See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

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 $ 130,897,070

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) ☐ 501(c) ( ) ◀ (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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,578
6	Total number of volunteers (estimate if necessary)	**6**	430
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,894,495
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,399,637

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,920,282	2,414,954
9	Program service revenue (Part VIII, line 2g)	121,430,800	127,604,535
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	841,246	456,315
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	437,169	421,266
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,629,497	130,897,070
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	70,362,492	70,585,160
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	55,257,077	60,252,685
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	125,619,569	130,837,845
19	Revenue less expenses Subtract line 18 from line 12	-990,072	59,225

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	122,021,131	122,634,410
21	Total liabilities (Part X, line 26)	139,168,392	157,297,042
22	Net assets or fund balances Subtract line 21 from line 20	-17,147,261	-34,662,632

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2012-05-10
Signature of officer | Date

PATRICK S CHARMEL CEO
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ SASLOW LUFKIN & BUGGY LLP — Firm's EIN ▶

Firm's address ▶ TEN TOWER LANE, AVON, CT 06001 — 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 114,010,120 including grants of $) (Revenue $ 109,644,564)

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 $ 3,696,717 including grants of $) (Revenue $ 9,611,717)

PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY

4c (Code) (Expenses $ 1,864,716 including grants of $) (Revenue $ 3,122,165)

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 $ 595,392 including grants of $) (Revenue $ 1,331,594)

4e Total program service expenses ▶ $ 120,166,945

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ Yes ☐ No			
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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	187		
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	1,578		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,851,799	0	657,919

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 ▶ 87

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIDINE CORPORATION 75 REMITTANCE DRIVE CHICAGO, IL 60675	FOOD SERVICE	1,565,262
TURNER CONSTRUCTION 440 WHEELERS FARM RD MILFORD, CT 06461	CONSTRUCTION	981,683
DIRECT ENERGY SERVICES PO BOX 462 CAROL STREAM, IL 60197	ELECTRIC SUPPLIER	528,650
CARDIOLOGY ASSOC OF DERBY 130 DIVISION STREET DERBY, CT 06418	PHYSICIAN SERVICES	406,459
RINALDI LINEN SERVICES 47 COMMONS COURT WATERBURY, CT 06704	LINEN SERVICE	404,138

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 ▶ 21

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	2,414,954			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,414,954			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621500	122,026,213	118,131,718	3,894,495	
	b	OTHER PROGRAM SERVICES	621500	5,578,322	5,578,322		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		127,604,535			
	3	Investment income (including dividends, interest and other similar amounts)		380,331			380,331
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	421,266				
	b	Less rental expenses					
	c	Rental income or (loss)	421,266				
	d	Net rental income or (loss)		421,266			421,266
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	75,984				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	75,984				
	d	Net gain or (loss)		75,984			75,984
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		130,897,070	123,710,040	3,894,495	877,581

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	4,291,701	2,842,819	1,448,882	
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	49,288,567	44,359,710	4,928,857	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,534,192	3,180,773	353,419	
9	Other employee benefits	9,289,403	8,360,463	928,940	
10	Payroll taxes	4,181,297	3,763,168	418,129	
a	Fees for services (non-employees) Management	592,064		592,064	
b	Legal	119,069		119,069	
c	Accounting	234,220		234,220	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees				
g	Other	9,821,488	8,839,340	982,148	
12	Advertising and promotion	372,847	335,563	37,284	
13	Office expenses	217,776	196,000	21,776	
14	Information technology	991,867	892,681	99,186	
15	Royalties				
16	Occupancy	294,650	265,185	29,465	
17	Travel	218,463	196,617	21,846	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,146,009	5,146,009		
21	Payments to affiliates	137,511	137,511		
22	Depreciation, depletion, and amortization	5,747,143	5,747,143		
23	Insurance	2,414,227	2,172,805	241,422	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL & DRUG SUPPLIES	16,298,191	16,298,191		
b	UTILITIES	3,350,115	3,350,115		
c	BAD DEBT	3,349,413	3,349,413		
d	RESEARCH GRANT EXPENSES	2,141,922	1,927,729	214,193	
e	FOOD	1,249,993	1,249,993		
f	All other expenses	7,555,717	7,555,717		
25	**Total functional expenses.** Add lines 1 through 24f	130,837,845	120,166,945	10,670,900	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,905,172	1	5,513,612
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		15,222,331	4	17,025,431
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		785,363	8	794,648
	9	Prepaid expenses and deferred charges		1,775,274	9	1,810,064
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 144,713,364			
	b	Less accumulated depreciation	10b 82,631,177	64,043,604	10c	62,082,187
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		10,721,743	12	8,656,773
	13	Investments—program-related See Part IV, line 11		14,810,452	13	14,181,684
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		10,757,192	15	12,570,011
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		122,021,131	16	122,634,410
Liabilities	17	Accounts payable and accrued expenses		25,047,155	17	26,635,850
	18	Grants payable			18	
	19	Deferred revenue		16,630	19	33,048
	20	Tax-exempt bond liabilities		54,196,490	20	53,037,112
	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		59,908,117	25	77,591,032
	26	**Total liabilities.** Add lines 17 through 25		139,168,392	26	157,297,042
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		-24,966,200	27	-42,070,163
	28	Temporarily restricted net assets		2,014,450	28	1,880,150
	29	Permanently restricted net assets		5,804,489	29	5,527,381
		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		-17,147,261	33	-34,662,632
	34	Total liabilities and net assets/fund balances		122,021,131	34	122,634,410

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,897,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,837,845
3	Revenue less expenses Subtract line 2 from line 1	3	59,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-17,147,261
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17,574,596
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-34,662,632

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

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 described in **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENDRICKS DAVID MD/BOARD MEMBER	40 00	X						154,099	0	14,421
CHARMEL PATRICK PRESIDENT/CEO	40 00	X		X				437,043	0	58,191
BORIS GREGORY MD/BOARD MEMBER	40 00	X						140,044	0	25,036
DOBULER KENNETH MD/BOARD MEMBER	40 00	X						221,576	0	47,152
SCHWARTZ KENNETH MD/BOARD MEMBER	40 00	X						212,674	0	67,325
STUMPO BARBARA J V P /BOARD MEMBER	40 00	X		X				198,561	0	40,922
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
DINARDO NANCY 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
EMANUEL JOSEPH TRUSTEE	1 00	X						0	0	0
SACZYNSKI SHELLY TRUSTEE	1 00	X						0	0	0
MOYLAN JAMES J VICE PRESIDENT/CFO	40 00			X				275,947	0	37,047

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			
POWANDA WILLIAM VICE PRESIDENT	40 00			X				211,066	0	48,142
BERNS EDWARD VICE PRESIDENT	40 00			X				174,146	0	36,541
MARTIN KATHLEEN VICE PRESIDENT	40 00			X				172,497	0	37,662
DEEGAN MARGARET VICE PRESIDENT	40 00			X				208,097	0	17,260
SHEPARD SETH VICE PRESIDENT	40 00			X				191,144	0	19,503
FRAMPTON SUSAN PRESIDENT/PLANETREE	40 00			X				312,059	0	27,667
D'SOUSA SEEMA MD	30 00					X		184,351	0	21,635
HALSTEAD EDWARD MD	40 00					X		201,904	0	68,082
NAWAZ HAQ MD	40 00					X		247,246	0	27,500
KUSTER GORDON MD	40 00					X		129,471	0	54,040
RANDALL L CARTER MD	40 00					X		179,874	0	9,793

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

4d. Other program services

(Code) (Expenses $ 595,392 including grants of $) (Revenue $ 1,331,594)

PROVIDE HOSPICE SERVICES TO THE COMMUNITY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☑ if the filing organization belongs to an affiliated group
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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		12,785
j	Total lines 1c through 1i			12,785
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE GRIFFIN HOSPITAL PAID FOR MEMBERSHIP DUES TO THE CONNECTICUT HOSPITAL ASSOCIATION FOR THE FISCAL YEAR ENDED 9/30/2011 $12,785 14 OF THE MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

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	2,953,261	2,773,278	2,677,652		
b Contributions					
c Investment earnings or losses	-1,478	124,305	97,031		
d Grants or scholarships					
e Other expenditures for facilities and programs	19,450	1,337	1,405		
f Administrative expenses					
g End of year balance	2,932,333	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 ▶ 73 000 %
- c Term endowment ▶ 27 000 %

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		71,392,591	33,244,019	38,148,572
c Leasehold improvements				
d Equipment		68,980,971	49,163,224	19,817,747
e Other		324,711	223,934	100,777
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				62,082,187

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	5,001,889	F
(B) MARKETABLE EQUITY SECURITIES	3,654,884	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	8,656,773	

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
(1) LIMITED USE ASSETS - CURRENT	704,176	F
(2) BOARD DESIGNATED INVESTMENTS	31,384	F
(3) BENEFICIAL INTEREST IN TRUSTS	3,367,120	F
(4) UNDER INDENTURE AGREEMENT	4,288,799	F
(5) INVESTMENTS OF NET ASSETS OF AFFILIATES	5,790,205	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	14,181,684	

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	3,656,222
(2) DUE FROM AFFILIATES	5,411,702
(3) OTHER ASSETS	3,010,621
(4) THIRD PARTY	457,830
(5) DEFERRED REVENUE	33,636
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	12,570,011

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)* ▶	77,591,032

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	130,897,070
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	130,837,845
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	59,225
4	Net unrealized gains (losses) on investments	4	-237,962
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-17,336,634
9	Total adjustments (net) Add lines 4 - 8	9	-17,574,596
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-17,515,371

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	130,659,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-237,962		
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	-237,962
3	Subtract line **2e** from line **1**			3	130,897,070
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	130,897,070

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

1	Total expenses and losses per audited financial statements			1	130,837,845
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	130,837,845
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	130,837,845

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE HOSPITAL'S ENDOWMENT FUNDS CONSIST OF DONOR RESTRICTED FUNDS TO BE INVESTED IN PERPETUITY TO PROVIDE A PERMANENT SOURCE OF INCOME
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 (ASC 740) IS NOT APPLICABLE TO GRIFFIN HOSPITAL
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFERS BETWEEN AFFILIATES 799,271 MINIMUM PENSION LIABILITY ADJUSTMENT -17,771,550 CHANGE IN NET ASSETS OF AFFILIATE 47,053 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS -134,300 CHANGE IN BENEFICIAL INTEREST IN TRUSTS -277,108

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 POST RETIREMENT - CURRENT	525,000
ACCRUED POST RETIREMENT - NONCURRENT	7,340,696
PROFESSIONAL AND GENERAL LIABILITY	849,246
MINIMUM PENSION LIABILITY	50,147,716
WORKERS COMPENSATION - LONG TERM	1,514,632
ACCRUED INTEREST PAYABLE	365,713
OTHER LIABILITIES	11,649,431
RETIREMENT OBLIGATION	125,216
CAPITAL LEASE - NET OF CURRENT	3,205,611
L T - CURRENT PORTION	1,867,771

