

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREENWICH HOSPITAL		D Employer identification number 06-0646659	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 203-863-3000	
	5 PERRYRIDGE ROAD			
City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number		
J Website: WWW.GREENWICHHOSPITAL.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1903		M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTHCARE SERVICES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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	1978
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,842,026.	10,299,278.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	312,982,082.	332,206,599.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,171,384.	1,835,603.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,917,234.	15,135,410.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	335,912,726.	359,476,890.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	286,100.	445,476.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	158,795,609.	155,513,957.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,381,701.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	155,653,141.	167,819,110.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	314,734,850.	323,778,543.
	20 Total assets (Part X, line 16)	21,177,876.	35,698,347.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	459,079,549.	489,110,692.
		137,266,896.	147,264,308.
		321,812,653.	341,846,384.

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
	EUGENE COLUCCI, SR VP Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Christopher B. Boggs	<i>Christopher B. Boggs</i>	8-17-15
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed
	ERNST & YOUNG U.S., LLP	34-6565596	P00032493
	Firm's address	Phone no.	
	111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204	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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (18), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 - 203-688-9642 789 HOWARD AVENUE, NEW HAVEN, CT 06519

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) PAUL APOSTOLIDES DIRECTOR	1.00 1.00	X					0.	0.	0.	
(2) WILLIAM BERKLEY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(3) RICHARD BRAUER DIRECTOR	1.00 1.00	X					0.	0.	0.	
(4) ALAN BREED DIRECTOR	1.00 2.00	X					0.	0.	0.	
(5) NANCY BROWN DIRECTOR	1.00 1.00	X					0.	0.	0.	
(6) GAYLE CAPOZZALO DIRECTOR	4.00 36.00	X					130,774.	1,176,959.	189,700.	
(7) KEVIN CONBOY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(8) FRANK CORVINO PRES. & CEO	26.00 14.00	X		X			820,259.	441,678.	158,791.	
(9) PETER DAPUZZO DIRECTOR	1.00 1.00	X					0.	0.	0.	
(10) DAVID EVANS DIRECTOR	1.00 1.00	X					0.	0.	0.	
(11) ELIZABETH GALT SECRETARY	1.00 1.00	X		X			0.	0.	0.	
(12) ANNE JUGE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(13) ROBIN KANAREK DIRECTOR (APPOINTED 10/2013)	1.00 1.00	X					0.	0.	0.	
(14) DONALD KIRK DIRECTOR	1.00 1.00	X					0.	0.	0.	
(15) ARTHUR MARTINEZ DIRECTOR	1.00 1.00	X					0.	0.	0.	
(16) BARBARA MILLER VICE CHAIR	1.00 3.00	X		X			0.	0.	0.	
(17) AMY MINELLA DIRECTOR	1.00 1.00	X					0.	0.	0.	

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 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			
(18) JACK MITCHELL DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) DANIEL MOSLEY CHAIRMAN	1.00 4.00	X		X				0.	0.	0.
(20) VENITA OSTERER DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) JOHN SCHMELTZER, III DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) JOHN TOWNSEND, III TREASURER/VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(23) BRUCE WARWICK DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) TOM WHITE DIRECTOR (TERM ENDED 9/2014)	1.00 1.00	X						0.	0.	0.
(25) CHRISTINE BEECHNER VP	39.00 1.00			X				157,817.	0.	35,076.
(26) SUSAN BROWN SENIOR VP	39.00 1.00			X				347,915.	0.	61,843.
1b Sub-total								1,456,765.	1,618,637.	445,410.
c Total from continuation sheets to Part VII, Section A								5,728,069.	498,205.	1,052,044.
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	X	
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	X	
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		X

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 MACQUESTEN 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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include staff like Eugene Colucci, Brian Doran, Deborah Hodys, Marc Kosak, Nancy Levitt-Rosenthal, Spike Lipschutz, Melissa Turner, Vicki Altmeyer, Dorothy Blackmun, Eric Diamond, Richard Eisen, Cynthia Kucher, Quinton Friesen, and George Pawlush.

Total to Part VII, Section A, line 1c 5,728,069. 498,2051,052,044.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a OUTPATIENT PROGRAM SERVICES	Business Code	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.			
Other Revenue	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						
	6 a Gross rents	(i) Real	1,200,832.				
		(ii) Personal					
		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.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,575,039.				
		(ii) Other	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.	
	8 a 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		601,064.					
c Net income or (loss) from fundraising events				-461,739.		-461,739.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a 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		900099	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 X

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 Sch 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)		(B)	
		Beginning of year		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 instr). Complete Part II of Sch 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.			
	11 Investments - publicly traded securities	228,143,449.	10c	223,222,919.	
	12 Investments - other securities. See Part IV, line 11	20,807,246.	11	16,241,456.	
	13 Investments - program-related. See Part IV, line 11	74,450,940.	12	76,034,299.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	28,646,954.	14	49,493,718.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	459,079,549.	15	489,110,692.		
Liabilities	17 Accounts payable and accrued expenses	28,569,982.	16	32,649,839.	
	18 Grants payable		17		
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities	40,215,000.	19	37,710,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	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		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	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.	24	76,904,469.	
	26 Total liabilities. Add lines 17 through 25	137,266,896.	25	147,264,308.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	276,412,173.	26	287,992,251.	
	28 Temporarily restricted net assets	36,543,332.	27	44,115,410.	
	29 Permanently restricted net assets	8,857,148.	28	9,738,723.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	321,812,653.	32	341,846,384.	
34 Total liabilities and net assets/fund balances	459,079,549.	33	489,110,692.		

