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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GRIFFIN HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
130 DIVISION STREET

City or town, state or country, and ZIP + 4
DERBY, CT 06418

D Employer identification number
06-0647014

E Telephone number
(203) 732-7528

G Gross receipts $ 124,629,497

F Name and address of principal officer
PATRICK S CHARMEL
130 DIVISION STREET
DERBY, CT 06418

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ GRIFFINHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1908

M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
GRIFFIN HOSPITAL IS COMMITTED TO PROVIDING PERSONALIZED, HUMANISTIC, CONSUMER-DRIVEN HEALTH CARE IN A HEALING ENVIRONMENT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	1,566
6	Total number of volunteers (estimate if necessary)	6	430
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	3,728,197
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,762,445

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,612,552	1,920,282
9	Program service revenue (Part VIII, line 2g)	122,174,298	121,430,800
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	527,876	841,246
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,933	437,169
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,708,659	124,629,497

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,736,780	70,362,492
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	55,926,925	55,257,077
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	123,663,705	125,619,569
19	Revenue less expenses Subtract line 18 from line 12	1,044,954	-990,072

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	122,494,989	122,021,131
21	Total liabilities (Part X, line 26)	131,312,019	139,168,392
22	Net assets or fund balances Subtract line 21 from line 20	-8,817,030	-17,147,261

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

****** | 2011-05-12
Signature of officer | Date

PATRICK S CHARMEL PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SASLOW LUFKIN & BUGGY LLP TEN TOWER LANE AVON, CT 06001		EIN ▶	Phone no ▶ (860) 678-9200

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

GRIFFIN HOSPITAL IS COMMITTED TO PROVIDING PERSONALIZED, HUMANISTIC, CONSUMER-DRIVEN HEALTH CARE IN A HEALING ENVIRONMENT, TO EMPOWERING INDIVIDUALS TO BE ACTIVELY INVOLVED IN DECISIONS AFFECTING THEIR CARE AND WELL-BEING THROUGH ACCESS TO INFORMATION AND EDUCATION, AND TO PROVIDING LEADERSHIP TO IMPROVE THE HEALTH OF THE COMMUNITY WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 110,183,502 including grants of $) (Revenue $ 105,300,350)

GRIFFIN HOSPITAL IS AN ACUTE CARE HOSPITAL PROVIDING MEDICAL CARE TO PATIENTS IN COMMUNITIES SERVED, INCLUDING SUBSIDIZED CARE, CHARITY CARE, AND EDUCATIONAL SERVICES TO HEALTH PROFESSIONALS TO HELP PREPARE THE NEXT GENERATION OF CAREGIVERS

4b (Code) (Expenses $ 3,092,064 including grants of $) (Revenue $ 8,012,849)

PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY

4c (Code) (Expenses $ 1,900,287 including grants of $) (Revenue $ 2,953,114)

PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 371,405 including grants of $) (Revenue $ 1,436,290)

4e **Total program service expenses** ▶ $ 115,547,258

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	178		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,566		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 22		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

JAMES DOWNEY
130 DIVISION STREET
DERBY, CT 06418
(203) 732-7528

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

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

1b Total . . . . . ▶	3,789,180	0	674,499

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 57

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION 440 WHEELERS FARM RD MILFORD, CT 06460	CONSTRUCTION	6,518,786
BISMARK CONTRUCTION 100 BRIDGEPORT AVE MILFORD, CT 06460	CONSTRUCTION	1,913,348
UNIDINE CORPORATION 75 REMITTANCE DRIVE CHICAGO, IL 60675	FOOD SERVICE	1,183,116
RINALDI LINEN SERVICES 47 COMMONS COURT WATERBURY, CT 06704	LINEN SERVICE	360,884
THE OUTSOURCE GROUP 90 NATIONAL DRIVE GLASTONBURY, CT 06033	COLLECTION AGENCY	269,894

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 14

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,920,282			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,920,282			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621,500	118,098,624	114,370,427	3,728,197	
	b	OTHER PROGRAM SERVICES	621,500	3,332,176	3,332,176		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		121,430,800			
	3	Investment income (including dividends, interest and other similar amounts)		300,561			300,561
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	437,169				
	b	Less rental expenses					
	c	Rental income or (loss)	437,169				
	d	Net rental income or (loss)		437,169			437,169
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	540,685				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	540,685				
	d	Net gain or (loss)		540,685			540,685
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		124,629,497	117,702,603	3,728,197	1,278,415

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,485,778	3,186,233	1,299,545	
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	49,619,010	44,657,109	4,961,901	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,054,960	3,649,464	405,496	
9	Other employee benefits	7,902,217	7,111,996	790,221	
10	Payroll taxes	4,300,527	3,870,475	430,052	
11	Fees for services (non-employees)				
a	Management	175,035		175,035	
b	Legal	138,119		138,119	
c	Accounting	246,270		246,270	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	11,304,446	10,174,002	1,130,444	
12	Advertising and promotion	488,370	439,533	48,837	
13	Office expenses	179,089	161,181	17,908	
14	Information technology	696,521	626,869	69,652	
15	Royalties				
16	Occupancy	275,495	247,946	27,549	
17	Travel	216,651	194,986	21,665	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,080,997	6,080,997		
21	Payments to affiliates	140,338	140,338		
22	Depreciation, depletion, and amortization	6,320,417	6,320,417		
23	Insurance	1,495,789	1,346,211	149,578	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL & DRUG SUPPLIES	15,173,899	15,173,899		
b	UTILITIES	3,319,847	3,319,847		
c	RESEARCH GRANT EXPENSES	1,600,391	1,440,352	160,039	
d	BAD DEBT	1,246,165	1,246,165		
e	FOOD	1,116,441	1,116,441		
f	All other expenses	5,042,797	5,042,797		
25	**Total functional expenses.** Add lines 1 through 24f	125,619,569	115,547,258	10,072,311	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,879,223	1	3,905,172
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,001,631	4	15,222,331
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		707,439	8	785,363
	9	Prepaid expenses and deferred charges		1,593,156	9	1,775,274
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 141,096,371			
	b	Less accumulated depreciation	10b 77,052,767	62,723,943	10c	64,043,604
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		9,689,549	12	10,721,743
	13	Investments—program-related See Part IV, line 11		17,750,564	13	14,810,452
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,149,484	15	10,757,192
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		122,494,989	16	122,021,131
Liabilities	17	Accounts payable and accrued expenses		23,725,478	17	25,047,155
	18	Grants payable			18	
	19	Deferred revenue		563,771	19	16,630
	20	Tax-exempt bond liabilities		55,294,548	20	54,196,490
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		51,728,222	25	59,908,117
	26	**Total liabilities.** Add lines 17 through 25		131,312,019	26	139,168,392
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-16,756,232	27	-24,966,200
	28	Temporarily restricted net assets		2,260,107	28	2,014,450
	29	Permanently restricted net assets		5,679,095	29	5,804,489
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-8,817,030	33	-17,147,261
	34	Total liabilities and net assets/fund balances		122,494,989	34	122,021,131