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **250.000000000000 %**	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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)		382	2,372,201	0	2,372,201	1 810 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		9,136	9,677,882	6,009,646	3,668,236	2 800 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		89	96,486	83,214	13,272	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs		9,607	12,146,569	6,092,860	6,053,709	4 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		57,726	938,403	12,901	925,502	0 710 %
f Health professions education (from Worksheet 5)		275	6,833,841	4,736,505	2,097,336	1 600 %
g Subsidized health services (from Worksheet 6)		40,667	19,854,691	18,878,888	975,803	0 750 %
h Research (from Worksheet 7)			1,359,782	0	1,359,782	1 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)		1,626	26,896	0	26,896	0 020 %
j **Total** Other Benefits		100,294	29,013,613	23,628,294	5,385,319	4 120 %
k **Total.** Add lines 7d and 7j		109,901	41,160,182	29,721,154	11,439,028	8 740 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	1,818	12,984		12,984	0 010 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	1	1,818	12,984		12,984	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,061,762		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	40,391,767
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,148,360
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,756,593
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		
b	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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 3C GRIFFIN HOSPITAL'S FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE OR DISCOUNTED CARE APPLICATION PATIENT W-2 FORM (TAX STATEMENT FROM PREVIOUS AND CURRENT YEAR), THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT, DEPENDENT INFORMATION (FAMILY SIZE), ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS, AND 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 DETERMINATION OF FREE CARE ELIGIBILITY STATUS

Identifier	ReturnReference	Explanation
		PART I, LINE 6A GRIFFIN HOSPITAL COMMUNITY BENEFIT REPORT IS PROVIDED TO THE PUBLIC IN VARIOUS WAYS SECTIONS AND HIGHLIGHTS OF THE REPORT ARE LISTED IN OUR ANNUAL HOSPITAL REPORT GRIFFIN'S BOARD OF DIRECTORS AND SENIOR MANAGEMENT ARE IN THE PROCESS OF DEVELOPING GRIFFIN HOSPITAL'S STRATEGIC PLAN FOR THE 2010 TO 2012 PERIODS THE CURRENT PLAN INCLUDES AN INITIATIVE RELATED TO INCREASE TRANSPARENCY THE FOLLOWING SET OF CORPORATE SOCIAL RESPONSIBILITY GOALS HAS BEEN PROPOSED FOR INCLUSION IN THE FINAL STRATEGIC PLAN CSR REPORTING - DEVELOP CORPORATE SOCIAL RESPONSIBILITY/COMMUNITY BENEFIT SECTION ON GRIFFIN HOSPITAL'S WEB SITE

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COSTING METHODOLOGY CONSISTED OF INFORMATION FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM, AS WELL AS THE MEDICARE COST REPORT THE MEDICARE SHORTFALL WAS NOT INCLUDED IN THE COMMUNITY BENEFIT REPORT

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES REPORTED IN SECTION 7G INCLUDE DETAILS FROM THREE DIFFERENT COMMUNITY BENEFIT PROGRAMS OF THE HOSPITAL, NAMELY EMERGENCY SERVICES, PSYCHIATRIC & MENTAL HEALTH SERVICES, AND HOSPICE SERVICES GRIFFIN HOSPITAL EMERGENCY DEPARTMENT (ED) IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, CARING FOR NEARLY 40,000 PATIENTS EACH YEAR GRIFFIN HOSPITAL OPENED ITS NEWLY EXPANDED AND RENOVATED ED AT THE END OF 2009 GRIFFIN'S NEW ED IS NOW 50% LARGER THAN ITS PREDECESSOR, WITH THE NUMBER OF ED TREATMENT ROOMS INCREASED FROM 14 TO 23, INCLUDING THREE NEW DEDICATED BEHAVIORAL HEALTH CRISIS INTERVENTION ROOMS IN ADDITION TO CREATING MORE MODERN, TECHNOLOGICALLY ADVANCED SPACE FOR EMERGENCY TREATMENT, THE EXPANSION ALSO INCLUDED A NEW MAIN ENTRANCE, LARGER WAITING AREAS, AND PRIVATE TRIAGE ROOMS, ALL DESIGNED TO INCREASE OPERATING EFFICIENCY AND PATIENT COMFORT WHILE MINIMIZING WAIT TIMES THE ENTIRE DEPARTMENT HAS BEEN EXPANDED AND REDESIGNED FOR OPTIMAL EFFICIENCY AND PATIENT COMFORT - UTILIZING GRIFFIN'S PATIENT-CENTERED, PLANETREE MODEL OF CARE - TO CREATE A MORE HEALING ENVIRONMENT FOR PATIENTS, FAMILIES, AND HOSPITAL STAFF TREATMENT ROOMS ARE IDENTICALLY CONFIGURED AND EQUIPPED TO ACCOMMODATE ALL LEVELS OF CARE, FROM MINOR COMPLAINTS TO MORE SERIOUS INJURY AND ILLNESS BEDSIDE REGISTRATION HELPS TO ELIMINATE DELAYS IN GETTING PATIENTS TO THE TREATMENT AREA, AND NEW TECHNOLOGY, INCLUDING A DEDICATED ED ULTRASOUND UNIT, AND ENHANCED MONITORING EQUIPMENT, WHICH ENABLES GRIFFIN'S ED PHYSICIANS TO VIEW CARDIOGRAMS TRANSMITTED FROM AMBULANCES WHILE EN ROUTE TO THE HOSPITAL, HELPS SPEED DIAGNOSIS AND TREATMENT AT A TIME WHEN EVERY MINUTE COUNTS OUR TEAM OF BOARD CERTIFIED, RESIDENCY TRAINED EMERGENCY PHYSICIANS, ADVANCED CERTIFIED NURSES, AND OTHER SPECIALLY TRAINED ED STAFF SHARE A PASSION FOR DELIVERING STATE-OF-THE-ART, PATIENT-CENTERED MEDICAL CARE IN OUR NEW, PLANETREE-INSPIRED FACILITY PSYCHIATRIC & MENTAL HEALTH SERVICES - THE GRIFFIN HOSPITAL DEPARTMENT OF PSYCHIATRY OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY PROGRAMS IN A COMFORTABLE, HEALING ENVIRONMENT CRISIS INTERVENTION SERVICE - GRIFFIN HOSPITAL'S INPATIENT PSYCHIATRIC UNIT IS A 14-BED ADULT AND GERIATRIC SHORT-TERM TREATMENT UNIT PROVIDING COMPREHENSIVE EVALUATION AND FOCUSED, CRISIS-ORIENTED TREATMENT FOR PATIENTS WHO CANNOT BE TREATED SAFELY ON AN OUTPATIENT BASIS THE TREATMENT PROGRAM FOCUSES ON REDUCING SYMPTOMS, STRESS MANAGEMENT, ENHANCING COPING SKILLS AND MEDICATION MANAGEMENT TRADITIONAL THERAPEUTIC APPROACHES, SUCH AS INDIVIDUAL AND GROUP THERAPY AND PATIENT AND FAMILY EDUCATION, ARE ENHANCED WITH COMPLIMENTARY SERVICES SUCH AS ARTS AND ENTERTAINMENT, JOURNALING, YOGA, AROMATHERAPY, RELAXATION AND SPIRITUALITY GROUPS GRIFFIN HOSPITAL'S OUTPATIENT PSYCHIATRIC SERVICES OFFERS COMPLETE CLINICAL ASSESSMENTS AND A FULL RANGE OF ONGOING TREATMENT FOR ADULTS, COUPLES AND FAMILIES SERVICES INCLUDE 24-HOUR CRISIS INTERVENTION AND CONSULTATION SERVICES, OUTPATIENT PSYCHIATRIC CLINIC FOR ADULTS, CHEMICAL DEPENDENCY, PARTIAL HOSPITAL PROGRAM & INTENSIVE OUTPATIENT PROGRAM (IOP), ADULT MENTAL HEALTH PARTIAL HOSPITAL PROGRAM & INTENSIVE OUTPATIENT PROGRAM (IOP), AND HOSPITAL CONSULTATION AND LIAISON SERVICE FOR INPATIENTS THE LAST SUBSIDIZED HEALTH SERVICE REPORTED IS HOSPICE SERVICES FOR END OF LIFE CARE

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $130,837,845 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $3,349,413, RESULTING IN A TOTAL NET EXPENSE OF $127,488,432 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

Identifier	ReturnReference	Explanation
		PART II GRIFFIN HOSPITALS COMMUNITY BUILDING ACTIVITIES PROMOTED COALITION BUILDING, WHICH IN TURN FOSTERED THE HEALTH OF THE COMMUNITIES IT SERVES GRIFFIN HAS EXTENDED ITS MISSION "TO PROVIDE LEADERSHIP TO IMPROVE THE HEALTH OF THE COMMUNITY SERVED," FAR BEYOND THE HOSPITAL'S WALLS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF PEOPLE OF ALL AGES WORKING WITH SCHOOLS, SENIOR CENTERS, CHURCHES AND OTHER COMMUNITY PARTNERS, HOSPITALS ARE REDEFINING HEALTHCARE TO INCLUDE THE HEALTH AND WELLNESS OF THE LARGER COMMUNITY GRIFFIN HOSPITAL'S DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING IS A KEY COMPONENT OF COALITION BUILDING IN THE NAUGATUCK VALLEY AND BEYOND EXAMPLES OF THE COALITION BUILDING THAT GRIFFIN EMPLOYEES SERVE ON AND SUPPORT ARE VALLEY COUNCIL HEALTH & HUMAN SERVICES, COMMUNITY FOUNDATION VALLEY UNITED WAY, CPR, ECC BOARD, AHA, CT COUNCIL PARISH NURSE, BOYS & GIRLS CLUB BOARD OF DIRECTORS, ACA ADVISORY, VALLEY SUBSTANCE ABUSE ACTION COUNCIL, WOMEN MAKING A DIFFERENCE, COMMUNITY FOUNDATION OF GREATER NEW HAVEN GRANT REVIEW BOARD, SAFE KIDS AND CHIP COLLABORATIVE, ANSONIA COMMUNITY ACTION COUNCIL ADVISORY, AREA AGENCY ON AGING, BIRTH-8, THE SPOONER HOUSE BOARD, SALVATION ARMY ADVISORY BOARD, AND GIRL SCOUTS BOARD

Identifier	ReturnReference	Explanation
		PART III, LINE 4 GRIFFIN HOSPITAL DOES NOT PROVIDE TEXT IN THE FOOTNOTE TO ITS FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE THE COSTING METHODOLOGY USED FOR BAD DEBT IS ACTUAL BAD DEBT EXPENSE PER GRIFFIN HOSPITAL'S AUDITED FINANCIAL STATEMENTS, NET OF ANY BAD DEBT RECOVERY, MULTIPLIED BY THE COST-TO-CHARGE RATIO GRIFFIN HOSPITAL REQUIRES OUR COLLECTION AGENCIES TO FOLLOW THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY THEREFORE, THE HOSPITAL DID NOT ATTRIBUTE ANY BAD DEBT EXPENSE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE AT THIS TIME

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE MEDICARE SHORTFALL WAS NOT INCLUDED IN THE COMMUNITY BENEFIT COST THE COSTS RELATED TO THE SHORTFALL WAS DERIVED FROM THE GRIFFIN HOSPITAL 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

Identifier	ReturnReference	Explanation
		PART III, LINE 9B YES, OUR HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS FROM PATIENTS DETERMINED TO QUALIFY FOR CHARITY CARE GRIFFIN HOSPITAL 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 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 PATIENT'S FINANCIAL NEED CHARITY CARE WILL BE RESCREENED THROUGHOUT THE REVENUE CYCLE WHEN ACCOUNT EVENTS TRIGGER REVIEW

