fiscal 2026. The effective interest rate of 3 22% is the result of the variable rate paid to bondholders, disclosed as interest expense of approximately $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.

For the years ended September 30, 2014 and 2013, the Hospital paid approximately $0 1 million for interest related to long-term debt, exclusive of the swap agreements

Aggregate principal and sinking fund payments required by the Hospital for the Series C revenue bonds for fiscal 2015 through fiscal 2019 and thereafter are as follows (in thousands)

Years ending.	
2015	$ 2,605
2016	2,675
2017	2,790
2018	2,870
2019	2,970
Thereafter	23,800
	$ 37,710

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

7. Long-Term Debt (continued)

Pursuant to the State of Connecticut Health and Educational Authority Trust Indenture (Trust Indenture), dated May 1, 2008, the Hospital is required to maintain a debt service fund with a trustee to cover payment of principal and interest The Hospital is required to comply with a variety of covenants, including a debt service coverage ratio In connection with the Series C revenue bonds, GHCS is part of the Obligated Group with the Hospital (including the Hospital's Foundation)

At September 30, 2014 and 2013, 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 approximately $25 7 million

There was a favorable change in fair value of approximately $0.3 million and $2.3 million for the years ended September 30, 2014 and 2013, respectively, which was recorded in excess of revenue over expenses The terms of the swap agreement have not required the Hospital to collateralize funds to be held by the financial institution as of September 30, 2014 and 2013

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)

8. Retirement Plan (continued)

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 2 million to the Plan for the years ended September 30, 2014 and 2013, 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 employer matching and length of service portions of the defined contribution plan

The Hospital is required to measure plan assets and benefit obligations at a date consistent with its fiscal year-end balance sheet Included in unrestricted net assets at September 30, 2014 and 2013 are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands)

	2014	2013
Unrecognized actuarial loss	**$ (44,837)**	$ (35,339)
Unrecognized prior service cost	–	(6)
	$ (44,837)	$ (35,345)

8. Retirement Plan (continued)

The actuarial loss included in unrestricted net assets at September 30, 2014 and expected to be recognized in net periodic benefit cost during the year ending September 30, 2014 is as follows (in thousands)

Unrecognized actuarial loss	$ 7,537
	$ 7,537

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, 2014 and 2013 (in thousands).

	2014	2013
Change in benefit obligations		
Benefit obligation, at prior measurement date	**$ 179,205**	$ 193,078
Service cost	**2,298**	2,852
Interest cost	**8,594**	7,579
Actuarial loss (gain)	**19,811**	(17,328)
Benefits paid	**(7,146)**	(6,976)
Benefit obligation, at current measurement date	**$ 202,762**	$ 179,205
Change in plan assets		
Fair value of plan assets, at prior measurement date	**$ 155,325**	$ 138,914
Actual return on plan assets	**17,399**	18,087
Employer contributions	**5,500**	5,300
Benefits paid	**(7,146)**	(6,976)
Fair value of plan assets, at current measurement date	**$ 171,078**	$ 155,325
Pension liability	**$ (31,684)**	$ (23,880)

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality table used to measure the benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation.

8. Retirement Plan (continued)

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets were as follows at September 30, 2014 and 2013 (in thousands).

	2014	2013
Projected benefit obligation	**$ 202,762**	$ 179,205
Accumulated benefit obligation	**197,893**	172,322
Fair value of plan assets	**171,078**	155,325

The following table provides the components of the net periodic benefit cost for the Plan for the years ended September 30, 2014 and 2013 (in thousands).