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 06-0647014
Name: GRIFFIN HOSPITAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 371,405 including grants of $) (Revenue $ 1,436,290)
PROVIDE HOSPICE SERVICES TO THE COMMUNITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENDRICKS DAVID MD/BOARD MEMBER	40 00	X						299,431	0	14,879
CHARMEL PATRICK PRESDENT/CEO	40 00	X		X				361,132	0	58,806
BORIS GREGORY MD/BOARD MEMBER	40 00	X						301,458	0	25,651
DOBULER KENNETH MD/BOARD MEMBER	40 00	X						208,026	0	47,152
SCHWARTZ KENNETH MD/BOARD MEMBER	40 00	X						166,056	0	67,670
STUMPO BARABARA J V P /BOARD MEMBER	40 00	X		X				153,424	0	41,537
ANDREANA JOSEPH TRUSTEE	1 00	X						0	0	0
BALDYGA KENNETH TRUSTEE	1 00	X						0	0	0
BETKOSKI JOHN W III CHAIRMAN	1 00	X		X				0	0	0
CHRISTON WILHEMENIA TRUSTEE	1 00	X						0	0	0
JANESKY LAWRENCE TRUSTEE	1 00	X						0	0	0
FOX ROBERT A TRUSTEE	1 00	X						0	0	0
GENTILE LINDA M TRUSTEE	1 00	X						0	0	0
JONES JEAN CRUM TRUSTEE	1 00	X						0	0	0
KLARIDES THEMIS TRUSTEE	1 00	X						0	0	0
LOGAN GEORGE S TRUSTEE	1 00	X						0	0	0
NUSSBAUM PAUL B MD/TRUSTEE	1 00	X						0	0	0
OSAK FRANK M TRUSTEE	1 00	X						0	0	0
MEZZO ROBERT TRUSTEE	1 00	X						0	0	0
REISS ROBERT G TRUSTEE	1 00	X						0	0	0
WEINER GERALD T TRUSTEE	1 00	X						0	0	0
ZAPRZALKA JOHN J TRUSTEE	1 00	X						0	0	0
MOYLAN JAMES J VICE PRESIDENT/CFO	40 00			X				219,320	0	37,662
POWANDA WILLIAM VICE PRESIDENT	40 00			X				164,205	0	48,487
DEEGAN MARGARET VICE PRESIDENT	40 00			X				160,367	0	17,875

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHEPARD SETH VICE PRESIDENT	40 00			X				163,228	0	20,118
FRAMPTON SUSAN PRESIDENT/PLANETREE	40 00			X				235,698	0	28,282
BERNS EDWARD VICE PRESIDENT	40 00			X				135,365	0	37,156
MARTIN KATHLEEN VICE PRESIDENT	40 00			X				133,621	0	38,277
D'SOUSA SEEMA MD	30 00					X		178,823	0	21,980
HALSTEAD EDWARD MD	40 00					X		194,171	0	68,697
KUSTER GORDON MD	40 00					X		243,440	0	54,385
NAWAZ HAQ MD	40 00					X		243,762	0	28,115
BELL GREGORY MD	40 00					X		227,653	0	17,770

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL & DRUG SUPPLIES	15,173,899	15,173,899		
UTILITIES	3,319,847	3,319,847		
RESEARCH GRANT EXPENSES	1,600,391	1,440,352	160,039	
BAD DEBT	1,246,165	1,246,165		
FOOD	1,116,441	1,116,441		

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
GRIFFIN HOSPITAL	06-0647014

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☑ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		11,014
j	Total lines 1c through 1i			11,014
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE GRIFFIN HOSPITAL PAID FOR MEMBERSHIP DUES TO THE CONNECTICUT HOSPITAL ASSOCIATION FOR THE FISCAL YEAR ENDED 9/30/2010 $11,014 49 OF MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,773,278	2,677,652			
b Contributions					
c Investment earnings or losses	124,305	97,031			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,337	1,405			
f Administrative expenses					
g End of year balance	2,896,246	2,773,278			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **78.000 %**
- c Term endowment ▶ **22.000 %**

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,015,091		4,015,091
b Buildings		70,796,376	31,583,816	39,212,560
c Leasehold improvements				
d Equipment		65,956,153	45,263,124	20,693,029
e Other		328,751	205,827	122,924
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				64,043,604

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other FIXED INCOME SECURITIES	9,660,079	F
MARKETABLE EQUITY SECURITIES	1,061,664	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	10,721,743	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LIMITED USE ASSETS - CURRENT	522,512	F
BOARD DESIGNATED INVESTMENTS	319,085	F
BENEFICIAL INTEREST IN TRUSTS	3,644,228	F
UNDER INDENTURE AGREEMENT	4,477,576	F
INVESTMENTS IN NET ASSETS OF AFFILIATES	5,847,051	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	14,810,452	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER RECEIVABLES	1,126,936
DUE FROM AFFILIATES	6,250,422
OTHER ASSETS	2,994,897
THIRD PARTY	220,661
DEFERRED REVENUE	164,276
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	10,757,192

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	59,908,117

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	124,629,497
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	125,619,569
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-990,072
4	Net unrealized gains (losses) on investments	4	44,948
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,385,107
9	Total adjustments (net) Add lines 4 - 8	9	-7,340,159
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,330,231

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	124,674,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	44,948		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	44,948
3	Subtract line **2e** from line **1**			3	124,629,497
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	124,629,497

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

1	Total expenses and losses per audited financial statements			1	125,619,569
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	125,619,569
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	125,619,569

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE HOSPITAL'S ENDOWMENT FUNDS CONSIST OF DONOR RESTRICTED FUNDS TO BE INVESTED IN PERPETUITY TO PROVIDE A PERMANENT SOURCE OF INCOME
Part X	Description of Uncertain Tax Positions Under FIN 48	FIN 48 IS NOT APPLICABLE TO GRIFFIN HOSPITAL
Part XI, Line 8 - Other Adjustments		TRANSFERS BETWEEN AFFILIATES -2320462 MINIMUM PENSION LIABILITY ADJUSTMENT -5314605 CHANGE IN INTEREST IN NET ASSETS OF AFFILIATES 273587 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 245657 CHANGE IN INVESTMENT IN AFFILIATE 96636 CHANGE IN BENEFICIAL INTEREST IN TRUSTS 125394

Additional Data

Software ID:
Software Version:
EIN: 06-0647014
Name: GRIFFIN HOSPITAL

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
ACCRUED POSTRETIREMENT - CURRENT	438,000
ACCRUED POSTRETIREMENT - NON CURRENT	6,381,956
PROFESSIONAL AND GENERAL LIABILTY	725,821
MINIMUM PENSION LIABILITY	36,275,269
WORKERS COMPENSATION - LONG TERM	1,340,515
ACCRUED INTEREST PAYABLE	391,610
OTHER LIABILITIES	7,417,394
RETIREMENT OBLIGATION	130,976
CAPITAL LEASE - NET OF CURRENT	5,037,671
L T - CURRENT PORTION	1,768,905

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		455	3,045,931	0	3,045,931	2 420 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		8,662	9,195,672	6,137,085	3,058,587	2 430 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		174	154,287	116,558	37,729	0 030 %
d **Total** Charity Care and Means-Tested Government Programs		9,291	12,395,890	6,253,643	6,142,247	4 880 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	16	60,367	928,710	73,146	855,564	0 680 %
f Health professions education (from Worksheet 5)	3	80	6,444,730	4,990,191	1,454,539	1 160 %
g Subsidized health services (from Worksheet 6)	3	38,805	19,402,925	19,617,571	-214,646	0 %
h Research (from Worksheet 7)	1		1,229,117	0	1,229,117	0 980 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	4	5,255	14,801	0	14,801	0 010 %
j **Total** Other Benefits	27	104,507	28,020,283	24,680,908	3,339,375	2 830 %
k **Total.** Add lines 7d and 7j	27	113,798	40,416,173	30,934,551	9,481,622	7 710 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	2,505	12,499	440	12,059	0 010 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	1	2,505	12,499	440	12,059	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	394,161		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	43,304,664
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,471,724
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-4,167,060
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418	X	X		X	X	X	X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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 charity care policy

See additional data

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

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals 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)