Part XI Reconciliation 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?	X	
3b	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	X	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ 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 <p style="text-align:center;">GREENWICH HOSPITAL</p>	Employer identification number <p style="text-align:center;">06-0646659</p>
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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									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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 from 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 section 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>39,083.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>8,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>7,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>11,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>21,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>43,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>6,469.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>14,400.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>96,186.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>8,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>8,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>27,400.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>44,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>7,091.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 152,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>182,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>174,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>39,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 18,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>15,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ <u>8,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>15,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>82,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ <u>13,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>6,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>13,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>15,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>53,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 11,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ <u>13,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ <u>8,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ <u>67,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ <u>37,159.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>108,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ <u>7,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ <u>7,535.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ <u>8,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ <u>41,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ <u>18,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>109</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>110</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>111</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>112</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>113</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>114</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ <u>5,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ <u>6,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>121</u>	_____ _____ _____	\$ <u>25,675.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>122</u>	_____ _____ _____	\$ <u>6,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>123</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>124</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>125</u>	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>126</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>127</u>	_____ _____ _____	\$ <u>9,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>128</u>	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>129</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>130</u>	_____ _____ _____	\$ <u>14,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>131</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>132</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ <u>5,113.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ <u>10,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ <u>226,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>140</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>141</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>142</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>143</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>144</u>	_____ _____ _____	\$ <u>27,456.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 51,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 10,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 10,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>151</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>152</u>	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>153</u>	<hr/> <hr/> <hr/>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>154</u>	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>155</u>	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>156</u>	<hr/> <hr/> <hr/>	\$ <u>9,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>157</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>158</u>	<hr/> <hr/> <hr/>	\$ <u>75,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>159</u>	<hr/> <hr/> <hr/>	\$ <u>14,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>160</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>161</u>	<hr/> <hr/> <hr/>	\$ <u>38,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>162</u>	<hr/> <hr/> <hr/>	\$ <u>12,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 69,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 10,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178		\$ 5,695.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
179		\$ 60,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>181</u>	_____ _____ _____	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>182</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>183</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>184</u>	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>185</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>186</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>187</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>188</u>	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>189</u>	<hr/> <hr/> <hr/>	\$ <u>11,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>190</u>	<hr/> <hr/> <hr/>	\$ <u>30,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>191</u>	<hr/> <hr/> <hr/>	\$ <u>8,764.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>192</u>	<hr/> <hr/> <hr/>	\$ <u>8,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ <u>19,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	<hr/> <hr/> <hr/>	\$ <u>42,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	<hr/> <hr/> <hr/>	\$ 12,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ 5,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ 10,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ 22,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ 162,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	I-PAD MINI	\$ 300.	02/24/14
4	CANTINA DINNER AT BABBO	\$ 10,000.	03/07/14
6	2- PORTRAIT SESSIONS; 1 - PRINT	\$ 7,500.	07/11/14
7	18K AND YELLOW GOLD, CHAMPAGNE QUARTZ, TSAVORITE GARNET AND SOUTH SEA PEARL 40" VERDURA NECKLACE WITH DIAMOND ACCENTS	\$ 11,500.	11/05/13
8	PHOTOSHOOT, GIFT CERTIFICATES AND CANVAS PRINTS	\$ 21,500.	07/11/14
12	3 - ONE WEEK RIVIERA MAYA VACATION	\$ 14,400.	03/07/14

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	ALTO ORIANA HANDBAG	\$ 595.	07/11/14
20	SEE STATEMENT 1	\$ 27,400.	07/11/14
44	3 - GIFT CERTIFICATE FOR A MASTERPIECE PORTRAIT ON CANVAS	\$ 18,000.	07/11/14
49	DINNER FOR 4 AT COLUMBUS CITIZENS FOUNDATION	\$ 500.	11/05/13
65	1996 CHATEAU HAUT-BRION PESSAC-LEOGNAN (2 BOTTLES)	\$ 1,000.	11/05/13
66	ROUND OF GOLF FOR 4 AT HUDSON NATIONAL; 1 WEEK STAY IN NANTUCKET	\$ 10,400.	11/05/13

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
77	GIFT CERTIFICATE TO 5 NAPKIN BURGER; LIVANOS RESTAURANT GROUP; A NIGHT AT THE MUSEUM - AMERICAN MUSEUM OF NATURAL HISTORY	\$ 1,080.	11/05/13
85	1989 CHATEAU MONTROSE	\$ 350.	11/05/13
86	KNAPPOGUE CASTLE 1951; 200SHS JOHNSON & JOHNSON; 39 SHS CHEVRON	\$ 25,784.	06/16/14
121	500SHS JOHNSON CONTROLS INC	\$ 25,675.	12/17/13
144	350SHS ADOBE	\$ 25,456.	06/24/14
146	307SHS UNION PACIFIC LDRSP	\$ 49,427.	12/12/13

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
168	<u>DINNER FOR 4 AT COLUMBUS CITIZENS FOUNDATION; 4 BOTTLES OF WINE; GOLF AT BURNING TREE COUNTRY CLUB; DINNER COLUMBUS CITIZENS FOUNDATION</u>	\$ <u>4,490.</u>	<u>03/07/14</u>
171	<u>3 TICKETS TO THE NEW YORK KNICKS V. MEMPHIS GRIZZLIES ON DECEMBER 21, 2013</u>	\$ <u>375.</u>	<u>11/05/13</u>
172	<u>NANCY GONZALEZ TOTE, SHOPPING SPREE FOR \$5,000 PLUS HIS AND HERS CLOSET CLEAN</u>	\$ <u>10,000.</u>	<u>11/05/13</u>
178	<u>DOLCE & GABBANA CHAMPAGNE BRUNCH; GIRLS DAY OUT; CLOTHING; MAKEOVERS</u>	\$ <u>5,695.</u>	<u>03/07/14</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE B

STATEMENT 1

5 TRIP PACKAGES TO THE FOLLOWING RESORTS: THE VERANDAH RESORT AND SPA-ANTIGUA, ST. JAMES'S CLUB & VILLAS-ANTIGUA, ST. JAMES'S CLUB MORGAN BAY-SAINT LUCIA, THE CLUB, BARBADOS RESORT & SPA AND LOS ESTABLOS-PANAMA

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

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.**

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 organization GREENWICH HOSPITAL	Employer identification number 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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
1 a 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 1 a and 1 b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1 c and 1 d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		(b)
	Yes	No	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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		500.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		51,391.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		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)?		X	
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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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.