Identifier	ReturnReference	Explanation
GRIFFIN HOSPITAL		PART V, SECTION B, LINE 21 THE GROSS CHARGES FOR ANY SERVICE ARE LISTED ON THE PATIENT'S BILL, BUT THE PATIENT IS ONLY RESPONSIBLE FOR THE NEGOTIATED PRICE WITH THE INSURANCE CARRIER OF THE PATIENT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 GRIFFIN HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS THE HOSPITAL USES RESOURCES THAT ARE CONNECTED AND AFFILIATED WITH THE HOSPITAL OR THE COMMUNITY IT SERVES, INCLUDING GOVERNMENT INFORMATION EXAMPLES OF THESE ARE THE COMMUNITY HEALTH PROFILE DONE BY THE YALE-GRIFFIN PRC AT LEAST BI-ANNUALLY, THAT TRACKS MORTALITY AND OTHER DATA BY DISEASE THIS PROMPTED LAUNCHING OF THE HIM PROJECT TO ADDRESS MALE PROSTATE AND COLON CANCER RATES, THE VALLEY COUNCILS QUALITY OF LIFE REPORT PUBLISHED LAST YEAR, THE CLARITAS DEMOGRAPHIC PROFILE OF THE HOSPITAL'S PRIMARY SERVICES, THE COMMUNITY PERCEPTION TELEPHONE SURVEY DONE EVERY TWO OR THREE YEARS TO 400 PRIMARY SERVICE RESIDENTS WITH RESULTS POSTED ON THE GRIFFIN WEBSITE, THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATION, WHICH IS A COOPERATIVE VENTURE LINKING APPROXIMATELY 50 NON-PROFIT HEALTH AND HUMAN SERVICE PROVIDERS THROUGHOUT THE VALLEY ITS MISSION IS TO IDENTIFY, PLAN, IMPLEMENT, AND COORDINATE A COMPREHENSIVE SYSTEM OF HUMAN SERVICE DELIVERY, AND TO ADVOCATE FOR COMMUNITY-WIDE AND CULTURALLY DIVERSE PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY, THE GREATER VALLEY CHAMBER OF COMMERCE HEALTHCARE COUNCIL THE HEALTHCARE COUNCIL WAS CREATED BASED ON THE PREMISE THAT HEALTH AND WELLNESS ARE INCREASINGLY IMPORTANT ISSUES TO THE AREA BUSINESSES, VALLEY UNITED WAY SENIOR NEEDS ASSESSMENT 2007, VALLEY NEEDS AND OPPORTUNITIES PROJECT, THE YALE GRIFFIN PREVENTION RESEARCH CENTER, THE HOSPITAL'S SCHOOL BASED CHILDHOOD AND ADOLESCENT OBESITY PREVENTION PROJECT, GRIFFIN HOSPITAL'S COMMUNITY OUTREACH AND PARISH NURSING, WHICH FOCUSES ON THE UNDERSERVED POPULATION, THE PARISH NURSE PROGRAM, FOCUS GROUPS DONE WITH PATIENTS AND COMMUNITY MEMBERS, THE GRIFFIN HOSPITAL COMMUNITY ADVISORY COMMITTEE, AND BOARD STRATEGIC PLANNING COMMITTEE AND PROCESS

Identifier	ReturnReference	Explanation
		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, HUSKY, CI TY WELFARE, OR OTHER STATE PROGRAMS PATIENTS WHO REGISTER AS HAVING NO MEDICAL INSURANCE WITH ACCOUNT BALANCES OVER $3,000 WILL BE REFERRED TO THE HOSPITAL ELIGIBILITY WORKER THE PATIENT WILL BE SEEN WITHIN 24 HOURS OF ADMISSION IF THE ELIGIBILITY WORKER IS UNABLE TO FULFILL THIS REQUIREMENT DUE TO ABSENCE, THE FINANCIAL ADVISOR WILL TAKE THE NECESSARY ST EPS TO FULFILL THIS REQUIREMENT ALL ACCOUNTS UNDER $3,000 WILL BE REFERRED TO THE HOSPITA L FINANCIAL ADVISORS THE HOSPITAL ELIGIBILITY WORKER WILL COMPLETE A FINANCIAL SCREENING FOR THOSE PATIENTS SEEKING TITLE 19 ELIGIBILITY AND FOR THE UNINSURED STATUS THE HOSPITAL ELIGIBILITY WORKER WILL IDENTIFY PATIENTS MEETING THE STATE HUSKY PROGRAM CRITERIA FOR P ATIENTS MEETING THE CRITERIA, THE APPLICATION PROCESS WILL BE COMPLETED AND ALL PAPERWORK FORWARDED TO THE APPROPRIATE STATE DEPARTMENT FOR PROCESSING THE PATIENTS WHO DO NOT MEET THE CRITERIA FOR THE STATE HUSKY PROGRAMS WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVI SOR THE FINANCIAL ADVISOR WILL BEGIN A REVIEW TO DETERMINE IF THE PATIENT MEETS THE UNINS URED CRITERIA IDENTIFIED IN PUBLIC ACT 03266 A LETTER WILL BE SENT TO THE PATIENT REQUEST ING THAT PATIENT TO VERIFY THAT THEY DO NOT HAVE MEDICAL INSURANCE AS IDENTIFIED DURING TH EIR HOSPITAL REGISTRATION PROCESS THE LETTER WILL ALSO REQUEST ADDITIONAL PATIENT INFORMA TION REGARDING THE PATIENT INCOME IF NECESSARY THE CRITERIA THE PATIENT MUST MEET AS IDEN TIFIED IN PUBLIC ACT 03266 ARE AS FOLLOWS PATIENT INCOME BASED ON FAMILY SIZE FALLS UNDER 250% OF THE POVERTY INCOME GUIDELINES, POVERTY INCOME GUIDELINE SCALE AVAILABLE UPON REQU EST, HOSPITAL HAS MADE A FULL DETERMINATION AS TO THE STATUS OF THE STATE HUSKY PROGRAMS, ALL GRIFFIN HOSPITAL FREE BED FUNDS HAVE BEEN REVIEWED AND DETERMINED NON APPLICABLE FOR T HE PATIENT IN REVIEW IF THE PATIENT RESPONDS TO THE LETTER SENT OUT BY THE FINANCIAL ADVI SOR THIS WILL BEGIN THE APPLICATION PROCESS FOR THE VERIFICATION OF THE UNINSURED PATIENT STATUS THE FOLLOWING INFORMATION WILL NEED TO BE FINALIZED WITH 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 HUSKY PROGRAMS VERIFICATION OF ALL FREE BED FUNDS BEING REVIEWED WITH THE PATIENT UPON DETERMINATION THAT A PATIENT M EETS THE OUTLINED CRITERIA, THE PATIENT WILL BE CLASSIFIED AS FOLLOWS - UNINSURED STATUS THE PATIENT'S ACCOUNT WILL BE TAKEN FROM TOTAL GROSS CHARGES AND REDUCED TO COST BY APPLYI NG A FACTOR SUPPLIED ANNUALLY BY THE OFFICE OF HEALTH CARE ACCESS THE PATIENT WILL BE INF ORMED OF THIS DECISION AND WILL BE SENT A LETTER THAT WILL REFLECT THE BALANCE AT REDUCTIO N ON ALL APPLICABLE ACCOUNTS THE PATIENT WILL BE ADVISED OF THE BALANCE THAT IS DUE AND P AYABLE THE FINANCIAL ADVISOR WILL CONTACT THE PATIENT TO ACCOMPLISH THE FOLLOWING ATTEMP T PAYMENT ARRANGEMENT WITH THE PATIENT ON THE REMAINING BALANCE IF THE PATIENT IDENTIFIES TO THE FINANCIAL ADVISOR THAT THEY CANNOT AFFORD THE REMAINING BALANCE, AN APPLICATION FO R FREE CARE ASSISTANCE WILL BE COMPLETED IF A PATIENT APPLIES FOR FREE CARE ASSISTANCE, T HE FINANCIAL ADVISOR WILL MAKE A DECISION ON FREE CARE ELIGIBILITY BASED ON THE PATIENT FA MILY SIZE AND INCOME FREE CARE WILL BE OFFERED BASED ON THE GRIFFIN HOSPITAL FREE CARE AS SISTANCE SLIDING SCALE AVAILABLE UPON REQUEST THE FINANCIAL ADVISOR WILL ADVISE THE PATIE NT OF THE FREE CARE DETERMINATION THAT WILL BE APPLIED TO THE PATIENT REMAINING BALANCE T HE FINANCIAL ADVISOR WILL COMPLETE ALL APPROPRIATE LOGS WITH THE DECISIONS AND AMOUNTS FR EE CARE ASSISTANCE POLICY PROCEDURE - ANY PATIENT REQUESTING FINANCIAL ASSISTANCE IN PAYIN G THEIR GRIFFIN HOSPITAL BILL CAN APPLY FOR THE FREE CARE ASSISTANCE PROGRAM BY CONTACTING THE HOSPITAL FINANCIAL ADVISORY STAFF THE FINANCIAL ADVISOR WILL BE CONTACTED BY THE PAT IENT TO COMPLETE THE FREE CARE APPLICATION PROCESS THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION - PA TIENT W2 FORM TAX STATEMENT FROM THE PREVIOUS AND CURRENT YEAR THREE CONSECUTIVE PAY STUB S FROM PATIENT'S CURRENT EMPLOYMENT, DEPENDENT INFORMATION AND FAMILY SIZE, ANY OR ALL BAN K AND CHECKING ACCOUNT STATEMENTS THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITA L SLIDING SCALE THIS IS BASED ON THE FEDERAL POVERTY INCOME GUIDELINES SLIDING SCALE AVAI LABLE UPON REQUEST THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF FREE CARE ELIGIBILI TY STATUS IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE THE APPLICABLE DISCOUNT PERCE NTAGE WILL BE APPLIED TO THE PATIENT ACCOUNT BALAN

Identifier	ReturnReference	Explanation
		CE 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 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 NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE IN SOME CASES IT IS NECESSARY TO OVERRIDE THE POLICY GUIDELINES ON INCOME DUE TO SPECIAL CIRCUMSTANCE REQUIREMENTS SUCH AS SOCIAL ADMIT MAXED OUT DAY 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 FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS

Identifier	ReturnReference	Explanation
		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 KEY WATERWAYS LOCATED IN THE SOUTH CENTRAL PART OF CONNECTICUT AND HAS A SHARED HISTORY OF IMMIGRANTS WHO SETTLED IN THE REGION TO WORK IN ITS MANUFACTURING CENTERS SINCE THE 1990'S, THE REGIONAL ECONOMY HAS EXPERIENCED A SHIFT FROM A MANUFACTURING BASED ECONOMY TO ONE THAT IS MORE DIVERSE, BUT LESS DEPENDENT 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% 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% OF VALLEY RESIDENTS SPEAK AN INDO-EUROPEAN LANGUAGE, ALMOST 4% SPEAK SPANISH, AND 1% SPEAKS AN ASIAN PACIFIC ISLANDER LANGUAGE (CLARITA'S 2009) THE STUDENTS ENROLLED IN PROGRAMS AT VALLEY REGIONAL ADULT EDUCATION (VRAE) 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% IN 2009 AND ALMOST 9% 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'S POVERTY RATE IN 2000 WAS 4 7% OF THE OVERALL POPULATION AT THAT TIME, 10% 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 ALSO ADDING TO THE CHANGING ECONOMIC COMPOSITION, THE VALLEY'S POPULATION HAS BEEN AGING LIKE THE POPULATION OF THE NATION AND THE STATE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 N/A