Part VI, Line 6

7 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 communites served

Part VI, Line 7

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

CT

Additional Data

Software ID:
Software Version:
EIN: 06-0647014
Name: GRIFFIN HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c PATIENT MAY BE REQUIRED TO PROVIDE 1 PATIENT W-2 FORM2 THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT3 DEPENDENT INFORMATION (FAMILY SIZE)4 ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a GRIFFIN HOSPITAL MAKES ITS ANNUAL COMMUNITY BENEFIT REPORT AVAILABLE TO THE PUBLIC IN ITS ANNUAL REPORT THAT CAN BE ACCESSED ONLINE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 THERE IS NO FOOTNOTE ON THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 THE COSTS RELATED TO THE SHORTFALL WERE DERIVED FROM THE GRIFFIN HOSPITAL'S PATIENT LEVEL COST ACCOUNTING SYSTEM PROCEDURAL CHARITY CARE POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE COSTS ARE APPLIED TO ALL PATIENTS' BILLS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b YES THE GRIFFIN HOSPITAL CHARITY CARE POLICY CONTAINS COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IT STATES IT IS THE RESPONSIBILITY OF GRIFFIN HOSPITAL TO RESPOND TO ALL PATIENT REQUESTS FOR CHARITY ELIGIBILITY DURING ANY ONE OR MORE PATIENT BUSINESS INTERACTIONS NAMELY PREREGISTRATION, REGISTRATION AND DISCHARGE OR AT ANY OTHER TIME THE FACILITY STAFF ENCOUNTERS INFORMATION DETAILING THE PATIENTS FINANCIAL NEED CHARITY WILL BE RESCREENED THROUGHOUT THE REVENUE CYCLE WHEN ACCOUNT EVENTS TRIGGER REVIEW

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 NEEDS ASSESSMENT GRIFFIN HOSPITAL NEEDS ASSESSMENT PROCESS HAS HAD AN EVOLUTION OF STAGES GRIFFIN HOSPITAL WAS A HEALTHCARE INDUSTRY PIONEER IN USING MARKET RESEARCH TECHNIQUES USED BY OTHER INDUSTRIES INCLUDING FOCUS GROUPS, PATIENT SURVEYS, AND CONSUMER COMMUNITY SURVEYS GRIFFIN CONDUCTED ITS FIRST COMMUNITY SURVEY IN 1982 TO MEASURE COMMUNITY PERCEPTION OF GRIFFIN HOSPITAL AND THE SERVICES IT PROVIDED THE HOSPITAL REPEATED THE SURVEY REGULARLY AND OVER THE PAST DECADE HAS DONE THE SURVEY ABOUT EVERY TWO YEARS THE YALE-GRIFFIN PREVENTATIVE RESEARCH CENTER PRODUCES A BI-ANNUAL COMMUNITY HEALTH PROFILE FOR THE SIX TOWN REGION SERVED BY GRIFFIN HOSPITAL THE PROFILE REPORTS DISEASE SPECIFIC MORTALITY RATES AND OTHER HEALTH AND SOCIAL INDICATOR DATA AND COMPARES THEM TO STATE RATES THE REPORT IS WIDELY USED BY VALLEY COUNCIL OF HEALTH AND HUMAN SERVICES ORGANIZATIONS TO IDENTIFY NEEDS AND DEVELOP INTERVENTIONS PERFORMING STUDIES AND COLLECTING DATA IS PART OF THE PRC'S MISSION THE OTHER PART IS WORKING CLOSELY WITH COMMUNITIES, USING THE RESULTS OF PREVENTION REASEARCH TO INFORM AND EMPOWER LOCAL RESIDENTS AT GRIFFIN, WE BELIEVE THAT FOR HEALTH RESEARCH TO SUCCEED, YOU NEED BOTH TO BE ABLE TO MAKE A DIFFERENCE IN THE COMMUNITY AND TO MEASURE THE DIFFERENCE YOU MAKE THE PREVENTION RESEARCH CENTER EXCELS IN BOTH AREAS, CREATING A POWERFUL FORMULA FOR POSITIVE CHANGE FOR THE DEVELOPMENT OF THE PROFILES PRESENTLY GRIFFIN'S BOARD OF DIRECTORS AND SENIOR MANAGEMENT ARE IN THE PROCESS OF DEVELOPING GRIFFIN HOSPITAL'S STRATEGIC PLAN FOR THE 2010-2012 PERIODS THE CURRENT STRATEGIC PLAN INCLUDES AN INITIATIVE RELATED TO TRANSPARENCY WITH WORK BEING DONE BY MANAGEMENT FOR INCREASED PUBLIC REPORTING ON THE GRIFFIN WEB SITE THE STRATEGIC AFFAIRS COMMITTEE OF THE BOARD HAS UNDERTAKEN THE TASK OF BROADENING THAT INITIATIVE TO ONE OF CORPORATE SOCIAL RESPONSIBILITY IN THE NEW STRATEGIC PLAN THE FOLLOWING PARTIAL SET OF CORPORATE SOCIAL RESPONSIBILITY GOALS HAS BEEN PROPOSED FOR INCLUSION IN GRIFFIN HOSPITAL'S FINAL STRATEGIC PLAN COMMUNITY HEALTH NEEDS ASSESSMENT, CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ADOPT A STRATEGY TO MEET COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT THE ASSESSMENT WILL INCLUDE INPUT FROM A BROADLY DIVERSE CROSS SECTION OF THE COMMUNITY THE HOSPITAL SERVES POST THE ASSESSMENT ON THE CORPORATE SOCIAL RESPONSIBILITY SECTION OF THE HOSPITAL'S WEB SITE THIS WILL EXPAND THE COMMITMENT OF THE GRIFFIN PRC TO PRODUCE A BIANNUAL COMMUNITY HEALTH PROFILE AND THE NEW INITIATIVE "VALLEY CARES" WHICH EXPAND THE INDICATORS BEYOND HEALTH CURRENTLY THESE GOALS ARE BEING ACCOMPLISHED WITH GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER SUPPORTING A COLLABORATIVE INITIATIVE "VALLEY CARES", A COMMUNITY ASSESSMENT AND PLANNING EFFORT SPONSORED BY THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS THE COUNCIL RECOGNIZED THE NEED TO DEVELOP AN ON-GOING SYSTEM FOR ACCESSING INFORMATION ABOUT QUALITY OF LIFE IN THE VALLEY COMMUNITY VALLEY CARES INCLUDES TWO MAIN GOALS TO IMPROVE THE LOCAL CAPACITY TO TRACK INFORMATION ABOUT KEY QUALITY OF LIFE INDICATORS SO THAT VALLEY RESIDENTS, ORGANIZATIONS AND STAKEHOLDERS HAVE ON-GOING ACCESS TO INFORMATION ABOUT COMMUNITY STRENGTHS AND CHALLENGES, AND TO DISSEMINATE INFORMATION ABOUT VALLEY QUALITY OF LIFE BROADLY WITHIN THE COMMUNITY AND ENGAGE COMMUNITY MEMBERS IN ANALYZING ASSESSMENT FINDINGS AND PLANNING SOLUTIONS TO IDENTIFIED COMMUNITY CHALLENGES THE YALE GRIFFIN PREVENTION RESEARCH CENTER WHICH IS A COUNCIL MEMBER AGENCY ALONG WITH GRIFFIN HOSPITAL, WITH EXTENSIVE EXPERIENCE IN COMPILING THE VALLEY COMMUNITY HEALTH PROFILE HAS EXPANDED ITS RESEARCH TO INCLUDE INFORMATION ON INDICATORS BEYOND HEALTH THE COUNCIL ALSO CONTRACTED A SURVEY RESEARCH FIRM TO CONDUCT A COMMUNITY SURVEY TO OBTAIN INFORMATION ABOUT RESIDENT VIEWS THE TOPICS TO BE COVERED IN THE VALLEY CARES COMMUNITY ASSESSMENT REPORT INCLUDE CREATING A COMMUNITY CONTEXT THAT ALLOWS RESIDENTS TO THRIVE, EMPLOYMENT AND ECONOMIC INDICATORS, HOUSING TRANSPORTATION, PROVIDING EDUCATION AND TRAINING FOR LIFE LONG SUCCESS, PRESERVING THE NATURAL ENVIRONMENT, ENSURING RESIDENT SAFETY, PROMOTING SOCIAL AND EMOTIONAL WELL BEING, ADVANCING COMMUNITY HEALTH, OFFERING ARTS CULTURE AND RECREATION, AND FOSTERING COMMUNITY HARMONY AND ENGAGEMENT