Part IV Supplemental Information (continued)

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

Multiple horizontal lines for supplemental information.

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.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage restricted, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a through 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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 53.46 %
- b Permanent endowment 26.52 %
- c Temporarily restricted endowment 20.02 %

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:

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

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

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.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) DUE-3RD PARTY & OTHER PAYORS	15,780,377.
(3) EST LIABILITY-SELF INSURANCE	25,622,771.
(4) FORWARD INTEREST RATE SWAP	3,817,540.
(5) ACCRUED PENSION	31,683,781.
(6)	
(7)	
(8)	
(9)	
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.

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.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,474,984.

PART XI, LINE 4B - OTHER ADJUSTMENTS:332054
09-25-13

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

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.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	15,223,677.

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.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-1,117,105.

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.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,807,474.

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.

▶ 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

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

3 List all states in which the organization is registered or licensed to solicit 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	(b) Event #2	(c) Other events	(d) Total events
		GALA	UNDER THE STARS	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 to be 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).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **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.**

**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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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 eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		13,808	19,607,000.	1,180,000.	18,427,000.	5.69%
b Medicaid (from Worksheet 3, column a)		26,245	22,037,795.	13,111,770.	8,926,025.	2.76%
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.	8.45%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	20,041	704,744.	25,000.	679,744.	.21%
f Health professions education (from Worksheet 5)	4	193	4,931,991.	1,339,709.	3,592,282.	1.11%
g Subsidized health services (from Worksheet 6)	3	9,975	8,871,416.	5,730,152.	3,141,264.	.97%
h Research (from Worksheet 7)	1	0	468,440.	0.	468,440.	.14%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	2,387	399,958.	0.	399,958.	.12%
j Total. Other Benefits	30	32,596	15,376,549.	7,094,861.	8,281,688.	2.55%
k Total. Add lines 7d and 7j	30	72,649	57,021,344.	21,386,631.	35,634,713.	11.00%

Part II Community Building Activities Complete this table 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.	.08%
2 Economic development	1	0	13,724.	0.	13,724.	.00%
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.	.01%
7 Community health improvement advocacy	0	0	0.	0.		
8 Workforce development	1	52	1,971.	0.	1,971.	.00%
9 Other	0	0	0.	0.		
10 Total	5	288	319,409.		319,409.	.09%

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 Healthcare Financial Management Association Statement No. 15?	1	X
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: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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 NONE	NONE			

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number

Table with 10 columns: Facility name, License type, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: 1 GREENWICH HOSPITAL, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830, WWW.GREENWICHHOSPITAL.ORG, 0045. Marked with 'X' in License, Gen. medical & surgical, Teaching hospital, Research facility, ER-24 hours.

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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
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 <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
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)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
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) GREENWICH HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?		X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
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?	X	
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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

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

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

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?

	Yes	No
19	<input checked="" type="checkbox"/>	

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 Section C)
- d Other (describe in Section C)

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 Section C)

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		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

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?

If "Yes," explain in Section C.

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.

PART V, SECTION A:

THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE.

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 INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS WITH COMMUNITY MEMBERS, KEY INFORMANT INTERVIEWS WITH COMMUNITY STAKEHOLDERS, AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY GREENWICH HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

PART V, SECTION B, LINE 5A - HOSPITAL FACILITY'S WEBSITE (LIST URL):

GREENWICHHOSPITAL.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

PART V, SECTION B, LINE 5B - OTHER WEBSITES (LIST URL):

EXPLANATION: CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/G

GREENWICH HOSPITAL:

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.

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 COMMUNITY REPRESENTATIVES, GREENWICH HOSPITAL PLANS TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: ACCESS TO CARE, CANCER, MENTAL HEALTH AND PROMOTING HEALTHY LIFESTYLES. AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE DENTAL CARE, DIABETES, HEART DISEASE, RESPIRATORY DISEASE AND STROKE.

GREENWICH HOSPITAL 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 AREAS 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 STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS

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.

ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED 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 HEALTH CARE FACILITIES THAT GREENWICH HOSPITAL OPERATED DURING THE TAX YEAR, WHETHER OR NOT REQUIRED TO BE LICENSED OR REGISTERED UNDER STATE LAW, AS REQUIRED BY THE IRS. ALL SUCH LOCATIONS ARE OPERATED BY GREENWICH HOSPITAL UNDER THE GREENWICH HOSPITAL STATE HOSPITAL LICENSE.

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 PHYSICAL MEDICINE & REHABILITATION CEN 2015 WEST MAIN ST, SUITE 200 STAMFORD, CT 06902	HOSPITAL
2 HOSPITAL OUTPATIENT MEDICAL ONCOLOGY 15 VALLEY DRIVE GREENWICH, CT 06831	CANCER CENTER
3 BENDHEIM CANCER CENTER 77 LAFAYETTE PLACE GREENWICH, CT 06830	CANCER/CARDIAC REHAB/DI/LAB
4 GREENWICH HOSPITAL OCCUPAT. HEALTH 75 HOLLY HILL LANE GREENWICH, CT 06830	OCC. HEALTH / WOMENS HEALTH / LAB
5 AMBULATORY SURGICAL CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830	HOSPITAL
6 GREENWICH HOSPITAL LAB 49 LAKE AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
7 GREENWICH HOSPITAL LAB 90 MORGAN STREET; 3RD FLOOR, SUITE 30 STAMFORD, CT 06905	LAB
8 GREENWICH HOSPITAL LAB 106 NOROTON AVENUE DARIEN, CT 06820	LAB
9 GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
10 GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE; 2ND FLOOR GREENWICH, CT 06830	LAB