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	CT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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)	153,641	0	458	8,481	5,940	168,520	0
	(II)	0	0	0	0	0	0	0
CHARMEL PATRICK	(I)	436,428	0	615	43,935	14,256	495,234	0
	(II)	0	0	0	0	0	0	0
BORIS GREGORY	(I)	139,429	0	615	19,501	5,535	165,080	0
	(II)	0	0	0	0	0	0	0
DOBULER KENNETH	(I)	221,576	0	0	47,152	0	268,728	0
	(II)	0	0	0	0	0	0	0
SCHWARTZ KENNETH	(I)	212,329	0	345	53,069	14,256	279,999	0
	(II)	0	0	0	0	0	0	0
STUMPO BARBARA J	(I)	197,946	0	615	26,666	14,256	239,483	0
	(II)	0	0	0	0	0	0	0
MOYLAN JAMES J	(I)	275,332	0	615	37,047	0	312,994	0
	(II)	0	0	0	0	0	0	0
POWANDA WILLIAM	(I)	210,721	0	345	34,858	13,284	259,208	0
	(II)	0	0	0	0	0	0	0
BERNS EDWARD	(I)	173,531	0	615	22,285	14,256	210,687	0
	(II)	0	0	0	0	0	0	0
MARTIN KATHLEEN	(I)	171,882	0	615	23,406	14,256	210,159	0
	(II)	0	0	0	0	0	0	0
DEEGAN MARGARET	(I)	207,482	0	615	17,260	0	225,357	0
	(II)	0	0	0	0	0	0	0
SHEPARD SETH	(I)	190,529	0	615	19,503	0	210,647	0
	(II)	0	0	0	0	0	0	0
FRAMPTON SUSAN	(I)	311,444	0	615	22,224	5,443	339,726	0
	(II)	0	0	0	0	0	0	0
D'SOUSA SEEMA	(I)	184,006	0	345	7,379	14,256	205,986	0
	(II)	0	0	0	0	0	0	0
HALSTEAD EDWARD	(I)	201,289	0	615	53,826	14,256	269,986	0
	(II)	0	0	0	0	0	0	0
NAWAZ HAQ	(I)	246,631	0	615	13,244	14,256	274,746	0
	(II)	0	0	0	0	0	0	0
KUSTER GORDON	(I)	129,126	0	345	54,040	0	183,511	0
	(II)	0	0	0	0	0	0	0
RANDALL L CARTER	(I)	179,259	0	615	9,793	0	189,667	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,769,812	22,982,209		
4	Gross proceeds in reserve funds	1,406,958	1,406,958		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	24,573,303			
7	Issuance costs from proceeds	435,721	234,306		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	760,791	1,133,492		
10	Capital expenditures from proceeds	20,207,453	20,207,453		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	1996	2010		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	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	
		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 that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	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	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	WACHOVIA BANK							
c	Term of hedge	2037 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136035862

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 15	COMPENSATION OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE 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 IN THE FIRST QUARTER OF THE CALENDAR YEAR

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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -237,962 TRANSFERS BETWEEN AFFILIATES 799,271 MINIMUM PENSION LIABILITY ADJUSTMENT -17,771,550 CHANGE IN NET ASSETS OF AFFILIATE 47,053 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS -134,300 CHANGE IN BENEFICIAL INTEREST IN TRUSTS -277,108 TOTAL TO FORM 990, PART XI, LINE 5 -17,574,596

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		THROUGHOUT ITS HISTORY, GRIFFIN HAS FULFILLED ITS COMMITMENT AND DEMONSTRATED CONCERN ABOU T THE WELFARE OF OUR EMPLOYEES AND THE PATIENTS WE SERVE, COMMUNITY DEVELOPMENT AND HEALTH , HUMAN RIGHTS, EMPOWERING HEALTH CARE CONSUMERS THROUGH EDUCATION AND INFORMATION, PUBLIC REPORTING AND TRANSPARENCY, AND PROVIDING A COMMUNITY BENEFIT THE BOARD OF DIRECTORS IS MADE UP OF MEDICAL AND BUSINESS PROFESSIONALS THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SE RVICE TO THE HOSPITAL IN THEIR OVERSIGHT ROLE THEY ARE INVOLVED IN THE COMMUNITY NEEDS AS SESSMENT PROCESS AND IN GENERAL STEWARDSHIP GRIFFIN EMPLOYS 1,357, WITH 282 ACTIVE AND CO URTESY MEMBERS OF ITS MEDICAL STAFF IN THE 2011 FISCAL YEAR, GRIFFIN SERVED 7,494 INPATIE NTS AND CLOSE TO 40,000 EMERGENCY DEPARTMENT PATIENTS GRIFFIN IS THE LARGEST EMPLOYER IN THE LOWER NAUGATUCK VALLEY REGION SALARIES AND BENEFITS PAID EXCEED $66 MILLION ANNUALLY GRIFFIN HOSPITAL BENEFITS THE COMMUNITIES IT SERVES IN MYRIAD WAYS BY PROVIDING MORE THAN $900,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, SUBSIDIZING THE CARE PROVIDED TO PATIE NTS COVERED BY MEDICARE, MEDICAID, AND OTHER PUBLIC PROGRAMS BY APPROXIMATELY $12 8 MILLIO N, PROVIDING $2 MILLION OF FREE CARE AND PROVIDING HEALTH PROFESSION EDUCATION AT A COST O F $2 MILLION ANNUALLY TO HELP PREPARE THE NEXT GENERATION OF CAREGIVERS IN TOTAL, GRIFFIN HOSPITAL PROVIDES OVER $18 MILLION IN COMMUNITY BENEFIT THE GRIFFIN HOSPITAL DEVELOPMENT FUND STAFF WORKS TO GENERATE FINANCIAL SUPPORT FOR GRIFFIN HOSPITAL PRIORITIES BY PROMOTI NG MUTUALLY BENEFICIAL PARTNERSHIPS WITH CORPORATIONS, FOUNDATIONS AND OTHER PHILANTHROPIC ORGANIZATIONS PARTNER ORGANIZATIONS PROVIDE THE HOSPITAL FINANCIAL AND PROGRAMMATIC ASSI STANCE FOR MANY PATIENT CARE SERVICES AND COMMUNITY OUTREACH PROGRAMS THE COLLABORATION B ETWEEN FOUNDATIONS AND GRIFFIN ENRICHES THE HOSPITAL AND BRINGS TO LIFE THE PHILANTHROPIC PRIORITIES OF THE FOUNDATION FOUNDATIONS AND CORPORATIONS ARE VALUED PARTNERS IN ASSISTIN G THE HOSPITAL TO ACCOMPLISH ITS MISSION GRIFFIN TAKES THESE ACTIVITIES INTO THE COMMUNIT IES WHERE PATIENTS LIVE AND WORK BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIO NS, EDUCATIONAL PROGRAMS, AND OTHER COMMUNITY-BASED RESOURCES AND ACTIVITIES, AND COLLABOR ATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HAS EXTENDED IT S MISSION "TO PROVIDE LEADERSHIP TO IMPROVE THE HEALTH OF THE COMMUNITY SERVED" FAR BEYOND THE HOSPITALS WALLS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF PEOPLE OF ALL AGES THIS IS CONSISTENT WITH ONE OF THE PLANETREE MODEL'S TEN COMPONENTS "HEALTHY COMMUNITIES - WO RKING WITH SCHOOLS, SENIOR CENTERS, CHURCHES AND OTHER COMMUNITY PARTNERS, HOSPITALS ARE R EDEFINING HEALTHCARE TO INCLUDE THE HEALTH AND WELLNESS OF THE LARGER COMMUNITY " GRIFFIN' S BOARD OF DIRECTORS AND SENIOR MANAGEMENT ARE IN THE PROCESS OF DEVELOPING GRIFFIN HOSPIT AL'S STRATEGIC PLAN FOR THE 2010 - 2012 PERIOD THE CURRENT STRATEGIC PLAN INCLUDES AN INI TIATIVE RELATED TO TRANSPARENCY, WITH WORK BEING DONE BY MANAGEMENT FOR INCREASED PUBLIC R EPORTING ON THE GRIFFIN WEB SITE CORPORATE SOCIAL RESPONSIBILITY COMMITTEE - FORMALIZES T HE STRUCTURE AND EXPAND MEMBERSHIP OF THE GRIFFIN HOSPITAL GREEN INITIATIVE TO ENCOMPASS C ORPORATE SOCIAL RESPONSIBILITY, CHILDHOOD OBESITY INITIATIVE - DEVELOP A VALLEY-WIDE, SCHO OL BASED, CHILDHOOD OBESITY PROGRAM TO REDUCE THE PREVALENCE OF OBESITY IN STUDENTS 6 TO 1 6 YEARS OLD APPROACH FOCUSES ON EDUCATION, INCREASED AVAILABILITY OF HEALTHY CAFETERIA FO ODS AND INCREASED PHY SICAL ACTIVITIES THE PROGRAM WILL PROMOTE THE USE OF STEW LEONARD'S "THE HEALTHY WAY" TO TEACH YOUNG CHILDREN HOW TO INCORPORATE HEALTHY EATING AND ACTIVITY I N A FUN AND ENGAGING WAY, ADOPT THE FOOD BANKS - COMMIT TO AN ANNUAL YEAR LONG PROGRAM TO SUPPORT THE LOCAL FOOD BANKS, INCLUDING THE SPOONER HOUSE, BY CONDUCTING REGULAR FOOD DRIV ES AND DEVELOPING OTHER HOSPITAL AND COMMUNITY INITIATIVES THAT RESULT IN SUPPLYING FOOD T O THE FOOD BANKS, DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING - GRIFFIN COORDINATE S THE PROGRAM OUT OF ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING THE DEPARTME NT HAS 5 EMPLOYEES WHO SUPPORT THE 75 VOLUNTEER PARISH NURSES AND 320 VOLUNTEERS WHO SERVE ON THE HEALTHCARE CABINETS OF THE CHURCHES THE DEPARTMENT'S ANNUAL OPERATING BUDGET IS E NRICHED BY SIX GRANTS TOTALING $70,850 FROM GOVERNMENT AND PRIVATE FUNDERS, THE MOBILE HEA LTH RESOURCE CENTER - A 31 FOOT CUSTOM BUILT WINNEBAGO WAS PURCHASED AT A COST OF $190,000 WITH GRANT FUNDS FROM FIVE BENEFACTORS THE NEW RESOURCE CENTER REPLACED AN EARLIER SIX Y EAR OLD VEHICLE THE CENTER VISITED SENIOR CENTERS, SHOPPING CENTERS, NEIGHBORHOODS, COMPA NIES AND COMMUNITY EVENTS AND FAIRS IT IS A STATE OF THE ART VEHICLE WITH SIGNIFICANTLY I NCREASED FEATURES AND CAPABILITIES, INCLUDING EXTERNAL AND INTERNAL TELEVISIONS, A SINK AN D REFRIGERATOR FOR HEALTH SCREENING PROCEDURES, A COMPUTER WORK STATION AND LAPTOP WITH WI RELESS INTERNET ACCESS AND EXTERNAL GRAPHICS HIGHL