Form 990 Schedule H, Part VI - Supplemental Information, Line 3
Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 THE PATIENT IS REGISTERED BY THE ADMITTING REGISTRAR WHO WILL IDENTIFY TH E PATIENT AS HAVING NO MEDICAL INSURANCE SELF PAY THE PATIENT WILL BE GIVEN A FINANCIAL A SSISTANCE PAMPHLET THAT WILL IDENTIFY ALL GRIFFIN HOSPITAL FREE CARE ASSISTANCE PROGRAMS THE PAMPHLET ALSO INCLUDES HOSPITAL CONTACTS FOR PATIENTS SEEKING STATE WELFARE, SAGA, CIT Y WELFARE, OR OTHER STATE PROGRAMS PATIENTS WHO REGISTER AS HAVING NO MEDICAL INSURANCE W ITH ACCOUNT BALANCES OVER 3,000 DOLLARS WILL BE REFERRED TO THE HOSPITAL ELIGIBILITY WORKE R THE PATIENT WILL BE SEEN WITHIN 24 HOURS OF ADMISSION IF THE ELIGIBILITY WORKER IS UNA BLE TO FULFILL THIS REQUIREMENT DUE TO ABSENCE THE FINANCIAL ADVISOR WILL TAKE THE NECESSA RY STEPS TO FULFILL THIS REQUIREMENT ALL ACCOUNTS UNDER 3,000 DOLLARS WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVISORS THE HOSPITAL ELIGIBILITY WORKER WILL COMPLETE A FINANCIA L SCREENING FOR THOSE PATIENTS SEEKING TITLE 19 ELIGIBILITY AND FOR THE UNINSURED STATUS THE HOSPITAL ELIGIBILITY WORKER WILL IDENTIFY PATIENTS MEETING THE STATE SAGA AND HUSKY PR OGRAM CRITERIA FOR PATIENTS MEETING THE CRITERIA THE APPLICATION PROCESS WILL BE COMPLETE D AND ALL PAPERWORK FORWARDED TO THE APPROPRIATE STATE DEPARTMENT FOR PROCESSING THE PATI ENTS WHO DO NOT MEET THE CRITERIA FOR THE SAGA AND HUSKY PROGRAMS WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVISOR THE FINANICAL ADVISOR WILL BEGIN A REVIEW TO DETERMINE IF THE PATIENT MEETS THE UNINSURED CRITERIA IDENTIFIED IN PUBLIC ACT 03266 A LETTER WILL BE SENT TO THE PATIENT REQUESTING THE PATIENT TO VERIFY THAT THEY DO NOT HAVE MEDICAL INSURANCE A S IDENTIFIED DURING THEIR HOSPITAL REGISTRATION PROCESS THE LETTER WILL ALSO REQUEST ADDI TIONAL PATIENT INFORMATION REGARDING THE PATIENT INCOME IF NECESSARY THE CRITERIA THE PAT IENT MUST MEET AS IDENTIFIED IN PUBLIC ACT 03266 ARE AS FOLLOWS PATIENT INCOME BASED ON F AMILY SIZE FALLS UNDER 250% OF THE POVERTY INOME GUIDELINES, POVERTY INCOME GUIDELINE SCAL E AVAILABLE UPON REQUEST, HOSPITAL HAS MADE A FULL DETERMINATION AS TO THE STATUS OF THE S AGA AND HUSKY PROGRAMS AND ALL GRIFFIN HOSPITAL FREE BED FUNDS HAVE BEEN REVIEWED AND DETE RMINED NON-APPLICABLE FOR THE PATIENT IN REVIEW IF THE PATIENT RESPONDS TO THE LETTER SEN T OUT BY THE FINANCIAL ADVISOR THIS WILL BEGIN THE APPLICATION PROCESS FOR THE VERIFICATIO N OF THE UNINSURED PATIENT STATUS THE FOLLOWING INFORMATIO N WILL NEED TO BE FINALIZED WIT H THE PATIENT IN ORDER FOR THE UNINSURED DETERMINATION TO BE MADE PROOF OF PATIENT INCOME AND FAMILY SIZE HOSPITAL HAS MADE A FINAL DETERMINATION AS TO THE STATUS OF THE STATE SA GA AND HUSKY PROGRAMS VERIFICATION OF ALL FREE BED FUNDS BEING REVIEWED WITH THE PATIENT UPON DETERMINATIO N THAT A PATIENT MEETS THE OUTLINED CRITERIA THE PATIENT WILL BE CLASSIFI ED AS FOLLOWS UNINSURED STATUS THE PATIENT'S ACCOUNT WILL BE TAKEN FROM TOTAL GROSS CHAR GES AND REDUCED TO COST BY APPLYING FACTOR SUPPLIED ANNUALLY BY THE OFFICE OF HEALTH CARE ACCESS THE PATIENT WILL BE INFORMED OF THIS DECISION AND WILL BE SENT A LETTER THAT WILL REFLECT THE BALANCE AT REDUCTION ON ALL APPLICABLE ACCOUNTS THE PATIENT WILL BE ADVISED O F THE BALANCE THAT IS DUE AND PAYABLE THE FINANCIAL ADVISOR WILL CONTACT THE PATIENT TO A CCOMPLISH THE FOLLOWING ATTEMPT PAYMENT ARRANGEMENT WITH THE PATIENT ON THE REMAINING BAL ANCE IF THE PATIENT IDENTIFIES TO THE FINANCIAL ADVISOR THAT THEY CANNOT AFFORD THE REMAI NING BALANCE, AN APPLICATION FOR FREE CARE ASSISTANCE WILL BE COMPLETED IF A PATIENT APPL IES FOR FREE CARE ASSISTANCE THE FINANCIAL ADVISOR WILL MAKE A DECISION ON FREE CARE ELIGI BILITY BASED ON THE PATIENT FAMILY SIZE AND INCOME FREE CARE WILL BE OFFERED BASED ON THE GRIFFIN HOSPITAL FREE CARE ASSITANCE SLIDING SCALE, AVAILABLE UPON REQUEST THE FINANCIAL ADVISOR WILL ADVISE THE PATIENT OF THE FREE CARE DETERMINATION THAT WILL BE APPLIED TO TH E PATIENT'S REMAINING BALANCE THE FINANCIAL ADVISOR WILL COMPLETE ALL APPROPRIATE LOGS WI TH THE DECISIONS AND AMOUNTS FREE CARE ASSISTANCE POLICY PROCEDURE ANY PATIENT REQUESTIN G FINANCIAL ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILL CAN APPLY FOR THE FREE CARE A SSISTANCE PROGRAM BY CONTACTING THE HOSPITAL FINANCIAL ADVISORY STAFF THE FINANCIAL ADVIS OR WILL BE CONTACTED BY THE PATIENT TO COMPLETE THE FREE CARE APPLICATION PROCESS THE FIN ANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION PATIENT W-2 FORM (TAX STATEMENT FROM PREVIOUS AND CURRENT YEAR), THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT, DEPENDANT INFORMATION/FA MILY SIZE, AND ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE THIS IS BASED ON THE FEDERAL POVERTY INCOME GUIDELINES SLIDING SCALE, AVAILABLE UPON REQUEST THE FINANCIAL ADVISOR WILL MAKE A DETERM INATION OF FREE CARE ELIGIBILITY STATUS IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIE

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

D TO THE PATIENT ACCOUNT BALANCE IF A PATIENT BALANCE REMAINS, THE FINANCIAL ADVISOR WILL PURSUE ONE OF THE FOLLOWING WITH THE PATIENT REQUIRE PAYMENT IN FULL OR SET UP A MONTHLY PAYMENT ARRANGEMENT IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE TH E ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE THE FINANCIAL ADVISOR WILL ATTEMPT TO OBTAIN PAYMENT IN FULL OR SET UP A MONTHLY PAYMENT ARRANGEMENT IF THE PATIENT DOES NO T MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE CO LLECTION AGENCY AT THE FULL REMAINING BALANCE IN SOME CASES IT IS NECESSARY TO OVERRIDE T HE POLICY GUIDELINES ON INCOME DUE TO SPECIAL CIRCUMSTANCE REQUIREMENTS SUCH AS SOCIAL ADM IT, MAXED OUT DAY, OR DECEASED PATIENTS AN OVERRIDE CAN BE OBTAINED BY THE SUPERVISOR AND DIRECTOR OR CFO ALLOWING FOR CONSIDERATION OF ELIGIBILITY THE COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL FREE BED FUNDS UNINSURED AND FRE E CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 GRIFFIN HOSPITAL IS A GENERAL ACUTE CARE COMMUNITY TEACHING HOSPITAL LOCATED IN DERBY CT IT SERVES THE GEOGRAPHIC AREA ENCOMPASSING THE LOWER NAUGATUCK RIVER VALLEY TOWNS OF ANSONIA, DERBY, SHELTON, OXFORD, SEYMOUR, AND BEACON FALLS WHICH HAVE A COMBINED POPULATION OF APPROXIMATELY 103,800 PEOPLE WITH AN ADDITIONAL 60,200 FROM THE EXPANDED AREA TOWNS OF NAUGATUCK, SOUTHBURY, AND WOODBURY THE GEOGRAPHIC LOCATION IS SURROUNDED BY THE KEY WATERWAYS LOCATED IN THE SOUTH CENTRAL PART OF CT AND HAS A SHARED HISTORY OF IMMIGRANTS WHO SETTLED IN THE REGION TO WORK IN ITS MANUFACTURING CENTERS SINCE 1990 THE REGIONAL ECONOMY HAS EXPERIENCED A SHIFT FROM A MANUFACTURING BASED ECONOMY TO ONE THAT IS MORE DIVERSE BUT LESS DEPENDANT ON THE FACTORY SECTOR IN ADDITION TO INCREASING IN POPULATION SIZE THE VALLEY COMMUNITY IS UNDERGOING CHANGES AS NEW IMMIGRATION ALTERS THE MIX OF ETHNIC AND LINGUISTIC DIVERSITY AMONG RESIDENTS FOR EXAMPLE, THE PERCENTAGE OF HISPANIC RESIDENTS GREW TO A TOTAL OF 6 PERCENT OF THE VALLEY WIDE POPULATION BY 2009 THE VALLEY COMMUNITY INCLUDES RESIDENTS WITH A DIVERSITY OF NATIONAL ORIGINS AND NATIVE LANGUAGES A 2009 DEMOGRAPHIC SNAPSHOT REPORT ESTIMATES THAT 9 PERCENT OF THE VALLEY RESIDENTS SPEAK AN INDO-EUROPEAN LANGUAGE, ALMOST 4 PERCENT SPEAK SPANISH, AND 1 PERCENT SPEAKS ASIAN/PACIFIC ISLANDER LANGUAGE THE STUDENTS ENROLLED IN PROGRAMS AT VALLEY REGIONAL ADULT EDUCATION IN THE 2009-2010 FISCAL YEAR CAME FROM OVER 60 COUNTRIES SHOWING THE INCREASING WAYS THE GLOBAL COMMUNITY IS REPRESENTED IN THE VALLEY COMMUNITY EVEN THOUGH VALLEY INCOME LEVELS ROSE OVER THE PAST DECADE, INCREASING NUMBERS OF RESIDENTS DO NOT HAVE ACCESS TO THE ECONOMIC OPPORTUNITIES NEEDED TO BUILD A STRONG QUALITY OF LIFE THE UNEMPLOYMENT RATE IN THE VALLEY HAS RISEN SUBSTANTIALLY SINCE 2005, REACHING AN ANNUAL AVERAGE OF 8 PERCENT IN 2009 AND ALMOST 9 PERCENT THROUGH SEPTEMBER OF 2010, WITH EVEN HIGHER LEVELS IN SOME TOWNS ALTHOUGH THE CURRENT FEDERAL DEFINITION OF POVERTY UNDERESTIMATES THE PERCENTAGE OF RESIDENTS FACING ECONOMIC HARDSHIP, THE VALLEY POVERTY RATE IN 2000 WAS 4 7 PERCENT OF THE OVERALL POPULATION AT THAT TIME 10 PERCENT OR MORE OF CHILDREN WERE LIVING IN POVERTY IN SEVERAL VALLEY TOWNS IT IS LIKELY THAT THE POVERTY RATE HAS RISEN SHARPLY IN RECENT YEARS AS IS TRUE IN THE STATE THE PERCENTAGE OF FAMILIES QUALIFYING FOR FREE OR REDUCED PRICE LUNCH IN VALLEY SCHOOL DISTRICTS INCREASED IN THE PAST DECADE, AN INDICATION OF GROWING ECONOMIC HARDSHIP IN 2007-2008 ABOUT 2 OUT OF 10 VALLEY PUBLIC SCHOOL CHILDREN (19 PERCENT) MET THE INCOME REQUIREMENT FOR FREE OR REDUCED PRICE LUNCH IN SOME DISTRICTS THE LEVEL REACHED 40 PERCENT OR MORE OF STUDENTS ALSO ADDING TO THE CHANGING ECONOMIC COMPOSITION, THE VALLEY POPULATION HAS BEEN AGING LIKE THE POPULATION OF THE NATION AND THE STATE AS A WHOLE, AND THERE ARE OTHER DEMOGRAPHIC SHIFTS UNDERWAY AS WELL