Schedule H (Form 990) 2013

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? _____

Name and address	Type of Facility (describe)
11 GREENWICH HOSPITAL LAB 40 CROSS ST; 3RD FLOOR, SUITE 350 NORWALK, CT 06851	LAB
12 GREENWICH HOSPITAL LAB 148 EAST AVE; SUITE 1F NORWALK, CT 06851	LAB
13 GREENWICH HOSPITAL, CNTR FOR INTEGR. M 35 RIVER ROAD COS COB, CT 06807	INTEGRATIVE MEDICINE
14 GREENWICH HOSPITAL LAB 1275 SUMMER STREET; 3RD FLOOR STAMFORD, CT 06905	LAB
15 GREENWICH HOSPITAL LAB 15 VALEY DRIVE; SUITE 200 GREENWICH, CT 06831	LAB
16 GREENWICH HOSPITAL DIAGNOSTIC CENTER 2015 WEST MAIN ST STAMFORD, CT 06902	DI / LAB
17 GREENWICH HOSPITAL LAB 31 RIVER ROAD, SUITE 102 COS COB, CT 06807	LAB
18 GREENWICH HOSPITAL HOME CARE AND HOSP 500 WEST PUTNAM AVENUE GREENWICH, CT 06830	HOME CARE
19 GREENWICH HOSPITAL LAB 90 SOUTH RIDGE STREET RYE, NY 10573	LAB

Schedule H (Form 990) 2013

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.

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.

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.

PART II, COMMUNITY BUILDING ACTIVITIES:

GREENWICH HOSPITAL IS ONE OF THE TOP FIVE EMPLOYERS IN
 GREENWICH WITH 1,813 EMPLOYEES IN 2014. THE HOSPITAL PROVIDES IN-KIND AND
 FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT FAIRFIELD
 AND WESTCHESTER COUNTIES. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND
 MANAGEMENT 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 COMMERCE. THROUGH THESE

Part VI Supplemental Information (Continuation)

ORGANIZATIONS, GREENWICH HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES 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 YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH 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 COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, GREENWICH HOSPITAL IS INCREASINGLY AWARE 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 FISCAL YEAR 2014, GREENWICH HOSPITAL PROVIDED NEARLY \$319,410 IN FINANCIAL AND IN-KIND DONATIONS. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW

Part VI Supplemental Information (Continuation)

FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

REVITALIZING OUR NEIGHBORHOODS

ONE OF SEVERAL COMMUNITY 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 CENTERS. THE COUNCIL OF COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CROPS. OVER THE PAST SEVERAL YEARS, THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CHESTER FAMILIES WITH FRESH VEGETABLES. THE COMMUNITY GARDENS ENCOURAGE HEALTHY EATING HABITS, ENCOURAGES CHILDREN TO TRY NEW VEGETABLES, CONNECTS CHILDREN TO NATURE AND THE ENVIRONMENT, AIMS TO PREVENT CHILDHOOD OBESITY, AND PROMOTES PHYSICAL ACTIVITY WHILE ENCOURAGING NEW 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 FAIRFIELD COUNTY ADULTS ATTENDING THE PROGRAM. THE EDUCATIONAL DRIVING PROGRAM PROMOTES SAFETY AND IS INTENDED TO REDUCE ACCIDENT RATES AMONG DRIVERS AGE 55 AND OLDER.

GREENWICH HOSPITAL 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

Part VI Supplemental Information (Continuation)

PROGRAM. EACH WINTER, GREENWICH HOSPITAL PROVIDES A WARM CENTER FOR THE COMMUNITY IN ITS NOBLE CONFERENCE CENTER. THIS WARM CENTER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES, SNOW STORMS AND FREEZING TEMPERATURES. INCLUDED IN THE WARM CENTER ARE COTS, HOT BEVERAGES, HAND WARMERS AND MAGAZINES.

CREATING EDUCATIONAL OPPORTUNITIES

HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. TO ENCOURAGE THE PURSUIT OF HIGHER EDUCATION, GREENWICH HOSPITAL SPONSORED SEVERAL PROGRAMS TO INTRODUCE MIDDLE AND HIGH SCHOOL STUDENTS TO POTENTIAL HEALTH CARE CAREERS.

GREENWICH HOSPITAL, THROUGH A JOINT EFFORT WITH HIGH SCHOOLS IN PORT CHESTER AND GREENWICH, PROVIDED AN EDUCATIONAL PROGRAM INTRODUCING STUDENTS TO HEALTH CARE CAREER OPPORTUNITIES. A TOTAL OF 22 STUDENTS PARTICIPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFILLING 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 HEALTH CARE CAREERS THROUGH AN AFTER-SCHOOL PROGRAM SPONSORED IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA'S GREENWICH CHAPTER. WHILE TOURING THE HOSPITAL, PARTICIPANTS LEARNED ABOUT A VARIETY OF HOSPITAL SETTINGS AND SPOKE WITH

Part VI Supplemental Information (Continuation)

PROFESSIONALS IN THE MEDICAL FIELD. EDUCATIONAL PROGRAMS FOCUSED ON HEALTH, NUTRITION, FIRST AID, SAFETY, SMOKING PREVENTION AND PROPER HYGIENE.

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.

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.

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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.

PART III, LINE 8:

THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT

Part VI Supplemental Information (Continuation)

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.

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.

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,

Part VI Supplemental Information (Continuation)

THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES,
PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

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.

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

Part VI Supplemental Information (Continuation)

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.

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.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

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.

AS A COMMUNITY HEALTH CARE SERVICES PROVIDER, GREENWICH HOSPITAL

REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH

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-GUARANTEERING ACCESS TO CARE;

PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE;

RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY,

BUILDING STRONGER NEIGHBORHOODS, WAS DISCUSSED PREVIOUSLY IN PART II.

GUARANTEERING ACCESS TO CARE

GREENWICH HOSPITAL RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT

HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY

FOR HEALTH CARE. IN FISCAL YEAR 2014, THE TOTAL COMMUNITY BENEFIT

ASSOCIATED WITH GUARANTEERING ACCESS TO CARE WAS \$47.7 MILLION. HONORING

ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES

IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY,

CHAMPUS AND TRICARE. DURING FISCAL YEAR 2014, GREENWICH HOSPITAL

PROVIDED SERVICES FOR 22,245 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE

Part VI Supplemental Information (Continuation)

OF \$26.1 MILLION (AT COST). ADDITIONALLY, THE HOSPITAL ASSISTED OVER 890 CONNECTICUT AND NEW YORK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FISCAL YEAR 2014.

