

Form 990-T

EXTENDED TO AUGUST 15, 2019

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

OMB No 1545-0087

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

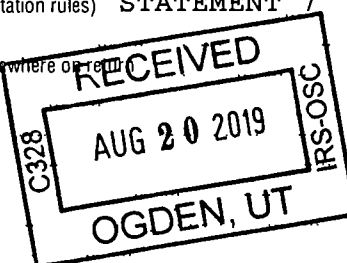
☐ Check box if address changed B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)		Name of organization (☐ Check box if name changed and see instructions) GREENWICH HOSPITAL Number, street, and room or suite no. If a P.O. box, see instructions 5 PERRYRIDGE ROAD City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830	Employer identification number (Employees' trust, see instructions) 06-0646659 Unrelated business activity codes (See instructions) 621500 523000
C Book value of all assets at end of year 677,336,748.		F Group exemption number (See instructions.) ▶ G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust	

H Describe the organization's primary unrelated business activity. **▶ OPERATION OF A LABORATORY DROP-OFF SERVICE**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☒ Yes ☐ No
 If "Yes," enter the name and identifying number of the parent corporation. **▶ SEE STATEMENT 6 VAIE 22-2529464**
J The books are in care of **▶ DENIS DONEGAN** Telephone number **▶ 203-688-6088**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-168,951.	STMT 2
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) STATEMENT 3	12	4,742,496.	4,742,496.
13	Total. Combine lines 3 through 12	13	4,573,545.	4,573,545.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	46,438.
20	Charitable contributions (See instructions for limitation rules) STATEMENT 7	20	0.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	3,335,199.
29	Total deductions. Add lines 14 through 28	29	3,381,637.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,191,908.
31	Net operating loss deduction (limited to the amount on line 30)	31	1,191,908.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.



SEE STATEMENT 5

SEE STATEMENT 8

SCANNED SEP 24 2019

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

(2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from.☐ Tax rate schedule or ☐ Schedule D (Form 1041)**37 Proxy tax** See instructions**38 Alternative minimum tax****39 Tax on Non-Compliant Facility Income** See instructions**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 5,909.

Part IV Tax and Payments**41a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)**b** Other credits (see instructions)**c** General business credit. Attach Form 3800**d** Credit for prior year minimum tax (attach Form 8801 or 8827)**e** Total credits. Add lines 41a through 41d**42** Subtract line 41e from line 40**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**44** Total tax. Add lines 42 and 43**45a** Payments. A 2016 overpayment credited to 2017**b** 2017 estimated tax payments**c** Tax deposited with Form 8868**d** Foreign organizations: Tax paid or withheld at source (see instructions)**e** Backup withholding (see instructions)**f** Credit for small employer health insurance premiums (Attach Form 8941)**g** Other credits and payments:☐ Form 2439 ☐ Form 4136 ☐ Other

Total

46 Total payments. Add lines 45a through 45g**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☒**48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed**49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax 132,078. Refunded

50 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country hereYes No
X**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.Yes No
X**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 7/26/19

Title SR VP

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

PHILLIP E. GROFF

7/24/2019

P01247783

Firm's name KPMG LLP

Firm's EIN 13-5565207

1601 MARKET STREET

Firm's address PHILADELPHIA, PA 19103

Phone no. 267-256-1756

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b				Yes	No
5	Total. Add lines 1 through 4b	5			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions
Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A). 0.	Enter here and on page 1, Part I, line 11, col (B). 0.				Enter here and on page 1, Part II, line 27 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.
▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Name GREENWICH HOSPITAL		Employer identification number 06-0646659
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1 1,190,908.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a 4,059.
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o -22,704.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3 1,172,263.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 1,172,263.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 1,172,263.
6	Alternative tax net operating loss deduction. See instructions	6 1,055,037.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 117,226.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a 0.
b	Multiply line 8a by 25% (0.25)	8b 0.
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c 0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 117,226.
10	Multiply line 9 by 20% (0.20)	10 23,445.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax Subtract line 11 from line 10 STMT 12 BLENDED RATE	12 5,909.
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 5,909.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* SEE ALSO

STATEMENT 9
STATEMENT 10

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	1,172,263.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P)			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	1,172,263.

FOOTNOTES

STATEMENT

1

SECTION 1.263(A)-3(N) ELECTION - BOOK CONFORMITY ELECTION

GREENWICH HOSPITAL IS MAKING THE ELECTION UNDER
TREAS. REG. SECTION 1.263(A)-3(N) TO CAPITALIZE
THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS
AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS
FOR THE TAX YEAR ENDED SEPTEMBER 30, 2018.

TAXPAYER NAME: GREENWICH HOSPITAL
ADDRESS: 5 PERRYRIDGE ROAD, GREENWICH, CT 06830
TAXPAYER IDENTIFICATION NUMBER: 06-0646659

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

GREENWICH HOSPITAL HEREBY MAKES THE DE MINIMIS
SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F)
OF THE TREASURY REGULATIONS, EFFECTIVE FOR THE TAX YEAR
SEPTEMBER 30, 2018. THE TAXPAYER HAS AN APPLICABLE
FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION.
THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT, FOR TAX
PURPOSES, ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES
NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED
BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF
TWELVE MONTHS OR LESS AS DESCRIBED IN
SECTION 1.263(A)-1(F)(1)(I).