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 BEYOND THE INPATIENT CARE AND OUTPATIENT SERVICES IT PROVIDES TO THE COMM UNITY, GRIFFIN HOSPITAL HAS A HISTORY OF COMMUNITY SERVICE AND SOCIAL RESPONSIBILTY DATING BACK TO ITS FOUNDING IN 1909 IN 1970 GRIFFIN ESTABLISHED ONE OF THE FIRST HOSPITAL DEPAR TMENTS OF COMMUNITY HEALTH IN THE COUNTRY TO FOCUS ON THE HEALTH AND WELL BEING OF THE COM MUNITY IT SERVES PROVIDING A VARIETY OF HEALTH SCREENINGS AND PREVENTIVE PROGRAMS AND SERV ICES OVER THE PAST DECADE HOWEVER, GRIFFIN HAS BEEN EXPANDING ITS REACH INTO THE COMMUNIT Y LIKE NEVER BEFORE IN ADDITION TO PROVIDING HEALTH INFORMATION AND SERVICES TO THE PUBLI C AT THE HOSPITAL AND OTHER SATELLITE LOCATIONS GRIFFIN TAKES THESE ACTIVITIES INTO THE CO MMUNITIES WHERE PATIENTS LIVE, WORK AND WORSHIP BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIONS, EDUCATIONAL PROGRAMS AND OTHER COMMUNITY-BASED RESOURCES AND ACTITITIES AND COLLABORATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HA S EXTENDED ITS MISSION TO PROVIDE LEADERSHIP TO IMPROVE THE HEALTH OF THE COMMUNITY SERVED FAR BEYOND THE HOSPITAL WALLS NEW VALLEY CARES COMMUNITY ASSESSMENT RESEARCH AND EDUCATIO N FOR SOLUTIONS GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ARE SUPP ORTING A COLLABORATIVE INITIATIVE, VALLEY CARES, A COMMUNITY ASSESSMENT AND PLANNING EFFOR T SPONSORED BY THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS THE COUNCIL R ECOGNIZED THE NEED TO DEVELOP AN ON-GOING SYSTEM FOR ACCESSING INFORMATION ABOUT QUALITY O F LIFE IN THE VALLEY COMMUNITY VALLEY CARES INCLUDES TWO MAIN GOALS, TO IMPROVE THE LOCAL CAPACITY TO TRACK INFORMATION ABOUT KEY QUALITY OF LIFE INDICATORS SO THAT VALLEY RESIDEN TS, ORGANIZATIONS AND STAKEHOLDERS HAVE ON-GOING ACCESS TO INFORMATION ABOUT COMMUNITY STR ENGTHS AND CHALLENGES AND TO DISSEMINATE INFORMATION ABOUT VALLEY QUALITY OF LIFE BROADLY WITHIN THE COMMUNITY AND ENGAGE COMMUNITY MEMBERS IN ANALYZING ASSESSMENT FINDINGS AND PLA NNING SOLUTIONS TO IDENTIFIED COMMUNITY CHALLENGES THE VALLEY CARES TASKFORCE CURRENT AN D PAST TASKFORCE MEMBERS FROM GRIFFIN HOSPITAL INCLUDE BETH PATTON COMERFORD, MS YALE-GRIF FIN PREVENTION RESEARCH CENTER (TASKFORCE CO-CHAIR), JESSE REYNOLDS, MS YALE-GRIFFIN PREVE NTION RESEARCH CENTER, TARA RIZZO, MPH GRIFFIN HOSPITAL, SUSAN NAPPI, MPH GRIFFIN HOSPITAL CURRENTLY YALE UNIVERSITY VALLEY CARES QUALITY OF LIFE REPORT 2010 PRIMARY FUNDING FOR T HE CREATION OF THIS REPORT PROVIDED BY KATHARINE MATTHIES FOUNDATION, BANK OF AMERICA N A TRUSTEE ADDITIONAL SUPPORT FOR THE VALLEY CARES INTIATIVE PROVIDED BY YALE-GRIFFIN PREVE NTION RESEARCH CENTER, NAUGATUCK VALLEY HEALTH DISTRICT, GRIFFIN HOSPITAL, AND BIRMINGHAM GROUP HEALTH SERVICES, INC THE YALE-GRIFFIN PREVENTION RESEARCH CENTER WHICH IS A COUNCIL MEMBER AGENCY ALONG WITH GRIFFIN HOSPITAL WITH EXTENSIVE EXPERIENCE IN COMPILING THE VALL EY COMMUNITY HEALTH PROFILE HAS EXPANDED ITS RESEARCH TO INCLUDE INFORMATION ON INDICATORS BEYOND HEALTH THE COUNCIL ALSO CONTRACTED A SURVEY RESEARCH FIRM TO CONDUCT A COMMUNITY SURVEY TO OBTAIN INFORMATION ABOUT RESIDENT VIEWS THE TOPICS TO BE COVERED IN THE VALLEY CARES COMMUNITY ASSESSMENT REPORT INCLUDE CREATING A COMMUNITY CONTEXT THAT ALLOWS RESIDEN TS TO THRIVE, EMPLOYMENT AND ECONOMIC INDICATORS, HOUSING, TRANSPORTATION, PROVIDING EDUCA TION AND TRAINING FOR LIFE LONG SUCCESS, PRESERVING THE NATURAL ENVIRONMENT,ENSURING RESID ENT SAFETY, PROMOTING SOCIAL AND EMOTIONAL WELL BEING, ADVANCING COMMUNITY HEALTH, OFFERIN G ARTS CULTURE AND RECREATION,AND FOSTERING COMMUNITY HARMONY AND ENGAGEMENT YALE-GRIFFIN PRC NUTRITION DETECTIVES PROGRAM IN AN ATTEMPT TO HELP CURB THE INCIDENCE OF CHILDHOOD O BESITY, DR DAVID KATZ, DIRECTOR OF THE YALE-GRIFFIN PREVENTION RESEARCH CENTER PROVIDED C OMPLIMENTARY COPIES OF THE NUTRITION DETECTIVES DVD TO ALL SCHOOL DISTRICT SUPERINTENDENTS IN CONNECTICUT NUTRITION DETECTIVES IS A 90 MINUTE NUTRITION PROGRAM DESIGNED FOR ELEMEN TARY SCHOOL AGED CHILDREN DR KATZ DEVELOPED THE PROGRAM TO HELP ADDRESS THE GROWING EPID EMIC OF OBESITY IN CHILDREN THROUGH A NEW DVD FORMAT CHILDREN ARE TAKEN INTO A MAGICAL CL ASSROOM THROUGH SPECIAL EFFECTS AND SIMULATION SIX STUDENTS IN THE MAGICAL CLASSROOM ARE CONVERTED INTO CERTIFIED NUTRITION DETECTIVES THE DVD TAKES THE VIEWING AUDIENCE ON A HEA LTH PROMOTING JOURNEY THE DVD TEACHES VALUABLE LESSONS ABOUT THE IMPORTANCE OF EATING WEL L WITH AN EMPHASIS ON PRACTICAL SKILLS NEEDED TO IDENTIFY AND CHOOSE NUTRITIOUS FOODS THE PROGRAM TEACHES CHILDREN TO BE CLUED INTO HEALTH AND GIVES THE 5 ESSENTIAL CLUES A NUTRIT ION DETECTIVE NEEDS TO GET RIGHT TO THE TRUTH ABOUT NUTRITION ON ANY FOOD PACKAGES, SEE PA ST DECEPTIVE MARKETING CLAIMS, DISTINGUISH WHOLE GRAIN FOODS FROM REFINED GRAINS, AND RECO GNIZE THE IMPORTANCE OF EATING NATURAL WHOLE FOODS SUCH AS FRUITS AND VEGETABLES THE PROG RAM, PREVIOUSLY IN PRINT FORM, IS BEING TAUGHT IN SCHOOLS THROUGHOUT THE COUNTRY AND DATA ARE CURRENTLY BEING COLLECTED IN A 3 YEAR CONTROLL