GREENWICH HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FISCAL YEAR 2014, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE 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 ASSISTANCE 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 PEDIATRIC 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.

GREENWICH 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 UNINSURED OR UNDERINSURED. IN CALENDAR YEAR 2014, 186 UNINSURED WOMEN RECEIVED FREE SCREENING MAMMOGRAMS. AMONG THE WOMEN NEEDING FURTHER TESTING, 24 HAD FREE UNILATERAL DIAGNOSTIC MAMMOGRAMS, THREE HAD FREE BILATERAL DIAGNOSTIC MAMMOGRAMS AND 30 RECEIVED FREE ULTRASOUND EXAMINATIONS. IN ADDITION, 211 NEWLY DIAGNOSED BREAST CANCER PATIENTS RECEIVED EDUCATION RESOURCE NOTEBOOKS WITH INFORMATION ABOUT LOCAL SUPPORT AND CANCER

Part VI Supplemental Information (Continuation)

RESOURCES THAT CAN PROVIDE ASSISTANCE.

PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2014, GREENWICH HOSPITAL PROVIDED \$679,744 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, 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 PARTNERSHIP ORGANIZED A HEALTH AND WELLNESS FAIR TITLED THE TEDDY BEAR REPAIR CLINIC. THE CLINIC 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 LOCATED BEHIND GREENWICH HOSPITAL. THE CLINIC EXPOSES CHILDREN AND THEIR FAMILIES TO HEALTHCARE PROFESSIONALS, MEDICAL PROCEDURES AND HOSPITAL DEPARTMENTS IN A FAMILY-FRIENDLY, RELAXED SETTING.

THIRTY-FIVE COMMUNITY MEMBERS PARTICIPATED IN THE MENTAL HEALTH FIRST AID PROGRAM, 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 INTERVENTIONS AND TREATMENTS. PARTICIPANTS LEARNED ABOUT RISK FACTORS AND WARNING SIGNS OF DEPRESSION, ANXIETY, TRAUMA, PSYCHOSIS AND PSYCHOTIC DISORDERS, EATING DISORDERS, SUBSTANCE ABUSE, SELF-INJURY AND OTHER MENTAL HEALTH DISORDERS. THIS 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".

Part VI Supplemental Information (Continuation)

AS THE HOSPITAL'S OUTREACH DEPARTMENT, COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES IN CONNECTICUT AND NEW YORK. BOTH ENTITIES MAINTAIN A STRONG COMMUNITY PRESENCE THROUGH THEIR NUMEROUS PARTNERSHIPS WITH THE YALE NEW HAVEN HEALTH SYSTEM, LOCAL AND REGIONAL COMMUNITY ORGANIZATIONS, SCHOOLS, GOVERNMENT AGENCIES, CORPORATIONS AND OTHER GREENWICH HOSPITAL DEPARTMENTS.

COMMUNITY HEALTH @ GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER SUPPORT THE HOSPITAL'S MISSION TO PROVIDE A FULL CONTINUUM OF CARE BY OFFERING INNOVATIVE HEALTH SCREENINGS, SPEAKERS, SUPPORT GROUPS, SCHOOL PROGRAMS, HEALTH EDUCATION AND WELLNESS PROGRAMS DESIGNED TO PROMOTE HEALTH AND INCREASE ACCESS TO HEALTHCARE SERVICES.

OVER THE PAST YEAR, GREENWICH HOSPITAL PARTICIPATED IN MORE THAN 33 HEALTH FAIRS REACHING AN ESTIMATED 1,300 PEOPLE AT VARIOUS COMMUNITY SITES WITH THE GOAL OF INCREASING PEOPLE'S KNOWLEDGE AND HEALTH LITERACY. THE FAIRS WERE HELD AT PARKS, SCHOOLS, MULTI-HOUSING DEVELOPMENTS, HOUSES OF WORSHIP, YOUTH AND SENIOR CENTERS IN WESTCHESTER AND FAIRFIELD COUNTIES. PARTICIPANTS RECEIVED HEALTH SCREENINGS, INFORMATION AND EDUCATION ABOUT EXERCISE, HEALTHY HABITS AND BEHAVIORS, HAND WASHING AND HYGIENE, IMMUNIZATION, SUN SAFETY, CHOLESTEROL, STROKE, WEIGHT MANAGEMENT, NUTRITION, BREAST SELF-EXAMS, SMOKING CESSATION AND MORE. GREENWICH HOSPITAL STAFF OFFERED FREE BLOOD PRESSURE AND METABOLIC SCREENINGS ALONG WITH HEALTH EDUCATION AND COUNSELING ON HEALTHY LIVING. IN ADDITION, GREENWICH HOSPITAL PROVIDED MORE THAN 100 INDIVIDUALS WITH INFORMATION FROM VENDORS SPECIALIZING IN

Part VI Supplemental Information (Continuation)

DIABETIC CARE AND CONDUCTED FREE DIABETES-RELATED HEALTH SCREENINGS AS PART OF A DIABETES HEALTH FAIR.

THE GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH COMMISSION ON AGING AND GREENWICH HOSPITAL SPONSORED AN ANNUAL SENIOR HEALTH FAIR, WHICH OFFERED FREE HEALTH EDUCATION, SCREENINGS AND RESOURCE REFERRALS. IN ADDITION, 32 FREE CHOLESTEROL SCREENINGS WERE CONDUCTED AT THE EVENT.

GREENWICH HOSPITAL, THROUGH THE NURSE 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 ADDITIONAL NEARLY 2,200 FREE BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT OTHER COMMUNITY SITES. THE HOSPITAL'S PARISH NURSE PROGRAM, A PARTNERSHIP WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH, PROVIDES MORE THAN 2,000 CHURCH MEMBERS WITH HEALTH EDUCATION PROGRAMS, SUPPORT 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 SCREENINGS 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.