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5		IGHTING THE DERBY PUBLIC RIVERWALK THE MOBILE HEALTH RESOURCE CENTER FOCUSES ON PREVENTIV E HEALTH SERVICES AND PROVIDING HEALTH EDUCATION AND SCREENING SERVICES TO NEIGHBORHOODS, COMMUNITY EVENTS, HEALTH FAIRS, SHOPPING CENTERS AND BUSINESSES/COMPANIES IT OFFERS HEALT H EDUCATION USING THE INTERNET, COMPUTER SOFTWARE PROGRAMS AND AN ARRAY OF HEALTH RELATED BOOKS, PUBLICATIONS AND AUDIO AND VIDEOTAPES IT IS EQUIPPED WITH CHOLESTEROL, OSTEOPOROSI S, DIABETES AND BLOOD PRESSURE SCREENING EQUIPMENT, AS WELL AS A TELEVISION AND VCR, AED P LACEMENT AT PUBLIC SITES - THE GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM COORDINATED OB TAINING FUNDING FOR THE PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED'S), AND HAS PLA CED 65 AED'S AT PUBLIC NON-PROFIT PUBLIC ACCESS DEFIBRILLATOR SITES IN THE COMMUNITY GRIF FIN HOSPITAL ALSO PLACED SIX AED'S IN PUBLIC AND WORK AREAS, INCLUDING THE MAIN LOBBY AND THE CAFETERIA AED'S ARE USER FRIENDLY, HEART SHOCKING DEVICES THAT CAN BE USED BY ANYONE TO TREAT SOMEONE SUFFERING AN EMERGENCY CARDIAC ARREST, SUPPORT GROUPS - AS PART OF GRIFFI N'S HOLISTIC, COMMUNITY-BASED APPROACH TO HEALTHCARE, THE HOSPITAL DEVOTES SIGNIFICANT TIM E AND ATTENTION TO SUPPORT GROUPS THE CARING AND SHARING OF SUPPORT GROUPS HAVE BEEN SHOW N TO PLAY AN IMPORTANT ROLE IN MAINTAINING WELLNESS BY HELPING PATIENTS AND THEIR FAMILIES DEAL WITH A CHRONIC ILLNESS OR OTHER HEALTH-RELATED CONDITIONS THE POSITIVE INTERACTION, INCLUDING HEARING THE EXPERIENCES OF OTHER PEOPLE, IS A CENTRAL PART OF CHANGING ATTITUDE S AND BEHAVIOR THE NEWEST INFORMATION IN TREATMENT OR COPING CAN BE SHARED OFTEN, GROUP MEMBERS EXPRESS RELIEF THAT THEY HAVE FOUND OTHERS WHO UNDERSTAND, THROUGH PERSONAL EXPERI ENCE, AND WHO CARE FEARS AND DOUBTS CAN BE OPENLY EXPRESSED, AND PEER SUPPORT CAN BE AN I NVALUABLE AID AMONG THE SUPPORT GROUPS OFFERED AT GRIFFIN HOSPITAL ARE THOSE FOR BEREAVEM ENT, BREAST CANCER AND OTHER FORMS OF CANCER, DIABETES, FIBROMY ALGIA, NURSING MOTHERS, SLE EP APNEA, MULTIPLE SCLEROSIS, AND HEART DISEASE A SPECIAL TWO PART PROGRAM IS OFFERED IN NOVEMBER AND DECEMBER ON "COPING WITH GRIEF DURING THE HOLIDAYS" EACH YEAR EACH SUPPORT G ROUP IS CHAIRED BY A HEALTHCARE PROFESSIONAL SPECIALIZING IN THAT AREA OF CARE, GRIFFIN HO SPITAL HEALTH RESOURCE CENTER - IN ADDITION TO PROVIDING A LARGE ARRAY OF SERVICES IN THE COMMUNITY, GRIFFIN ALSO MAKES EXTENSIVE HEALTHCARE RESOURCES AVAILABLE TO THE PUBLIC IN-HO USE THE HOSPITAL'S HEALTH RESOURCE CENTER, WHICH HOUSES ONE OF THE LARGEST COLLECTIONS OF CONSUMER HEALTH INFORMATION IN THE COUNTRY, HAS NEARLY 15,000 USERS EACH YEAR THE HRC IS AN EASY-TO-USE, COMPREHENSIVE, AND UP-TO-DATE SOURCE OF MEDICAL INFORMATION, MUCH OF WHIC H IS NOT EASILY AVAILABLE IN OTHER COMMUNITY LIBRARIES STAFF ASSISTS VISITORS IN RESEARCH ING MEDICAL CONDITIONS AND IN PERFORMING WEB SEARCHES ON A LARGE NUMBER OF MEDICAL TOPICS THE HRC IS A COMPONENT OF THE PLANETREE CARE MODEL, AND A COMMITMENT OF PLANETREE HOSPITA LS, INCLUDING GRIFFIN, TO EMPOWER PEOPLE BY PROVIDING INFORMATION AND EDUCATION THE HRC I S INTEGRATED INTO GRIFFIN'S EXTENSIVE MEDICAL LIBRARY, WHICH IS USED PRIMARILY BY PHY SICIA NS AND OTHER HEALTHCARE PROFESSIONALS, BUT IS ALSO OPEN TO LAY PERSONS SEEKING MORE IN-DEPT H MEDICAL INFORMATION THE HRC STAFF CAN ALSO ACCESS COMPUTER DATABASES THAT PROVIDE COMPR EHENSIVE INDEXING AND ABSTRACTS FOR HEALTH-RELATED PERIODICALS AND JOURNALS THE HRC ALSO HAS MULTIPLE PRIVATE DATABASES NOT AVAILABLE ON THE INTERNET, AND HAS ADDED MD CONSULT AND NURSING CONSULT, LEADING SOURCES OF ONLINE HEALTHCARE INFORMATION, WITH RESOURCES AVAILAB LE IN SPANISH AND OTHER LANGUAGES, MINI MED SCHOOL - AS PART OF ITS COMMITMENT OF HEALTH E DUCATION AND COMMUNITY HEALTH EMPOWERMENT, GRIFFIN HOSPITAL OFFERS SPRING AND FALL SESSION S OF ITS 10-WEEK MINI MED SCHOOL PROGRAM EVERY YEAR THE FREE SESSIONS ARE TY PICALLY ATTEN DED BY MORE THAN 80 COMMUNITY RESIDENTS, AND FEATURE A ROBUST CURRICULUM AND LECTURES

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5 (CONTINUED)		BY MORE THAN A DOZEN MEMBERS OF THE HOSPITAL'S MEDICAL STAFF THAT SERVE AS FACULTY GRIFFI N ADDED AN 8-WEEK ADVANCED MINI MED SCHOOL SESSION THIS SPRING, WHICH WAS ATTENDED BY 60 M INI MED SCHOOL "GRADUATES", AND FEATURED CASE PRESENTATIONS BY SPECIALISTS, SIMILAR IN FOR MAT TO THOSE GIVEN TO ACTUAL MEDICAL STUDENTS FEEDBACK FROM THIS INITIAL ADVANCED SESSION WAS OVERWHELMINGLY POSITIVE YALE-GRIFFIN PREVENTION RESEARCH CENTER ESTABLISHED IN 1998 - THE YALE-GRIFFIN PREVENTION RESEARCH CENTER (PRC) IS A COLLABORATION BETWEEN YALE UNIVER SITY AND GRIFFIN HOSPITAL ONE OF ONLY 33 SUCH CENTERS ACROSS THE COUNTRY, GRIFFIN'S IS TH E ONLY ONE BASED AT A HOSPITAL FUNDED BY THE FEDERAL CENTERS FOR DISEASE CONTROL AND PREV ENTION, THE NATIONAL INSTITUTES OF HEALTH, FOUNDATIONS, AND PRIVATE INDUSTRY, THE PRC'S RE SEARCH PORTFOLIO IS DIVERSE, WITH THE EMPHASIS ON COMMUNITY-BASED ISSUES ITS MANY AREAS O F FOCUS ARE NUTRITION, PREVENTIVE CARDIOLOGY AND PHYSICAL ACTIVITY IT ALSO CONDUCTED RESE ARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM), CHRONIC DISEASE MANAGEMENT AND OBESI TY PREVENTION, YALE-GRIFFIN PRC COMMUNITY HEALTH PROFILE - THE YALE-GRIFFIN PRC PRODUCES A BI-ANNUAL COMMUNITY HEALTH PROFILE FOR THE SIX TOWN REGION SERVED BY GRIFFIN HOSPITAL TH E PROFILE REPORTS DISEASE SPECIFIC MORTALITY RATES AND OTHER HEALTH AND SOCIAL INDICATOR D ATA AND COMPARES THEM TO STATE RATES THE REPORT IS WIDELY USED BY VALLEY COUNCIL OF HEALT H AND HUMAN SERVICE ORGANIZATIONS TO IDENTIFY NEEDS AND DEVELOP INTERVENTIONS IT IS ALSO USED BY NON-PROFITS AND GOVERNMENT ENTITIES AS JUSTIFICATION IN GRANT APPLICATIONS THE YA LE-GRIFFIN PRC BEGAN PRODUCING A SIMILAR REPORT FOR THE CITIES OF NEW HAVEN AND HARTFORD, AND WAS ASKED BY THE POMPERAUG HEALTH DISTRICT TO PRODUCE A SIMILAR REPORT FOR THE TOWNS I N THEIR SERVICE AREA, WHICH INCLUDES SOUTHBURY, OXFORD AND WOODBURY, CONNECTICUT THE PRC DOES NOT CHARGE FOR THE REPORTS PERFORMING STUDIES AND COLLECTING DATA IS PART OF THE PRC 'S MISSION THE OTHER PART IS WORKING CLOSELY WITH COMMUNITIES, USING THE RESULTS OF PREVE NTION RESEARCH, TO INFORM AND EMPOWER LOCAL RESIDENTS AT GRIFFIN, WE BELIEVE THAT FOR HEA LTH RESEARCH TO SUCCEED, YOU NEED BOTH TO BE ABLE TO MAKE A DIFFERENCE IN THE COMMUNITY AN D 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, NEW-VALLEY CARES - COMMUNITY ASSESSMENT, RESEARCH & EDUCATION FOR SOLUTIONS - GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ARE SUPPORTING A COLLABORATIVE INITIATIVE "NEW-VALLEY CARES", A COMMUNITY ASSESSMENT AND PLANNING EFFORT SPONSORED BY THE VALLEY CO UNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS THE COUNCIL RECOGNIZED THE NEED TO DEVELO P AN ON-GOING SYSTEM FOR ACCESSING INFORMATION ABOUT QUALITY OF LIFE IN THE VALLEY COMMUNI TY VALLEY CARES INCLUDES TWO MAIN GOALS TO IMPROVE THE LOCAL CAPACITY TO TRACK INFORMATI ON ABOUT KEY QUALITY OF LIFE INDICATORS SO THAT VALLEY RESIDENTS, ORGANIZATIONS, AND STAKE HOLDERS 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 E NGAGE COMMUNITY MEMBERS IN ANALYZING ASSESSMENT FINDINGS AND PLANNING SOLUTIONS TO IDENTIF IED COMMUNITY CHALLENGES 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 INDICATOR S 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 RESID ENTS TO THRIVE (EMPLOY MENT & ECONOMIC INDICATORS, HOUSING, TRANSPORTATION), PROVIDING EDUC ATION AND TRAINING FOR LIFE LONG SUCCESS, PRESERVING THE NATURAL ENVIRONMENT, ENSURING RES IDENT SAFETY, PROMOTING SOCIAL AND EMOTIONAL WELL BEING, ADVANCING COMMUNITY HEALTH, OFFER ING ARTS, CULTURE, AND RECREATION, AND FOSTERING COMMUNITY HARMONY AND ENGAGEMENT, YALE-GR IFFIN PRC NUTRITION DETECTIVES PROGRAM - IN AN ATTEMPT TO HELP CURB THE INCIDENCE OF CHILD HOOD OBESITY, DR DAVID KATZ, DIRECTOR OF THE YALE-GRIFFIN PREVENTION RESEARCH CENTER, PRO VIDED COMPLIMENTARY COPIES OF THE NUTRITION DETECTIVES DVD TO ALL SCHOOL DISTRICT SUPERINT ENDENTS IN CONNECTICUT NUTRITION DETECTIVES IS A 90-MINUTE, NUTRITION PROGRAM DESIGNED FO R ELEMENTARY SCHOOL AGED CHILDREN DR KATZ DEVELOPED THE PROGRAM TO HELP ADDRESS THE GROW ING EPIDEMIC OF OBESITY IN CHILDREN THROUGH A NEW DVD FORMAT CHILDREN ARE TAKEN INTO A "M AGICAL CLASSROOM " THROUGH SPECIAL EFFECTS AND SIMULATION, SIX STUDENTS IN THE "MAGICAL CL ASSROOM" ARE CONVERTED INTO "CERTIFIED" NUTRITION DETECTIVES THE DVD TAKES THE VIEWING AU DIENCE ON A HEALTH PROMOTING JOURNEY THE DVD TEAC