	2014	2013
Service cost	**$ 2,298**	$ 2,852
Interest cost	**8,594**	7,579
Expected return on plan assets	**(11,678)**	(11,069)
Amortization of prior service cost	**6**	6
Amortization loss	**4,592**	7,976
Net periodic benefit cost	**$ 3,812**	$ 7,344

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, 2014 and 2013 are shown in the following table

	Net Periodic Benefit Cost		Benefit Obligation	
	2014	2013	2014	2013
Discount rate	**4.90%**	4 00%	**4.30%**	4 90%
Rate of compensation increase	**3.50**	3 50	**2.50**	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, 2014 and 2013 was as follows

	2015 Target Allocation	2014	2013
Equity securities	60%–90%	**55%**	54%
Debt securities	10%–40%	**15**	16
Alternative investments	0%–25%	**30**	30
		100%	100%

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

	Level 1	Level 2	Level 3	Total
Money market funds	$ **1,249**	$ –	$ –	$ **1,249**
U S equity securities	**20,965**	**29,461**	–	**50,426**
International equity securities	**3,336**	**40,744**	–	**44,080**
Fixed income:				
Corporate debt	**23,987**	–	–	**23,987**
Commodities	–	–	**4,484**	**4,484**
Private equity	–	–	**11,850**	**11,850**
Hedge funds				
Absolute return	–	**16,248**	**13,835**	**30,083**
Long/short equity	–	–	**4,919**	**4,919**
	$ **49,537**	$ **86,453**	$ **35,088**	$ **171,078**

8. Retirement Plan (continued)

The plan assets carried at fair value as of September 30, 2013 are classified in the table below in one of the three categories described in Note 14 (in thousands).

	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,603	$ –	$ –	$ 1,603
U S. equity securities	21,349	23,664	–	45,013
International equity securities	–	38,332	–	38,332
Fixed income:				
Corporate debt	22,601	–	–	22,601
Commodities			4,491	4,491
Private equity	–	–	9,843	9,843
Hedge funds				
Absolute return	–	18,452	14,990	33,442
	$ 45,553	$ 80,448	$ 29,324	$ 155,325

The composition and presentation of financial assets categorized as Level 3 investments in the tables above for the fiscal years ended September 30, 2014 and 2013 are as follows (in thousands)

	Private Equity	Commodities	Hedge Funds	Total
Beginning balance as of October 1, 2013	**$ 9,843**	**$ 4,491**	**$ 14,990**	**$ 29,324**
Income and realized gains (losses)	**(1,191)**	**–**	**832**	**(359)**
Unrealized gains (losses)	**3,214**	**(7)**	**1,216**	**4,423**
Sales, distributions	**(2,051)**	**–**	**(3,284)**	**(5,335)**
Purchases, sales, issuance, settlements, transfers, other	**2,035**	**–**	**5,000**	**7,035**
Ending balance as of September 30, 2014	**$ 11,850**	**$ 4,484**	**$ 18,754**	**$ 35,088**

8. Retirement Plan (continued)

	Private Equity	Commodities	Hedge Funds	Total
Beginning balance as of October 1, 2012	$ 8,319	$ 4,580	$ 10,579	$ 23,478
Income and realized gains	643	–	503	1,146
Unrealized gains (losses)	1,487	(89)	632	2,030
Sales, distributions	(346)	–	(3,724)	(4,070)
Purchases, sales, issuance, settlements, transfers, other	(260)	–	7,000	6,740
Ending balance as of September 30, 2013	$ 9,843	$ 4,491	$ 14,990	$ 29,324

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 The actual return on assets of the Plan was 11 9% and 10.1% for the one and five years ended September 30, 2014, respectively

Cash Flows

Contributions: The Hospital expects to make cash contributions of approximately $7 2 million to the Plan in fiscal 2015

8. Retirement Plan (continued)

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

Years ending.	
2015	$ 8,217
2016	8,965
2017	9,742
2018	10,511
2019	11,304
2020 to 2024	65,545

9. Professional Liability Insurance

Yale-New Haven Hospital (Y-NHH) and a number of academic medical centers are shareholders in The Medical Center Insurance Company, Ltd (the Captive) The Captive was formed to insure for professional and comprehensive general liability risks of its shareholders and certain affiliated entities of the shareholders On October 1, 1997, the Hospital was added to the Y-NHH program as an additional insured The Captive and its wholly-owned subsidiary write direct insurance and reinsurance for varying levels of per claim limit exposure The Captive has reinsurance coverage from outside reinsurers for amounts above the per claim limits Premiums are based on 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 but not reported aggregated approximately $32 8 and $26 3 million at September 30, 2014 and 2013, respectively The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately $7 7 million and $6 5 million at September 30, 2014 and 2013, respectively, and is included in professional liabilities in the accompanying balance sheets at the actuarially determined present value of approximately $6.9 million and $5.8 million, respectively, based on a discount rate 2.5% for the years ended September 30, 2014 and 2013