COMMUNITY 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

Part VI Supplemental Information (Continuation)

AND HIGH SCHOOL STUDENTS, INTERACTIVE HEALTH AND SAFETY PROGRAMS, SCHOOL HEALTH EDUCATION ABOUT SELF-BREAST EXAMS AND SELF-TESTICULAR EXAMS, SMOKING PREVENTION AND 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.

GREENWICH HOSPITAL PARTICIPATED IN SEVERAL PROGRAMS OFFERED THROUGHOUT THE YEAR FOCUSED ON PROVIDING HEALTHY LIFESTYLE EDUCATION FOR FAMILIES. THESE INCLUDED FAMILY UNIVERSITY AND FRIDAY NIGHT OUT. THE FAMILY UNIVERSITY IS DESIGNED TO EMPOWER STUDENTS IN GRADES 5-12 AND THEIR PARENTS TO MAKE SMART HEALTHY CHOICES WITHIN THEIR FAMILIES. THESE BILINGUAL WORKSHOPS HELD IN COLLABORATION WITH THE PORT CHESTER SCHOOL SYSTEM 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 AT THE BOYS AND GIRLS CLUB OF GREENWICH AND SPONSORED WITH A GRANT FROM PEPSI BOTTLING GROUP PROVIDED A THREE-MONTH PROGRAM PROMOTING HEALTHY LIFESTYLES. TEN FAMILIES PARTICIPATED IN THE PROGRAM.

KIDS COOKING IN THE KITCHEN IS A WELLNESS PROGRAM THAT BROUGHT TOGETHER GREENWICH 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 YEARS 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, SUPERVISED CULINARY ENVIRONMENT THAT PROVIDED NUTRITION

Part VI Supplemental Information (Continuation)

EDUCATION AND HEALTHY COOKING THAT ULTIMATELY BENEFITTED THE ENTIRE FAMILY AS PARTICIPANTS SHARED WHAT THEY LEARNED WITH THEIR PARENTS AND SIBLINGS IN THEIR OWN LANGUAGE AND CULTURE AT HOME.

GREENWICH HOSPITAL OFFERS A VARIETY OF SUPPORT GROUPS FOR PATIENTS AND FAMILIES INCLUDING CANCER, DIABETES, LUNG DISEASE, PARKINSON'S DISEASE, HEART HEALTH, CELIAC AND FOOD ALLERGY, PAIN, BARIATRIC SURGERY, WEIGHT LOSS, STROKE, SMOKING CESSATION, LUPUS, MULTIPLE SCLEROSIS, AND CHRONIC PAIN. THE GROUPS ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES. THE HOSPITAL ALSO SUPPORTED DANCE PROGRAMS FOR COMMUNITY MEMBERS AFFECTED WITH PARKINSON'S DISEASE AT RYE ARTS CENTER AND FOR CANCER PATIENTS AT THE GRAND BALLROOM OF GREENWICH.

ADVANCING CAREERS IN HEALTH CARE

AS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN THE AREAS OF NURSING AND RESPIRATORY CARE TECHNICIANS. IN 2014, THE COST TO GREENWICH HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS NEARLY \$3.6 MILLION, AND BENEFITED 193 INDIVIDUALS.

THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR 22 MEDICAL PROFESSIONALS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS AND MEDICAL STUDENTS.

Part VI Supplemental Information (Continuation)

DURING 2014, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 147 STUDENTS ENROLLED IN NURSING PROGRAMS. GREENWICH HOSPITAL HAS LONG-STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING NORWALK 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 SEASONED NURSES, BECAME INTEGRAL HANDS-ON MEMBERS OF THE CANCER CARE TEAMS IN THE OR, RADIATION, 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 FACE. 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 COMPLETING SIMILAR PROGRAMS AT SEVERAL LEADING HOSPITALS INCLUDING STAMFORD HOSPITAL, WENTWORTH-DOUGLAS HOSPITAL, MASSACHUSETTS GENERAL HOSPITAL, AND THE DANA-FARBER CANCER INSTITUTE.

RESEARCH

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR

Part VI Supplemental Information (Continuation)

TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FISCAL YEAR 2014, THE TOTAL COST ASSOCIATED WITH THE GREENWICH HOSPITAL CANCER REGISTRY INCLUDING BOTH 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 CLINICAL RESEARCH AND EDUCATION, A GREENWICH HOSPITAL ALLIANCE, WORKS TO DEVELOP, VALIDATE, FORMALIZE 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 HEALTHIER COMMUNITIES.

CREATING HEALTHIER COMMUNITIES

IN FISCAL YEAR 2014, GREENWICH HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND MUNICIPALITIES AND SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING \$399,958. EXAMPLES INCLUDE ANNUAL PROGRAMS

Part VI Supplemental Information (Continuation)

SUCH AS CARDIO PULMONARY RESUSCITATION (CPR) TRAINING, RELAY FOR LIFE, SHED YOUR MEDS AND A SPEAKER'S BUREAU.

AS A COMMUNITY TRAINING CENTER FOR THE AMERICAN HEART ASSOCIATION, GREENWICH HOSPITAL PROVIDED CPR TRAINING TO 302 PROFESSIONAL AND LAY RESCUERS. IN ADDITION, FREE ADULT CPR CLASSES WERE PROVIDED TO THE COMMUNITY AND 39 PEOPLE ATTENDED. ANOTHER 30 PEOPLE ATTENDED FEW INFANT AND CHILD CPR CLASSES, WHICH WERE HELD AT OPEN DOOR.

COMMUNITY HEALTH @ GREENWICH HOSPITAL WAS A MAJOR SPONSOR OF GREENWICH'S RELAY FOR LIFE, AN AMERICAN CANCER SOCIETY EVENT THAT BRINGS CANCER 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 SPONSOR VARIOUS CANCER-AWARENESS EVENTS THAT PROVIDED EDUCATION ABOUT CANCER, AND THE IMPORTANCE 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 CONTINUES TO BE SPONSORED BY GREENWICH HOSPITAL, THE TOWN OF GREENWICH, THE GREENWICH POLICE DEPARTMENT, CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION, THE SILVER SHIELD OF GREENWICH, GREENWICH YOUTH SERVICES COUNCIL, COMMUNITY AND POLICE PARTNERSHIP AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP.