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5 (CONTINUED)		HES VALUABLE LESSONS ABOUT THE IMPORTANCE OF EATING WELL, WITH AN EMPHASIS ON PRACTICAL SK ILLS NEEDED TO IDENTIFY AND CHOOSE NUTRITIOUS FOODS THE PROGRAM TEACHES CHILDREN TO BE "C LUED IN" TO HEALTH, AND GIVES THEM 5 ESSENTIAL CLUES A "NUTRITION DETECTIVE" NEEDS TO GET RIGHT TO THE TRUTH ABOUT NUTRITION ON ANY FOOD PACKAGES, SEE PAST DECEPTIVE MARKETING CLAI MS, DISTINGUISH WHOLE GRAIN FOODS FROM REFINED GRAINS, AND RECOGNIZE THE IMPORTANCE OF EAT ING NATURAL WHOLE FOODS SUCH AS FRUITS AND VEGETABLES, SCHOOL-BASED HEALTH CENTER - FROM I TS INCEPTION MORE THAN A DECADE AGO, GRIFFIN HOSPITAL PERSONNEL, THE ANSONIA BOARD OF EDUC ATION, AND ANSONIA HIGH SCHOOL STAFF WORKED COLLABORATIVELY TO CREATE THE CHARGER HEALTH C LINIC TO PROVIDE COMPREHENSIVE PHY SICAL AND MENTAL HEALTH SERVICES TO THE SCHOOL'S STUDENT S THE TEAM OF HEALTH PROFESSIONALS PROVIDES SERVICES TO PREVENT AND REDUCE HIGH RISK BEHA VIORS, ASSESS AND TREAT ACUTE AND CHRONIC ILLNESSES, AND PROVIDE HEALTH EDUCATION THE CLI NIC HAS MORE THAN 900 STUDENT VISITS EACH YEAR CHARGER HEALTH CLINIC OUTCOMES INCLUDE MON EY SAVED BY PREVENTING HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS FOR CHILDREN WITH ASTHMA, INCREASED ACCESS TO MENTAL HEALTHCARE FOR CHILDREN, AND GREATER OVERALL ACCESS TO PREVENTIVE CARE, GO GREEN INITIATIVE - GRIFFIN'S PATIENT CENTERED CARE COUNCIL UNDERTOOK A NUMBER OF INITIATIVES TO PROMOTE SOCIAL RESPONSIBILITY TO THE COMMUNITY AMONG THEM WAS T HE "GRIFFIN GOES GREEN" PROGRAM TO INCREASE THE HOSPITAL'S USE OF DISPOSABLE MATERIAL WHIL E ALSO INCREASING AWARENESS ABOUT THE NEED TO RECYCLE, GRIFFIN HOSPITAL SENIOR MEALS CHOIC E PROGRAM - PARTNERSHIP WITH TEAM INC , THE COMMUNITY'S ANTI-POVERTY AGENCY, THE GRIFFIN H OSPITAL "SENIORS MEALS CHOICE" NUTRITION PROGRAM IS AVAILABLE TO INDIVIDUALS 60 YEARS OF A GE OR OLDER, OR THE SPOUSE OF AN ELIGIBLE INDIVIDUAL, REGARDLESS OF AGE THE PROGRAM OFFER S TASTY, FULL COURSE MEALS AT THE GRIFFIN HOSPITAL DINING CENTER PARTICIPATION IN THE PRO GRAM CONTINUES TO GROW SENIORS ARE THRILLED WITH THE NUTRITIONALLY BALANCED SELECTIONS AV AILABLE, AND ALTHOUGH MOST CONTRIBUTE THE THREE DOLLARS AS SUGGESTED, THERE IS A SMALL PER CENTAGE WHO CONTRIBUTE LESS CONTRIBUTIONS ARE REINVESTED IN THE PROGRAM TO SUPPLEMENT AND EXPAND NUTRITION SERVICES MEALS ARE AVAILABLE TUESDAY AND WEDNESDAY NIGHTS AND THURSDAY LUNCH, COMMUNITY ADVISORY COMMITTEE - GRIFFIN HOSPITAL FORMED A COMMUNITY ADVISORY COUNCIL TO ENGAGE THE COMMUNITY AND GET MEANINGFUL FEEDBACK ABOUT THE HOSPITAL'S SERVICES THROUG HOUT ITS HISTORY, GRIFFIN'S MOST INNOVATIVE PROGRAMS HAVE BEEN DEVELOPED USING INSIGHTS GL EANED FROM PATIENTS AND FAMILY MEMBER FOCUS GROUPS THE COMMUNITY ADVISORY COUNCIL WAS A N ATURAL NEXT STEP FOR GRIFFIN AS A WAY TO SOLICIT THE PATIENT'S PERSPECTIVE OF CARE, PROGRA MS AND SERVICES, AND TO IDENTIFY COMMUNITY NEEDS ON AN ONGOING BASIS, FOUNDING THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS - GRIFFIN WAS ALSO THE LEADER IN ESTABLI SHING THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, WHICH HAS BECOME A MOD EL FOR MANY OTHER COMMUNITIES THE VALLEY COUNCIL IS A COOPERATIVE VENTURE LINKING APPROXI MATELY 50 NON-PROFIT HEALTH & HUMAN SERVICE PROVIDERS THROUGHOUT THE VALLEY ITS MISSION I S TO IDENTIFY, PLAN, IMPLEMENT, AND COORDINATE A COMPREHENSIVE SY STEM OF HUMAN SERVICE DEL IVERY AND TO ADVOCATE FOR COMMUNITY-WIDE AND CULTURALLY DIVERSE PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY DECISION MAKERS FROM EACH OF THE ACTIVE MEMBERS MEET MONTHLY TH E COUNCIL'S OBJECTIVES ARE TO 1 ENGAGE IN PERIODIC ASSESSMENT AND IDENTIFICATION OF LOCA L SERVICE NEEDS, INCLUDING CLIENT INPUT, 2 COLLABORATIVELY EVALUATE CURRENT SERVICES, IDE NTIFY GAPS, AND STRATEGIZE ON HOW TO FILL GAPS IN SERVICES, 3 SERVE AS THE PRIMARY PLANNI NG AND COORDINATING BODY FOR THE REGIONS' SERVICE PROVISION SY STEM, 4 PROVIDE A PLACE FOR SUPPORT AND NETWORKING AMONG THE VALLEY HUMAN SERVICES COMMUNITY,

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5 (CONTINUED)		5 ADVOCATE FOR THE NEEDS OF LOCAL RESIDENTS AND FOR RESOURCES TO MEET THOSE NEEDS ON A LOCAL, STATE, AND FEDERAL LEVEL, AND 6 SEEK TO DEVELOP PARTNERSHIPS WITH OTHER COMMUNITY SYSTEMS (I E., SCHOOLS, BUSINESSES, STATE AND LOCAL GOVERNMENTS, PUBLIC SAFETY) TO ENHANCE SERVICE DELIVERY GRIFFIN REMAINS AN ACTIVE MEMBER OF THE COUNCIL NOT ONLY IS GRIFFIN HOSPITAL A CONTINUING MEMBER, THE VALLEY PARISH NURSE PROGRAM AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ALSO ARE MEMBERS, HEALTHY VALLEY HEALTHY COMMUNITY PROJECT - GRIFFIN HOSPITAL WAS ONE OF THE FOUNDERS OF HEALTHY VALLEY AND WAS THE ONLY CORPORATE FUNDING SPONSOR HEALTHY VALLEY, LAUNCHED IN 1994, 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 GRASSROOTS INITIATIVE INVOLVING OVER 200 STAKEHOLDERS THE COMMUNITY'S GOAL WAS TO USE RESEARCH, QUANTITATIVE DATA AND A BROAD-BASED VISIONING AND PARTICIPATORY PROCESS TO IDENTIFY AND GAIN CONSENSUS ON PRIORITY COMMUNITY NEEDS AND PROBLEMS, AND IDENTIFY RESOURCES TO ADDRESS THEM THE GOAL OF THE HEALTHY VALLEY PROJECT IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF RESIDENTS BY MAKING THE VALLEY A BETTER PLACE IN WHICH TO LIVE, WORK, SHOP AND ENJOY LIFE GRIFFIN'S LEADERSHIP AND EMPLOYEES WERE ACTIVE MEMBERS OF THE ORGANIZATION'S STAKEHOLDER GROUP GRIFFIN VICE PRESIDENT BILL POWANDA, CHAIR OF THE HEALTHY VALLEY STEERING COMMITTEE, WAS INVITED TO PRESENT AT THE PRESIDENTS' SUMMIT FOR AMERICA'S FUTURE AND THE HOFSTRA UNIVERSITY CONFERENCE ON THE PRESIDENCY OF GEORGE H W BUSH HEALTHY VALLEY WAS DESIGNATED "A POINT OF LIGHT" BY PRESIDENT 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 ACCESS GRIFFIN INITIATED AND CONTINUES A SERIES OF INITIATIVES INVOLVING MULTIPLE COMMUNITY ORGANIZATIONS AND AGENCIES TO INCREASE SCREENING RATES THE HEALTHY VALLEY PROJECT CONTINUES TODAY, OTHER SPECIAL INITIATIVES GRIFFIN HOSPITAL ENGAGES IN INCLUDE LEADERSHIP AND PARTICIPATION IN THE VALLEY YMCA'S CORPORATE CUP COMPETITION, HOSTING THE ANNUAL CANCER SURVIVORS DAY CELEBRATION, AND, HEALTH PROFESSIONS EDUCATION, COMMUNITY OUTREACH BY THE HOSPITAL'S OCCUPATIONAL MEDICINE CENTER, WHICH MAKES APPROPRIATE REFERRALS TO COMMUNITY RESOURCES AT ITS EMPLOYER CLIENTS' WORKSITES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035862