TAXPAYER NAME: GREENWICH HOSPITAL
ADDRESS: 5 PERRYRIDGE ROAD, GREENWICH, CT 06830
TAXPAYER IDENTIFICATION NUMBER: 06-0646659

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	2
------------	---	-----------	---

DESCRIPTION	AMOUNT
INVESTMENT IN CVW BODY DESIGN CENTER-STAMFORD LLC	-168,653.
YALE NEW HAVEN HEALTH SYSTEM INVESTMENT TRUST	-298.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-168,951.

FORM 990-T	OTHER INCOME	STATEMENT	3
------------	--------------	-----------	---

DESCRIPTION	AMOUNT
OUTREACH LAB	4,592,660.
MANAGEMENT FEE	149,836.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	4,742,496.

FORM 990-T	CONTRIBUTIONS	STATEMENT	4
------------	---------------	-----------	---

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CHARITABLE CONTRIBUTIONS	N/A	331,453.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		331,453.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	5
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
DIRECT EXPENSES	2,234,715.
INDIRECT EXPENSES	1,094,490.
ACCOUNTING FEES	3,000.
PROFESSIONAL TAX FEES	1,500.
SECTION 754 DEPR - CVW BODY DESIGN K-1	1,494.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3,335,199.

GREENWICH HOSPITAL

06-0646659

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	6
------------	--	-----------	---

CORPORATION'S NAME

IDENTIFYING NO

YALE NEW HAVEN HEALTH SERVICES CORP

22-2529464

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT

7

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	286,100
FOR TAX YEAR 2013	445,476
FOR TAX YEAR 2014	397,291
FOR TAX YEAR 2015	381,724
FOR TAX YEAR 2016	386,681

TOTAL CARRYOVER

1,897,272

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

331,453

TOTAL CONTRIBUTIONS AVAILABLE

2,228,725

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

2,228,725

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

2,228,725

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/04	2,502,511.	2,502,511.	0.	0.
09/30/05	8,581,721.	7,231,789.	1,349,932.	1,349,932.
09/30/06	364,127.	0.	364,127.	364,127.
09/30/07	676,973.	0.	676,973.	676,973.
NOL CARRYOVER AVAILABLE THIS YEAR			2,391,032.	2,391,032.

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 9

1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	1,190,908
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS AND DPAD	4,059
3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD	1,194,967
4) ACE ADJUSTMENT ITEMS	
5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4).	1,194,967
6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT)	
7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT	
8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE	
9) ACE ADJUSTMENT: IF LINE 6 IS POSITIVE OR ZERO ENTER THE AMOUNT FROM LINE 7 HERE AS A POSITIVE AMOUNT IF LINE 6 IS NEGATIVE, ENTER THE SMALLER OF LINE 7 OR LINE 8 HERE AS A NEGATIVE AMOUNT	
10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)	1,194,967
11) CONTRIBUTION LIMITATION TO CALCULATE 90% AMTI LIMITATION FOR NOL(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE ACE ADJUSTMENT ON LINE 9 ABOVE, MULTIPLIED BY 10%).	119,497
12) TOTAL AVAILABLE CONTRIBUTIONS	2,140,829
13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)	119,497
14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)	1,075,470
15) NOL LIMITATION (90% OF LINE 14).	967,923
16) TOTAL NOL AVAILABLE	1,055,037
17) AMT NOL (LESSER OF LINE 15 OR LINE 16)	967,923
18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17)	227,044
19) 10% OF LINE 18	22,704
20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19)	22,704
21) REGULAR CONTRIBUTION DEDUCTION	0
22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)	-22,704

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 10
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012	286,100	
FOR TAX YEAR 2013	445,476	
FOR TAX YEAR 2014	397,291	
FOR TAX YEAR 2015	343,280	
FOR TAX YEAR 2016	337,229	
TOTAL CARRYOVER		1,809,376
CURRENT YEAR CONTRIBUTIONS		331,453
TOTAL CONTRIBUTIONS		2,140,829
10% OF TAXABLE INCOME AS ADJUSTED		22,704
EXCESS CONTRIBUTIONS		2,118,125
ALLOWABLE CONTRIBUTIONS		22,704

GREENWICH HOSPITAL

06-0646659

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 11

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS

-22,704.

TOTAL TO FORM 4626, LINE 20

-22,704.

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 12

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	23,445.	
TMT IN EFFECT BEFORE 01/01/2018	23,445.	
TMT IN EFFECT AFTER 12/31/2017	0.	
		DAYS
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 92	5,909.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 273	0.	
TMT PRORATED 365		5,909.

Form **8827**Department of the Treasury
Internal Revenue Service**Credit for Prior Year Minimum Tax - Corporations**

OMB No 1545-0123

2017

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form8827 for the latest information.

Name

GREENWICH HOSPITAL

Employer identification number

06-0646659

1 Alternative minimum tax (AMT) for 2016. Enter the amount from line 14 of the 2016 Form 4626	1	89,013.
2 Minimum tax credit carryforward from 2016. Enter the amount from line 9 of the 2016 Form 8827	2	152,202.
3 Enter any 2016 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	241,215.
5 Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)? • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- • No. Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12	6	5,909.
7a Subtract line 6 from line 5. If zero or less, enter -0-	7a	0.
b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	7b	
c Add lines 7a and 7b	7c	
8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	
b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	8c	
9 Minimum tax credit carryforward to 2018. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	241,215.