SHED YOUR MEDS IS AN ANNUAL PUBLIC SAFETY EFFORT WHICH ENCOURAGES RESIDENTS TO GET RID OF UNWANTED OR EXPIRED MEDICATIONS. THE INSTALLATION OF A PERMANENT "DROP BOX" PROVIDING RESIDENTS WITH ROUND

Part VI Supplemental Information (Continuation)

THE CLOCK ACCESS TO DROP OFF UNWANTED OR EXPIRED 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 AWARENESS IN THE COMMUNITY. IN 2014, GREENWICH HOSPITAL PHYSICIANS, NURSES, DIETICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS, AND PHARMACISTS CONDUCTED FREE LECTURES AT LIBRARIES, SENIOR CENTERS, SCHOOLS, CORPORATIONS, AND COMMUNITY SERVICE ORGANIZATIONS SUCH AS ROTARY CLUB, 40/40 CLUB, YWCA, AND YMCA IN CONNECTICUT AND WESTCHESTER COMMUNITIES. TOPICS INCLUDED DIABETES, STROKE, HEART ATTACK PREVENTION, BREAST, SKIN AND COLON CANCER AWARENESS, CHOLESTEROL REDUCTION, HEALTHY LIFESTYLES AND HABITS, HYGIENE, HEART HEALTH, MENTAL HEALTH, IMMUNIZATION, NUTRITION, OSTEOPOROSIS, KNOWING YOUR NUMBERS, PARKINSON'S DISEASE, PROSTATE HEALTH, SMOKING PREVENTION / CESSATION, AND WEIGHT MANAGEMENT.

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:

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF GREENWICH 259 E PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	30,250.	0.			SUPPORT ORGANIZATION
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)(3)	55,000.	0.			SUPPORT ORGANIZATION
AMERICAN CANCER SOCIETY 372 DANBURY ROAD WILTON, CT 06897	13-1788491	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
VILLAGE OF RYE BROOK 938 KING STREET RYE BROOK, NY 10573	13-3830232	501(C)(3)	5,000.	0.			SUPPORT ORGANIZATION
ONS FOUNDATION 6 GREENWICH OFFICE PARK GREENWICH, CT 06831	26-1394760	501(C)(3)	55,000.	0.			SUPPORT ORGANIZATION
LYME RESEARCH ALLIANCE 2001 WEST MAIN STREET STAMFORD, CT 06902	06-1559393	501(C)(3)	15,000.	0.			SUPPORT ORGANIZATION

- 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEMS 111 E PUTNAM AVE RIVERSIDE, CT 06878	22-2721171	501(C)(3)	98,583.	0.			SUPPORT ORGANIZATION
CABRINI OF WESTCHESTER 115 BROADWAY DOBBS FERRY, NY 10522	23-7063399	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
GREENWICH UNITED WAY ONE LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	501(C)(3)	10,000.	0.			SUPPORT ORGANIZATION
SHELTER FOR THE HOMELESS 137 HENRY ST, STE 505 STAMFORD, CT 06902	06-1144355	501(C)(3)	5,000.	0.			SUPPORT ORGANIZATION
TRANSPORTATION ASSOCIATION OF GREENWICH - 13 RIVERSIDE AVE - RIVERSIDE, CT 06878	22-2531166	501(C)(3)	5,000.	0.			SUPPORT ORGANIZATION
UNITED HOME FOR AGED HEBREWS 391 PELHAM RD NEW ROCHELLE, NY 10805	13-1663975	501(C)(3)	5,000.	0.			SUPPORT ORGANIZATION
YMCA OF GREENWICH 50 E PUTNAM AVE GREENWICH, CT 06830	06-0646976	501(C)(3)	15,450.	0.			SUPPORT ORGANIZATION
YMCA OF RYE 21 LOCUST AVE RYE, NY 10580	13-1740515	501(C)(3)	12,500.	0.			SUPPORT ORGANIZATION

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.

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

Part IV Supplemental Information

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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, and 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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations 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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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				
(1) GAYLE CAPOZZALO DIRECTOR	(i)	65,868.	23,002.	41,904.	14,365.	4,605.	149,744.	0.
	(ii)	592,810.	207,013.	377,136.	129,285.	41,445.	1,347,689.	0.
(2) FRANK CORVINO PRES. & CEO	(i)	541,037.	256,090.	23,132.	89,473.	13,742.	923,474.	11,805.
	(ii)	291,327.	137,895.	12,456.	48,177.	7,399.	497,254.	6,356.
(3) CHRISTINE BEECHNER VP	(i)	132,950.	17,547.	7,320.	11,644.	23,432.	192,893.	2,250.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN BROWN SENIOR VP	(i)	294,529.	51,406.	1,980.	37,662.	24,181.	409,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EUGENE COLUCCI SENIOR VP	(i)	180,791.	50,201.	31,700.	76,886.	9,583.	349,161.	19,890.
	(ii)	220,966.	61,356.	38,744.	93,972.	11,712.	426,750.	24,309.
(6) BRIAN DORAN SENIOR VP	(i)	413,488.	85,297.	39,426.	184,134.	33,497.	755,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEBORAH HODYS VP	(i)	324,111.	56,948.	18,095.	13,629.	27,518.	440,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARC KOSAK VP	(i)	210,101.	35,224.	17,869.	15,953.	25,675.	304,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NANCY LEVITT-ROSENTHAL SENIOR VP	(i)	296,690.	77,331.	38,476.	132,522.	4,347.	549,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SPIKE LIPSCHUTZ VP	(i)	382,247.	85,411.	29,872.	16,179.	32,910.	546,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MELISSA TURNER SENIOR VP	(i)	122,606.	31,483.	23,050.	50,184.	11,672.	238,995.	0.
	(ii)	122,606.	31,483.	23,050.	50,184.	11,672.	238,995.	0.
(12) VICKI ALTMAYER DIRECTOR OF PATHOLOGY	(i)	495,568.	48,208.	26,856.	37,662.	18,948.	627,242.	8,268.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DOROTHY BLACKMUN PATHOLOGIST	(i)	435,042.	0.	18,229.	20,544.	11,901.	485,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ERIC DIAMOND PATHOLOGIST	(i)	462,540.	0.	27,105.	41,912.	35,909.	567,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RICHARD EISEN DIRECTOR OF PATHOLOGY	(i)	487,084.	12,593.	26,797.	27,963.	25,265.	579,702.	5,961.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CYNTHIA KUCHER PATHOLOGIST	(i)	362,573.	0.	14,375.	18,858.	2,247.	398,053.	35,992.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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				
(17) QUINTON FRIESEN FORMER OFFICER 9/2012	(i)	0.	117,663.	542,230.	0.	0.	659,893.	520,569.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) GEORGE PAWLUSH FORMER OFFICER 2/2013	(i)	45,894.	49,807.	5,088.	4,985.	3,621.	109,395.	20,873.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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
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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.