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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		No
(2) GRIFFIN FACULTY PRACTICE PLAN INC 130 DIVISION STREET DERBY, CT 06418 06-1463147	MEDICAL/EDUCATION	CT	501(C)(3)	509(A)(2)	N/A		No
(3) THE GRIFFIN HOSPITAL DEVELOPMENT FUND 130 DIVISION STREET DERBY, CT 06418 22-2560254	FUND RAISING	CT	501(C)(3)	509(A)(1)	N/A		No
(4) PLANETREE INC 130 DIVISION STREET DERBY, CT 06418 06-1505284	EDUCATION	CT	501(C)(3)	509(A)(2)	N/A		No
(5) GRIFFIN PHARMACY & GIFT 130 DIVISION STREET DERBY, CT 06418 22-2560257	PHARMACY	CT	501(C)(3)	509(A)(2)	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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
(1) GH VENTURES INC 130 DIVISION STREET DERBY, CT06418 22-2560247	MANAGE MEDICAL BILLING	CT	N/A	C			
(2) HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 171 ELGIN AVENUE GEORGETOWN CJ	OFFSHORE CAPTIVE	CJ	N/A	C			
(3) CT PRACTICE MANAGEMENT INC 130 DIVISION STREET DERBY, CT06418 06-1152819	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, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to 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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD	O	4,133,299	ACTUAL CASH
(2)	GRIFFIN PHARMACY AND GIFT	O	433,000	ACTUAL CASH
(3)	GH VENTURES INC	O	318,000	ACTUAL CASH
(4)	GRIFFIN DEVELOPMENT FUND	O	498,000	ACTUAL CASH
(5)	PLANETREE INC	O	1,653,000	ACTUAL CASH
(6)	GRIFFIN HOSPITAL DEVELOPMENT FUND	R	825,000	ACTUAL CASH
(7)	GRIFFIN HEALTH SERVICES CORP	R	5,315,000	ACTUAL CASH
(8)	GRIFFIN HEALTH SERVICES CORP	Q	1,000,000	ACTUAL CASH
(9)	PLANETREE INC	R	1,800,000	ACTUAL CASH

The Griffin Hospital and Subsidiary

Consolidated Financial Statements and Consolidating Information
September 30, 2011 and 2010

The Griffin Hospital and Subsidiary
Index
September 30, 2011 and 2010

pwc

Report of Independent Auditors

To the Board of Trustees of
The Griffin Hospital

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, of changes in net assets and of cash flows present fairly, in all material respects, the financial position of The Griffin Hospital and Subsidiary (the "Hospital") at September 30, 2011 and 2010, and the results of their operations, their changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

PricewaterhouseCoopers LLP

February 6, 2012

PricewaterhouseCoopers LLP, 185 Asylum Street, Suite 2400, Hartford, CT 06103-3404
T: (860) 241 7000, F: (860) 241 7590, www.pwc.com/us

The Griffin Hospital and Subsidiary
Consolidated Balance Sheets
Years Ended September 30, 2011 and 2010

	2011	2010
Assets		
Current assets		
Cash and cash equivalents	$ 5,607,752	$ 4,026,437
Investments	7,625,803	9,660,079
Assets limited as to use	704,176	708,386
Patient accounts receivable, less allowance for doubtful accounts of approximately $5,806,000 and $4,126,000, respectively	17,300,192	15,556,957
Other current assets	6,392,598	3,879,349
Total current assets	37,630,521	33,831,208
Assets limited as to use		
Board-designated investments	31,384	319,085
Under indenture agreement	4,288,799	4,291,702
Total assets limited as to use	4,320,183	4,610,787
Long-term investments	1,030,970	1,061,664
Property, plant and equipment, net	62,284,936	64,100,282
Interest in net assets of affiliate	5,415,314	5,523,935
Due from affiliates	5,411,702	6,250,422
Beneficial interest in trusts	3,367,120	3,644,228
Estimated third party settlements, long term	457,830	220,661
Other long-term assets	3,010,621	2,994,897
	80,978,493	83,796,089
Total assets	$ 122,929,197	$ 122,238,084

	2011	2010
Liabilities and Net Deficit		
Current liabilities		
Current portion of long-term debt and capital lease obligations	$ 6,380,271	$ 6,288,902
Accounts payable	19,825,537	18,696,996
Accrued expenses	7,105,100	6,567,111
Accrued interest payable	365,713	391,610
Accrued postretirement benefit liability	525,000	438,000
Deferred revenue	33,048	16,630
Due to affiliates	67,621	-
Total current liabilities	34,302,290	32,399,249
Estimated third party settlements	1,203,129	595,290
Professional and general liability loss reserves	849,246	725,821
Workers compensation loss reserves	1,514,632	1,340,515
Accrued pension liability	52,424,095	36,275,269
Accrued postretirement benefit liability, net of current portion	7,469,095	6,381,956
Asset retirement obligation	125,216	130,976
Long-term debt, net of current portion	48,524,613	49,676,494
Capital lease obligations, net of current portion	3,205,611	5,037,671
Interest rate swap agreements	7,973,902	6,822,104
Total liabilities	157,591,829	139,385,345
Net deficit		
Unrestricted operating	20,659,590	19,992,003
Cumulative unrecognized pension charges	(62,729,753)	(44,958,203)
Total unrestricted	(42,070,163)	(24,966,200)
Temporarily restricted	1,880,150	2,014,450
Permanently restricted	5,527,381	5,804,489
Total net deficit	(34,662,632)	(17,147,261)
Total liabilities and net deficit	$ 122,929,197	$ 122,238,084

The accompanying notes are an integral part of these consolidated financial statements

The Griffin Hospital and Subsidiary
Consolidated Statements of Operations
Years Ended September 30, 2011 and 2010

	2011	2010
Operating revenues		
Net patient service revenue	$ 124,691,401	$ 120,786,185
Other operating revenue	6,101,588	3,769,345
Net assets released from restrictions used for operations	27,869	12,143
Total operating revenues	130,820,858	124,567,673
Operating expenses		
Employee compensation and related expenses	73,723,186	73,089,990
Supplies and other expenses	45,693,455	41,555,602
Depreciation and amortization	5,837,895	6,379,290
Interest	2,618,102	2,555,303
Provision for doubtful accounts, net of recoveries	3,461,056	1,398,195
Total operating expenses	131,333,694	124,978,380
Loss from operations	(512,836)	(410,707)
Non operating gains (losses)		
Investment income	218,353	886,194
Net realized and unrealized losses on interest rate swaps	(2,527,906)	(3,525,694)
Grant revenues	2,414,954	1,920,282
Grant expenses	(2,141,922)	(1,600,391)
	(2,036,521)	(2,319,609)
Deficiency of revenues over expenses	(2,549,357)	(2,730,316)
Other changes in unrestricted net assets		
Change in interest in net assets of affiliate	(4,721)	273,587
Transfers between affiliates, net	3,221,665	(438,634)
Pension and other post-retirement related charges other than net periodic benefit cost	(17,771,550)	(5,314,605)
Decrease in unrestricted net assets	$ (17,103,963)	$ (8,209,968)

The accompanying notes are an integral part of these consolidated financial statements

The Griffin Hospital and Subsidiary
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2011 and 2010

	2011	2010
Unrestricted net assets		
Deficiency of revenues over expenses	$ (2,549,357)	$ (2,730,316)
Change in interest in net assets of affiliate	(4,721)	273,587
Transfers between affiliates, net	3,221,665	(438,634)
Pension and other post-retirement related charges other than net periodic benefit cost	(17,771,550)	(5,314,605)
Decrease in unrestricted net assets	(17,103,963)	(8,209,968)
Temporarily restricted net assets		
Change in interest in net assets of affiliate	(103,900)	(321,532)
Investment income	33,862	81,832
Unrealized (loss) gain on investments	(36,393)	6,185
Net assets released from restrictions used for operations	(27,869)	(12,143)
Decrease in temporarily restricted net assets	(134,300)	(245,658)
Permanently restricted net assets		
Change in beneficial interest in trusts	(277,108)	125,394
(Decrease) increase in permanently restricted net assets	(277,108)	125,394
Decrease in net assets	(17,515,371)	(8,330,232)
Net deficit, beginning of year	(17,147,261)	(8,817,030)
Net deficit, end of year	$ (34,662,632)	$ (17,147,262)

The accompanying notes are an integral part of these consolidated financial statements

The Griffin Hospital and Subsidiary
Consolidated Statements of Cash Flows
Years Ended September 30, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Decrease in net assets	$ (17,515,371)	$ (8,330,231)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Pension and other post-retirement changes other than net periodic benefit cost	17,771,550	5,314,605
Depreciation and amortization	5,985,361	6,538,142
Change in unrealized and realized gains and losses on investments	(161,977)	585,635
Change in beneficial interest in trusts	277,108	(125,394)
Change in fair value of interest rate swap	1,151,798	2,200,011
Provision for doubtful accounts, net of recoveries	3,461,056	1,398,195
Transfers between affiliates, net	3,221,655	438,634
Change in interest in net assets of affiliate	108,621	47,945
Changes in assets and liabilities		
Patient accounts receivable	(5,204,290)	246,383
Other current and long-term assets	(2,773,322)	(770,908)
Due from affiliates, net	906,341	(1,742,743)
Accounts payable, accrued expenses and other	2,322,907	655,106
Estimated amounts due to third-party settlements	370,670	(55,970)
Deferred revenue	16,418	(547,141)
Accrued pension and postretirement benefit liabilities	(448,585)	(71,735)
Total adjustments	27,005,311	14,110,765
Net cash provided by operating activities	9,489,940	5,780,534
Cash flows from investing activities		
Purchases of property, plant and equipment, net	(4,413,041)	(4,223,463)
Purchases of investments	(10,537,500)	(11,982,219)
Proceeds from sales and maturities of investments	13,086,765	13,478,587
Transfers between affiliates, net	(3,221,655)	(438,634)
Net cash used in investing activities	(5,085,431)	(3,165,729)
Cash flows from financing activities		
Proceeds from borrowing	700,000	-
Principal payments on debt	(1,790,000)	(1,065,000)
Principal payments on capital lease obligations	(1,733,194)	(1,505,376)
Net cash used in financing activities	(2,823,194)	(2,570,376)
Net increase in cash and cash equivalents	1,581,315	44,429
Cash and cash equivalents at beginning of year	4,026,437	3,982,008
Cash and cash equivalents at end of year	$ 5,607,752	$ 4,026,437
Supplemental disclosures of cash flow information		
Interest paid	$ 4,020,108	$ 4,031,238
Supplemental disclosure of noncash financing activities		
Acquisition of property, plant and equipment financed with capital leases	$ -	$ 3,200,000
Property, plant and equipment included in accounts payable and accrued expenses	$ 599,466	$ 989,967

The accompanying notes are an integral part of these consolidated financial statements

1. Organization

The Griffin Hospital (the "Hospital") is a licensed 160-bed acute care hospital located in Derby, Connecticut and is part of an affiliated group which consists of its parent corporation, Griffin Health Services Corporation ("GHSC"), including Griffin Pharmacy and Gifts ("GP&G"), and certain other affiliates, primarily the Griffin Hospital Development Fund ("GHDF"), the fund-raising organization for GHSC and the other tax-exempt subsidiaries, G H Ventures, Inc ("GHV"), a for profit organization currently managing medical office buildings, Planetree Inc ("Planetree"), a not-for-profit entity assisting hospitals and other health care facilities in the development and implementation of a patient centered model of care, the Griffin Faculty Practice Plan, Inc ("FPP"), a not-for-profit entity incorporated for the purpose of providing medical services and to charge for services performed by physicians as supervisors of interns, and Healthcare Alliance Insurance Company, Ltd ("HAIC"), a for profit off-shore captive insurance company