The Hospital has recorded related insurance recoveries receivable of approximately $25 9 million and $20.5 million at September 30, 2014 and 2013, 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.

9. Professional Liability Insurance (continued)

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

10. Commitments and Contingencies

Leases

The Hospital leases various equipment and properties under operating leases and has long-term commitments under service contracts expiring at various dates through fiscal 2019 Expense under such leases and service contracts was approximately $8 3 million and $7 6 million for fiscal 2014 and 2013, respectively.

Future minimum lease payments for each of the following four years subsequent to September 30, 2014 under noncancelable operating leases and service contracts are as follows (in thousands)

Years ending	
2015	$ 7,733
2016	6,432
2017	2,878
2018	942
	$ 17,985

The Hospital has been involved in leasing leased and owned houses and properties to Hospital employees Expenses for the years ended September 30, 2014 and 2013, under these leases are included in supplies and other expenses The amounts received from employees relating to these leases are included in other revenue (see Note 13)

10. Commitments and Contingencies (continued)

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 5 million and $3 4 million for fiscal 2014 and 2013, respectively It is anticipated that this arrangement will be renewed in the future

Litigation

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

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

11. Functional Expenses

Functional expenses related to the Hospital's operating activities for the years ended September 30, 2014 and 2013 are as follows (in thousands)

	2014	2013
Health care services	**$ 228,855**	$ 167,895
General and administrative	**88,999**	143,124
	$ 317,854	$ 311,019

12. Related-Party Transactions

The Hospital purchased certain services from YNHHSC for the years ended September 30, 2014 and 2013 as follows (in thousands).

	2014	2013
Professional and general liability insurance	**$ 4,670**	$ 4,573
Information systems	**13,068**	9,540
Management services	**4,670**	4,661
Other support services	**29,633**	24,888
Hospitalist Program	**9,761**	9,362
EPIC shared project	**5,035**	8,299
	$ 66,837	$ 61,323

The Hospital has amounts due to YNHHSC of approximately $6.8 million and $7.5 million, included in accrued expenses and other current liabilities in the accompanying balance sheets, at September 30, 2014 and 2013, respectively

In April 2004, the Hospital granted a $10 0 million line of credit to 2015 West Main Street Associates, LLC, a wholly owned subsidiary of the Perryridge Corporation (an affiliate of the Hospital), of which approximately $0 5 million and $2 1 million was outstanding at September 30, 2014 and 2013, respectively.

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

	2014	2013
Amounts due in one year (included in other receivables)	**$ 501**	$ 1,600
Amounts due in two to five years	**–**	501

During the years ended September 30, 2014 and 2013, the Hospital transferred approximately $11 6 million and $10 0 million, respectively, related to operations to GHCS

13. Supplemental Operating Data

Other revenue consisted of the following (in thousands)

	Year Ended September 30 2014	2013
Pathology services	**$ 4,104**	$ 4,651
Foundation distributed income	**2,532**	2,400
Cafeteria and vending	**1,173**	1,260
Greenwich Ambulatory Surgery Center Joint Venture	**1,499**	1,417
Net assets released from restrictions for operations	**3,010**	3,621
Electronic health record incentive payment	**1,190**	1,762
In vitro fertilization	**1,295**	1,269
Other	**3,045**	3,417
	$ 17,848	$ 19,797

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2012 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

13. Supplemental Operating Data (continued)

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received Medicare EHR incentive payment revenue was approximately $1 1 million and $1 6 million for the years ended September 30, 2014 and 2013, respectively, and Medicaid EHR incentive payment revenue was approximately $0 1 million for the years ended September 30, 2014 and 2013 EHR incentive payment revenue is included in other revenue in the accompanying statements of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government