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

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.

MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND
 INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND
 REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO
 PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE
 ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S
 RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE
 TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED
 FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL
 MISSION AND VALUES.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on 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

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA	06-0806186	20774UYC3	05/07/08	53,630,000	REFINANCE SERIES		X		X		X
B											
C											
D											

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							
	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	1.37 %							
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 government77 %							
6 Total of lines 4 and 5	2.14 %							
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 non-governmental 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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	18.0000000							
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).

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CHEFA

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2009

SCHEDULE K, SUPPLEMENTAL INFORMATION: REFINANCE ISSUANCE DATE 4/6/2006

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.

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.

PART III, LINE 9

THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*
IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATION WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

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.

Table with 4 main columns: (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 the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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.

Table with 9 main columns: (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 Benefiting Interested Persons.

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

Table with 5 main columns: (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
CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	500,492.	SEE PART V		X

Part V Supplemental Information

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

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: \$500,492

SOME 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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

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 ▶ (VACATION/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 - 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.

SCHEDULE M, PART I, COLUMN (B):

AMOUNTS REPRESENT NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

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 990-EZ 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

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

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.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS:

332212
09-04-13

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

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.

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;

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

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

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

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.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIALS:

332212
09-04-13

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

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

130

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2013.06000 GREENWICH HOSPITAL

GRNWCHH1

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

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

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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:

332212
09-04-13

Name of the organization GREENWICH HOSPITAL	Employer identification number 06-0646659
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PROGRAM SERVICE EXPENSES	10,464,521.
MANAGEMENT AND GENERAL EXPENSES	1,513,513.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,978,034.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	60,381,332.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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.
TOTAL TO FORM 990, PART XI, LINE 9	-18,115,616.

**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
900 KING STREET ASSOCIATES, LLC - 26-0805259 5 PERRYRIDGE ROAD GREENWICH, CT 06830	BUILDING OPERATIONS	CONNECTICUT	0.	0.	GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC - 26-2455578, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	1,303,060.	251,548.	GREENWICH HOSPITAL
GREENWICH PATHLOGY ASSOCIATES, LLC - 06-6140101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	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	No
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 3	SEE PART VII	X	
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES (MERGED 5/2014) - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		X
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	SEE PART VII	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 7	SEE PART VII	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CARITAS INSURANCE - 03-0322238 40 MAIN STREET BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	X	
NORMA F PFREIM BREAST CANCER INC (MERGED 2/2014) - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP INC - 06-1330992 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
SCHS PROPERTIES INC - 06-1297708 267 GRANT STREET BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		SEE PART VII	X	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	N/A		X
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME	CONNECTICUT	501C3	LINE 3	SEE PART VII	X	
YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE	CONNECTICUT	501C3	LINE 3	SEE PART VII	X	
YNH NETWORK CORP (MERGED 5/2014) - 06-1513687, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		X
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP		X

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) Disproportionate 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	
SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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	No
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH INTEGRATIVE MEDICINE (DISSOLVED 9/22/2014) - 26-0236411, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERV-NY - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH PEDIATRIC SERVICES PC (DISSOLVED 9/22/2014) - 74-3054409, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of 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
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL	CT	N/A	C CORP	N/A	N/A	N/A	X	
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES NJ - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NJ	N/A	C CORP	219,786.	118,276.	100.00%	X	
LUKAN INDEMNITY COMPANY - 98-1072793 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
PRIMARYNET OF CONNECTICUT, INC. - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC. - 06-1110797, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC. - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLES MNGT	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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
(1) YALE NEW HAVEN HEALTH SERVICES CORP	M	46,393,443.	COMPARABLE MARKET VALUE
(2) YALE NEW HAVEN HEALTH SERVICES CORP	P	5,647,266.	COMPARABLE MARKET VALUE
(3) GREENWICH HEALTH CARE SERVICES, INC.	R	10,300,000.	CASH/NET ASSET TRANSFER
(4) GREENWICH HEALTH CARE SERVICES, INC.	P	17,650.	CASH
(5) GREENWICH HEALTH CARE SERVICES, INC.	L	1,294,835.	CASH
(6) GREENWICH HOSPITAL ENDOWMENT FUND	S	4,203,364.	COMPARABLE MARKET VALUE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)GREENWICH HOSPITAL ENDOWMENT FUND	Q	15,625.	COMPARABLE MARKET VALUE
(8)PERRYRIDGE CORPORATION	K	1,152,120.	COMPARABLE MARKET VALUE
(9)PERRYRIDGE CORPORATION	Q	47,870.	ACTUAL COST
(10)PERRYRIDGE CORPORATION	L	36,336.	COMPARABLE MARKET VALUE
(11)PERRYRIDGE CORPORATION	S	1,011,559.	CASH
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

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