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

ED EVALUATION OF THE HEALTH EFFECTS OF THE PROGRAM IN 13 ELEMENTARY SCHOOLS IN INDEPENDENC E, MISSOURI FOUNDING THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, GRIFFI N WAS ALSO THE LEADER IN ESTABLISHING THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGAN IZATIONS WHICH HAS BECOME A MODEL FOR MANY OTHER COMMUNITIES THE VALLEY COUNCIL IS A COOP ERATIVE VENTURE LINKING APROXIMATELY 50 NON-PROFIT HEALTH AND HUMAN SERVICE PROVIDERS THRO UGHOUT THE VALLEY ITS MISSION IS TO IDENTIFY, PLAN, IMPLEMENT AND COORDINATE A COMPREHENS IVE SYSTEM OF HUMAN SERVICE DELIVERY AND TO ADVOCATE FOR COMMUNITY WIDE AND CULTURALLY DIV ERSE PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY DECISION MAKERS FROM EACH OF THE ACTIVE MEMBERS MEET MONTHLY THE COUNCIL OBJECTIVES ARE TO ENGAGE IN PERIODIC ASSESSMENT AND IDENTIFICATION OF LOCAL SERVICE NEEDS, INCLUDING CLIENT INPUT, COLLABORATIVELY EVALUAT E CURRENT SERVICES, IDENTIFY GAPS AND STRATEGIZE ON HOW TO FILL GAPS IN SERVICES, SERVE AS THE PRIMARY PLANNING AND COORDINATING BODY FOR THE REGION'S SERVICE PROVISION SYSTEM, PRO VIDE A PLACE FOR SUPPORT AND NETWORKING AMONG THE VALLEY HUMAN SERVIES COMMUNITY, ADVOCATE FOR THE NEEDS OF LOCAL RESIDENTS AND FOR RESOURCES TO MEET THOSE NEEDS ON A LOCAL, STATE AND FEDERAL LEVEL, SEEK TO DEVELOP PARTNERSHIPS WITH OTHER COMMUNITY SYSTEMS I E SCHOOLS, BUSINESSES, STATE AND LOCAL GOVRNMENTS AND PUBLIC SAFETY TO ENHANCE SERVICE DELIVERY GRI FFIN REMAINS AN ACTIVE MEMBER OF THE COUNCIL NOT ONLY IS GRIFFIN HOSPITAL A CONTINUING ME MBER, THE VALLEY PARISH NURSE PROGRAM AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ALSO ARE MEMBERS HEALTHY VALLEY COMMUNITY PROJECT GRIFFIN HOSPITAL WAS ONE OF THE FOUNDERS O F HEALTHY VALLEY AND WAS THE ONLY CORPORATE FUNDING SPONSOR HEALTHY VALLEY, LAUNCHED IN 1 994, WAS CONNECTICUT'S FIRST HEALTHY COMMUNITY PROJECT AND RECEIVED RECOGNITION AND AWARDS AS A MODEL FOR OTHER COMMUNITIES ACROSS THE COUNTRY DURING ITS DEVELOPMENT IT WAS A GRAS SROOTS INITIATIVE INVOLVING OVER 200 STAKEHOLDERS THE COMMUNITY GOAL WAS TO USE RESEARCH, QUANTITATIVE DATA AND A BROAD-BASED VISIONING AND PARTICIPATORY PROCESS TO IDENTIFY AND G AIN CONSENSUS ON PRIORITY COMMUNITY NEEDS AND PROBLEMS AND IDENTIFY RESOURCES TO ADDRESS T HEM THE GOAL OF THE HEALTHY VALLEY PROJECT IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE O F RESIDENTS BY MAKING THE VALLEY A BETTER PLACE IN WHICH TO LIVE, WORK, SHOP AND ENJOY LIF E GRIFFIN'S LEADERSHIP AND EMPLOYEES WERE ACTIVE MEMBERS OF THE ORGANIZATION'S STAKEHOLDE R GROUP GRIFFIN VICE PRESIDENT, BILL POWANDA, CHAIR OF THE HEALTHY VALLEY STEERING COMMIT TEE, WAS INVITED TO PRESENT AT THE PRESIDENTS' SUMMIT FOR AMERICA'S FUTURE AND THE HOFSTRA UNIVERSITY CONFERENCE OF THE PRESIDENCY OF GEORGE H W BUSH THE HEALTHY VALLEY RESEARCH IDENTIFIED THAT COLON CANCER, BREAST CANCER AND PROSTATE CANCER DEATHS WERE SIGNIFICANTLY HIGHER THAN THE STATE AVERAGE AS A RESULT OF LOW RATES OF SCREENING AND PRIMARY CARE ACCE SS GRIFFIN INITIATED AND CONTINUES A SERIES OF INTIATIVES INVOLVING MULTIPLE COMMUNITY OR GANIZATIONS AND AGENCIES TO INCREASE SCREENING RATES THE HEALTH VALLEY PROJECT CONTINUES TODAY ALL AMERICA CITY AWARD GRIFFIN VICE PRESIDENT, BILL POWANDA, LED A COMMUNITY WIDE EFFORT THAT RESULTED IN THE SEVEN TOWN LOWER NAUGATUCK VALLEY REGION BEING NAMED AN ALL-AM ERICA CITY BY THE NATIONAL CIVIC LEAGUE IN 2000 GAINING NATIONAL RECOGNITION OF THE CAPACI TY AND COMMUNITY BUILDING EFFORT OF MULTIPLE ORGANIZATIONS AND PEOPLE A TEAM OF 75 VALLEY RESIDENTS INCLUDING SEVEN GRIFFIN EMPLOYEES TRAVELED TO KENTUCKY TO MAKE A PRESENTATION A T THE COMPETITION JUDGES PRAISED THE COMMUNITY FOR PARTNERSHIPS, TEAMWORK AND INNOVATION IN SELECTING THE VALLEY FOR THE AWARD MORE THAN 40,000 DOLLARS WAS RAISED TO SUPPORT TRAV EL TO KENTUCKY GRIFFIN HOSPITAL WAS ONE OF THE CORPORATE SPONSORS (SEE SCHEDULE O FOR CO NTINUATION)

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 06-0647014
Name: GRIFFIN HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HENDRICKS DAVID	(I)	299,431	0	0	8,481	6,398	314,310	0
	(II)	0	0	0	0	0	0	0
CHARMEL PATRICK	(I)	361,132	0	0	43,935	14,871	419,938	0
	(II)	0	0	0	0	0	0	0
BORIS GREGORY	(I)	301,458	0	0	19,501	6,150	327,109	0
	(II)	0	0	0	0	0	0	0
DOBULER KENNETH	(I)	208,026	0	0	47,152	0	255,178	0
	(II)	0	0	0	0	0	0	0
SCHWARTZ KENNETH	(I)	166,056	0	0	53,069	14,601	233,726	0
	(II)	0	0	0	0	0	0	0
STUMPO BARABARA J	(I)	153,424	0	0	26,666	14,871	194,961	0
	(II)	0	0	0	0	0	0	0
MOYLAN JAMES J	(I)	219,320	0	0	37,047	615	256,982	0
	(II)	0	0	0	0	0	0	0
POWANDA WILLIAM	(I)	164,205	0	0	34,858	13,629	212,692	0
	(II)	0	0	0	0	0	0	0
DEEGAN MARGARET	(I)	160,367	0	0	17,260	615	178,242	0
	(II)	0	0	0	0	0	0	0
SHEPARD SETH	(I)	163,228	0	0	19,503	615	183,346	0
	(II)	0	0	0	0	0	0	0
FRAMPTON SUSAN	(I)	235,698	0	0	22,224	6,058	263,980	0
	(II)	0	0	0	0	0	0	0
BERNS EDWARD	(I)	135,365	0	0	22,285	14,871	172,521	0
	(II)	0	0	0	0	0	0	0
MARTIN KATHLEEN	(I)	133,621	0	0	23,406	14,871	171,898	0
	(II)	0	0	0	0	0	0	0
D'SOUSA SEEMA	(I)	178,823	0	0	7,379	14,601	200,803	0
	(II)	0	0	0	0	0	0	0
HALSTEAD EDWARD	(I)	194,171	0	0	53,826	14,871	262,868	0
	(II)	0	0	0	0	0	0	0
KUSTER GORDON	(I)	243,440	0	0	54,040	345	297,825	0
	(II)	0	0	0	0	0	0	0
NAWAZ HAQ	(I)	243,762	0	0	13,244	14,871	271,877	0
	(II)	0	0	0	0	0	0	0
BELL GREGORY	(I)	227,653	0	0	11,620	6,150	245,423	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

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	
							Yes	No	Yes	No
A	CHEFA SERIES B			02-01-2005	24,800,000	CONSTRUCTION OF NEW WING		X		X
B	CHEFA SERIES C			05-01-2007	23,125,000	CONSTRUCTION OF NEW CANCER CENTER & RENOVATION OF EMERGENCY DEPARTMENT		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	25,769,812	22,982,209			
2	Gross proceeds in reserve funds	1,406,958	1,406,958			
3	Proceeds in refunding or defeasance escrows	24,573,303				
4	Other unspent proceeds					
5	Issuance costs from proceeds	435,721	234,306			
6	Working capital expenditures from proceeds	760,791	1,133,492			
7	Capital expenditures from proceeds	20,207,453	20,207,453			
8	Year of substantial completion	1996	2010			

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

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	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		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X	X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X							
b	Name of provider	WACHOVIA BANK		WACHOVIA BANK							
c	Term of hedge	2037 000000000000		2037 000000000000							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

Additional Data

Software ID:
Software Version:
EIN: 06-0647014
Name: GRIFFIN HOSPITAL

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		GRIFFIN HOSPITAL IS A NON-STOCK CORPORATION THAT DOES NOT HAVE STOCKHOLDERS OR MEMBERS, BUT WHICH DOES HAVE A BOARD OF INCORPORATORS WHO SERVE AS REPRESENTATIVES OF THE COMMUNITY TO CARRY OUT THE EXEMPT AND CHARITABLE PURPOSES OF THE HOSPITAL