Other non-operating gains and losses, net for the years ended September 30, 2014 and 2013 consisted of the following (in thousands)

	2014	2013
Income from Foundation operations, primarily investment income and net realized gains	**$ 1,464**	$ 2,020
Less Foundation income distributed to the Hospital included in other revenue	**(2,532)**	(2,400)
	(1,068)	(380)
Unrestricted contributions	**2,412**	3,284
Interest and investment income	**718**	304
Fundraising expenses	**(2,660)**	(2,424)
Community Health at Greenwich Hospital	**(729)**	(649)
Net assets released from restrictions used for non-operating activities, net	**–**	5
	$ (1,327)	$ 140

13. Supplemental Operating Data (continued)

Contributions received consisted of the following (in thousands)

	2014	2013
Unrestricted contributions	**$ 2,412**	$ 3,284
Temporarily restricted contributions	**7,074**	4,187
Permanently restricted contributions	**925**	125
Total contributions	**10,411**	7,596
Less. Fundraising costs	**2,660**	2,424
	$ 7,751	$ 5,172

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

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

14. Fair Value Measurements (continued)

Financial assets and liabilities carried at fair value as of September 30, 2014 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	$ 43,811	$ –	$ –	$ 43,811
Money market funds	59,019	–	–	59,019
U S equity securities	3,780	–	–	3,780
International equity securities	2,398	–	–	2,398
Fixed income				
U S government	3,979	–	–	3,979
Corporate debt	16,409	–	–	16,409
Mortgage backed securities	24	–	–	24
International government	725	558	–	1,283
Commodities	397	–	–	397
Real estate	895	–	–	895
Beneficial interest in remainder trusts	1,947	–	–	1,947
Investments at fair value	$ 133,384	$ 558	$ –	133,942
Common collective trusts				14,217
Alternative investments				19,862
Investments not at fair value				34,079
Total investments as of September 30, 2014				$ 168,021
Liabilities				
Interest rate swap	$ –	$ (3,817)	$ –	$ (3,817)

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, 2016 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	$ 25,344	$ –	$ –	$ 25,344
Money market funds	58,411	–	–	58,411
U S equity securities	5,667	–	–	5,667
International equity securities	1,288	–	–	1,288
Fixed income				
U S government	3,754	–	–	3,754
Corporate debt	13,250	–	–	13,250
Mortgage backed Securities	44	–	–	44
International government	528	545	–	1,073
Commodities	690	–	–	690
Real estate	725	–	–	725
Beneficial interest in remainder trusts	1,832	–	–	1,832
Investments at fair value	$ 111,533	$ 545	$ –	112,078
Common collective trusts				11,663
Alternative investments				18,963
Investments not at fair value				30,626
Total investments as of September 30, 2013				$ 142,704
Liabilities				
Interest rate swap	$ –	$ (4,166)	$ –	$ (4,166)

The fair value of long-term debt was approximately $35 1 million and $37 7 million at September 30, 2014 and 2013, respectively The fair value of long-term debt is classified as Level 2 in the fair value hierarchy, as it uses a combination of quoted market prices and valuation based on current market rates

14. Fair Value Measurements (continued)

Included in the table above are investments at September 30, 2014 and 2013 in common collective trusts totaling approximately $14.2 million and $11.7 million, respectively, and other alternative investments totaling approximately $19 9 million and $19 0 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swap listed above is classified in the accompanying balance sheets as other long-term liabilities at September 30, 2014 and 2013

The following is a summary of total investments as of September 30, 2014, 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	$ 8,272	$ 2,414	N/A	N/A
Hedge funds				
Absolute return	2,496	N/A	N/A	N/A
Long/short equity	2,460	N/A	N/A	N/A
Global equity	11,356	N/A	30 days	3 years
Total	$ 24,584			

15. Subsequent Events

Management has evaluated subsequent events through December 23, 2014, 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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