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BOARD OF TRUSTEES MAKES RECOMMENDATIONS TO THE INCORPORATORS OF THE HOSPITAL REGARDING NOMINATIONS OF MEMBERS OF THE COMMUNITY TO SERVE AS TRUSTEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORM 990, INCLUDING SCHEDULE H, IS REVIEWED PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EACH YEAR ALL MEMBERS OF THE HOSPITAL BOARD, OFFICERS, DIRECTORS, AND KEY EMPLOYEES RECEIVE, SIGN, AND SUBMIT A CONFLICT OF INTEREST DISCLOSURE THE DISCLOSURES ARE REVIEWED BY THE HOSPITAL BOARD AND DOCUMENTED IN THE MINUTES ANY DISCLOSURE OF A CONFLICT PREVENTS THE INDIVIDUAL FROM INVOLVEMENT WITH OR PARTICIPATION IN SUBJECT MATTER THAT MIGHT AFFECT THE DISCLOSED CONFLICT SUCH ACTIONS ARE DOCUMENTED IN BOARD MINUTES ALL CONFLICTS ARE DISCLOSED TO BOARD MEMBERS AND CORPORATORS AT THE ANNUAL MEETING OF THE CORPORATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		COMPENSATION OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE COMPENSATION COMMITEE WHICH IS A SUBCOMMITTEE OF THE HOSPITAL BOARD THIS COMMITTEE SETS THE COMPENSATION FOR THE CEO BASED ON INDUSTRY DATA COMPENSATION OF OTHER OFFICERS AND DIRECTORS IS SET BY THE CEO IN CONJUNCTION WITH THE HUMAN RESOURCE DEPARTMENT AGAIN INDUSTRY COMPENSATION DATA IS THE BASIS FOR DETERMINING THE APPROPRIATENESS OF COMPENSATION THE CEO REVIEWS WITH THE COMPENSATION COMMITTEE ALL OFFICERS AND DIRECTORS ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS ARE FILED WITH THE OFFICE OF HEALTH CARE ACCESS AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SELECTING AN INDEPENDENT AUDIT FIRM AND FOR OVERSEEING THE FINANCIAL STATEMENT PREPARATION PROCESS THERE HAVE BEEN NO CHANGES IN THESE PROCEDURES SINCE THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE H, PART VI, LINE 5 (CONTINUED)	A COMMUNITY-WIDE CELEBRATION WAS HELD ATTENDED BY MORE THAN 500 PEOPLE INCLUDING FEDERAL AND STATE LEGISLATORS, LOCAL OFFICIALS, COMMUNITY LEADERS AND RESIDENTS NEW VALLEY UNITED WAY SUPPORT AS PART OF ITS CENTENNIAL CELBRATION GRIFFIN HOSPITAL HOSTED THE ANNUAL VALLEY UNITED WAY CAMPAIGN KICK OFF ATTENDED BY CLOSE TO 300 PEOPLE AND ASSUMED A LEADERSHIP GIFT ROLE THE VALLEY UNITED WAY PROVIES FUNDING TO TWENTY-FOUR COMMUNITY NON-PROFIT AGENCIES GRIFFIN EMPLOYEES PROVIDED A LEADERSHIP GIFT OF 28,300 DOLLARS TO THE 2009/2010 CAMPAIGN NEW COMMUNITY INVOLVEMENT MANY GRIFFIN EMPLOYEES ARE INDIVIDUALLY INVOLVED IN PHILANTHROPIC CAUSES IN SUPPORT OF LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS GRIFFIN HOSPITAL AND MANAGEMENT MEMBERS PARTICIPATE IN FUNDRAISERS AND COMMUNITY EVENTS FOR OTHER ORGANIZATIONS AND CAUSES A FEW EXAMPLES ARE THE ANNUAL WOMEN MAKING A DIFFERENCE IN THE VALLEY LUINCHEON WITH PROCEEDS GOING TO PROVIDE FUNDING FOR MAMMOGRAMS FOR UNINSURED OR UNDERINSURED WOMEN AND THE GO RED FOR WOMEN LUNCHEON AWARENESS BUILDER AND FUNDRAISER TO EMPOWER WOMEN TO LOVE AND SAVE THEIR HEARTS THROUGH LIFESTYLE CHOICES AND ACTIONS PROCEEDS GO TO THE AMERICAN HEARAT ASSOCIATION AND GRIFFIN HOSPITAL WOMEN AND HEART DISEASE FUND GRIFFIN HOSPITAL EMPLOYEES ARE HELPING THEIR FELLOW CITIZENS IN MANY DIFFERENT CAPACITIES PRESIDENT PATRICK CHARMEL IS CHAIRMAN OF THE BOARD OF THE GREATER VALLEY CHAMBER OF COMMERCE, ELLEN PRICE IS SECRETARY OF THE BOARD OF DIRECTORS TO THE VALLEY YMCA AND CHAIR OF THE MEMBERSHIP PROGRAMMING COMMITTEE SHE ALSO VOLUNTEERS FOR THE FESTIVAL OF ARTS AND IDEAS IN NEW HAVEN KATHLEEN MARTIN, VICE PRESIDENT QUALITY AND CARE IMPROVEMENT, HAS VOLUNTARILY FACILITATED A COMMUNITY SUPPORT GROUP WEEKLY FOR CANCER SURVIVORS FOR 23 YEARS SHE IS ALSO ON THE QUALITY BOARD OF CONNECTICUT HOSPITAL ASSOCIATION RITA CRANA, SOCIAL SERVICE COORDINATOR, SERVES ON THE EXECUTIVE BOARD OF TEAM, THE COMMUNITY ACTION AGENCY OF THE VALLEY AND IS ALSO A MEMBER OF THE CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS LISA BISSON, SALES ASSOCIATE, OCCUPATIONAL MEDICINE IS VALLEY UNITED WAY CABINET MEMBER, VALLEY CHAMBER OF COMMERCE AMBASSADOR COMMITTEE MEMBER FOR RELAY FOR LIFE AND A CORPORATOR FOR BIRMINGHAM GROUP SERVICES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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
GRIFFIN HEALTH SERVICES CORPORATION 130 DIVISION STREET DERBY, CT 06418 22-2560257	HOLDING COMPANY	CT	501(C)(3)	509(A)(3)(B)(I)	N/A
GRIFFIN FACULTY PRACTICE PLAN INC 130 DIVISION STREET DERBY, CT 06418 06-1463147	MEDICAL/EDUCATION	CT	501(C)(3)	509(A)(2)	N/A
THE GRIFFIN HOSPITAL DEVELOPMENT FUND 130 DIVISION STREET DERBY, CT 06418 22-2560254	FUND RAISING	CT	501(C)(3)	509(A)(1)	GRIFFIN HEALTH SERVICES CORPORATION
PLANETREE INC 130 DIVISION STREET DERBY, CT 06418 06-1505284	EDUCATION	CT	501(C)(3)	509(A)(2)	N/A
GRIFFIN PHARMACY & GIFT 130 DIVISION STREET DERBY, CT 06418 22-2560257	PHARMACY	CT	501(C)(3)	509(A)(2)	GRIFFIN HEALTH SERVICES CORPORATION

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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
GH VENTURES INC 130 DIVISION STREET DERBY, CT06418 22-2560247	MANAGE MEDICAL BILLING	CT	N/A	C			
HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 130 DIVISION STREET DERBY, CT06418	OFFSHORE CAPTIVE	CT	N/A	C			
CT PRACTICE MANAGEMENT INC 130 DIVISION STREET DERBY, CT06418	INACTIVE	CT	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) HEALTHCARE ALLIANCE INSURANCE COMPANY LTD	D	4,112,001
(2) GRIFFIN PHARMACY AND GIFT	O	190,000
(3) GH VENTURES INC	D	205,000
(4) GRIFFIN DEVELOPMENT FUND	O	486,000
(5) PLANETREE INC	O	529,000
(6)		

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

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

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