In February 2008, the Hospital and GHV entered into a joint venture with TOPCO Associates, LLC, to form a company called NuVal The purpose of this company is to commercialize an "Overall Nutrition Quality Index" system, developed by the Hospital for promoting healthy eating habits among the general population The Hospital's ownership interest in NuVal was transferred to GHV in 2008 and as such all amounts related to NuVal are recorded in the GHV and consolidated GHSC financial statements

2. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of the Hospital and its wholly owned subsidiary, FPP All significant intercompany accounts and transactions are eliminated in consolidation

Basis of Presentation

The consolidated financial statements have been prepared on the accrual basis of accounting

Resources are reported for accounting purposes in separate classes of net assets based on the existence or absence of donor-imposed restrictions In the accompanying financial statements, net assets have been reported as follows

Permanently Restricted

Net assets subject to explicit donor-imposed stipulations that they be maintained by the Hospital in perpetuity are classified as permanently restricted Generally, the donors of these assets permit the Hospital to use all or part of the investment return on these assets for operating purposes

Temporarily Restricted

Net assets whose use by the Hospital is subject to explicit donor-imposed stipulations that can be fulfilled upon incurrence of expenses by the Hospital pursuant to those stipulations or that expire by the passage of time are classified as temporarily restricted

Unrestricted

Net assets that are not subject to explicit donor-imposed stipulations are classified as unrestricted Unrestricted net assets may be designated for specific purposes by action of the Board of Trustees or may otherwise be limited by contractual agreements with outside parties

Revenues from sources other than contributions are reported in unrestricted net assets Contributions are reported as increases in the applicable category of net assets, consistent with donor designation Expenses are reported as decreases in unrestricted net assets Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets, unless their use is restricted by explicit donor stipulations or by law Expirations of temporary restrictions on net assets, that is, the donor-imposed stipulated purpose has been accomplished and/or stipulated time period has elapsed, are reported as reclassifications between the applicable classes of net assets

Grant revenues and expenses relating to Hospital operations are included within operating revenues and expenses Grant revenues and expenses relating to research are included within nonoperating gains and losses

Contributions, including unconditional promises to give, are recognized as increases in net assets at the date the gift or promise is received Contributions of assets other than cash are recorded at their estimated fair value Contributions to be received after one year are discounted at a rate commensurate with the risks involved Amortization of the discount is recorded as additional contribution revenue in accordance with the donor-imposed stipulations, if any, on the contributions

Contributions restricted for the acquisition of land, buildings and equipment are reported as temporarily restricted support These contributions are reclassified to unrestricted net assets when the capital asset is acquired or placed in service

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates The Hospital's and FPP's significant estimates include the allowances for patient accounts receivable contractual allowances and estimated final settlements due to or from third party payors, professional and general liability loss reserves and pension assumptions

Cash and Cash Equivalents
Cash and cash equivalents include investments in highly liquid instruments with a maturity of three months or less when purchased, excluding amounts whose use is limited by the Board of Trustees or other restrictive arrangements

The majority of the Hospital's banking activity, including cash and cash equivalents, is maintained with a regional bank and from time to time exceeds federal insurance limits It is the Hospital's policy to monitor the bank's financial strength on an ongoing basis

Beneficial Interest in Trusts
The fair value of contributions received from perpetual trust assets held by third parties is measured at the Hospital's proportionate share of the fair value of the trust's assets at the time the Hospital is notified of the trust's existence and periodically adjusted for changes in value Distributions received by the Hospital may be restricted by the donor These assets are classified as permanently restricted net assets

Inventories
Inventories, which are included in other current assets, are stated at the lower of cost, using the first-in, first-out method, or market Inventories are included in other current assets

Fair Value Measurements
Fair value standards define fair value and establish a framework for measuring fair value The framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements) The three levels of the fair value hierarchy under this principle are as follows

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital and FPP have the ability to access

Level 2 - Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets,
- quoted prices for identical or similar assets or liabilities in inactive markets,
- inputs other than quoted prices that are observable for the asset or liability,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified term, the level 2 input must be observable for substantially the full term of the asset or liability

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs

The fair value of the Hospital's and FPP's investments is based on quoted market values

The fair value of the Hospital's interest rate swaps liability is based on observable inputs other than quoted prices for similar instruments

Investments and Investment Income
Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value at the balance sheet date Investments of donor restricted funds are classified as long-term investments Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the deficiency of revenues over expenses unless the income or loss is restricted by donor or law

Assets Limited As To Use
Assets limited as to use include assets set aside by the Board of Trustees in a depreciation fund for future capital improvements, and assets held by a trustee under an indenture agreement

Property, Plant and Equipment
Property, plant and equipment are recorded at cost or in the case of donated property at the fair value at the date of gift Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method with one-half year of depreciation

expense recorded in the year of acquisition Uniform useful lives assigned to assets are based upon the American Hospital Association estimated useful lives of depreciable hospital assets guidelines and range from 5 to 50 years Maintenance and repairs are charged to expense as incurred, and betterments and major renewals are capitalized Upon sale or disposal of property, plant or equipment, the cost and accumulated depreciation are removed from the respective accounts, and any gain or loss is included in operations Equipment under capital leases is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization expense Interest cost incurred on borrowed funds during the construction period of capital assets is capitalized as a component of the cost of acquiring those assets The Hospital capitalized approximately $51,000 of interest costs related to construction projects in 2010, and none in 2011

The Hospital performed a review of certain building improvement and construction assets during the course of the year The review determined that certain assets were being depreciated over a term that was shorter than the assets' expected life As such the useful lives were adjusted and the corresponding depreciation was prospectively adjusted as appropriate The changes in the useful lives lead to a decrease in depreciation expense of approximately $461,000 during 2011

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the deficiency of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Asset Retirement Obligation
The Hospital accrues for asset retirement obligations, primarily asbestos related removal costs, in the period in which they are incurred if sufficient information is available to reasonably estimate the obligation Over time, the liability is accreted to its settlement value Upon settlement of the liability, the Hospital will recognize a gain or loss for any difference between the settlement amount and the liability recorded

Interest in Net Assets of Affiliate
Interest in net assets of affiliate represents the Hospital's interest in the net assets of GHDF

Cost of Borrowing
Issuance costs related to the Hospital's bond issuance are being amortized using the effective interest method over the life of the debt Amortization expense, which is included in interest expense, was $69,382 and $83,858 for 2011 and 2010, respectively

The discount from face value at which debt has been issued is reflected as a reduction of the carrying value of such debt The premium from face value at which debt has been issued is reflected as an addition to the carrying value of such debt Discounts and premiums are amortized or accreted over the life of the debt, using the effective interest method

Professional and General Liability Loss Reserves
The liability for claims is determined by management based on data processed by independent loss adjusters The liability for adverse claims development and the liability for claims incurred but not reported are determined by management based on actuarial studies of related data prepared by independent actuaries

Due to the nature of the underlying insurance risks and the general uncertainty surrounding medical malpractice claims settlement, the liability for losses is an estimate and could vary significantly from the amount ultimately paid However, the liability for losses reflects the best estimate of ultimate loss based on historical experience and actuarial projections

Deficiency of Revenues Over Expenses
The statement of operations includes a deficiency of revenues over expenses Changes in unrestricted net assets which are excluded from deficiency of revenues over expenses, consistent with industry practice, include changes in interests in net assets of affiliate, transfers of assets to and from affiliates for other than goods and services, and pension and other post-retirement related changes other than net periodic benefit cost

Net Patient Service Revenue
The Hospital and FPP have agreements with third-party payors that provide for payments at amounts different from established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments, fee schedule payments and capitated fees Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors due to future audits, reviews and investigations

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews or investigations Contracts, loans and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates may change by a material amount in the future During 2010 and 2009, the Hospital recorded several adjustments for amounts recognized related to prior years, including adjustments to prior year estimates The net effect of such adjustments was decrease in net patient service revenue of approximately $156,824 in 2011 and an increase of approximately $167,000 in 2010

Free Care
The Hospital provides care to patients who meet certain criteria under its free care policy without charge or at amounts less than its established and contractual rates Because the Hospital does not pursue collection of amounts determined to qualify as free care, they are not reported as net patient service revenue Free care of approximately $7,580,000 and $8,959,000 measured at the Hospital's respective established rates was provided in fiscal year 2011 and 2010, respectively

Income Taxes
The Hospital and FPP are not-for-profit organizations, exempt from federal income taxes under Section 501(c) (3) of the Internal Revenue Code

Subsequent Events
Management has evaluated subsequent events for the period after September 30, 2011 through February 6, 2012, the date the financial statements were issued

Reclassifications
Certain amounts in the 2010 consolidated financial statement have been reclassified to conform to the 2011 financial statement presentation

3. Net Patient Service Revenue

Net patient service revenue for the years ended September 30, 2011 and 2010 is comprised as follows

	2011			2010		
	Hospital	FPP	Total	Hospital	FPP	Total
Patient service charges	$ 384,534,584	$ 5,881,174	$ 390,415,758	$ 372,285,546	$ 6,346,728	$ 378,632,274
Contractual allowances	(262,536,240)	(3,188,117)	(265,724,357)	(254,199,065)	(3,647,024)	(257,846,089)
Net patient service revenue	$ 121,998,344	$ 2,693,057	$ 124,691,401	$ 118,086,481	$ 2,699,704	$ 120,786,185

The Hospital and FPP have agreements with the Federal Medicare Program ("Medicare"), the State of Connecticut ("State") Medicaid Program ("Medicaid"), and certain indemnity and managed care programs that determine payments for services rendered to patients covered by these programs

A summary of the payment arrangements with major third-party payors is as follows

Medicare
The Hospital is reimbursed for services rendered to nonpsychiatric inpatients under the prospective payment system ("PPS"), under which payments are based on standard national and regional amounts depending on patient diagnosis (Diagnosis Related Group or "DRG") and without regard to the Hospital's actual costs PPS permits additional payments, within specified limitations, to be made for atypical cases (outliers) and graduate medical education Inpatient psychiatric services are also paid under a prospective per diem payment system established by Medicare

The Hospital is reimbursed for most outpatient services under a prospective payment methodology based on ambulatory payment classifications ("APC") which are paid on standard national and regional amounts for procedures rendered to the patients and without regard to the Hospital's actual costs The remaining outpatient services (e g , routine clinical lab, physical therapy) are reimbursed on a fee schedule

The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary The estimated amounts due to or from the program are reviewed and adjusted annually based on the status of such audits and any subsequent appeals Differences between final settlements and amounts accrued in previous years are reported as adjustments to net patient service revenue in the year the examination is substantially complete The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2007

Medicaid
Inpatient services rendered to Medicaid program beneficiaries, except for those beneficiaries in the State's Aid to Families with Dependent Children ("AFDC") population, are reimbursed under a cost reimbursement methodology The Hospital is reimbursed a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the State Outpatient services are reimbursed at predetermined fee schedules or percent of charges In addition, the State also contracts with various managed care organizations to provide services to the State's AFDC population The Hospital contracts with one or more of these managed care organizations and provides services on a per diem rate for inpatient and fee schedules or percent of charges for outpatients

Other Payers
The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined per diem rates, fee schedule payments and capitated fees

Future Reimbursement
Current trends in the health care industry include mergers and other forms of affiliations among providers, increasing shifts to managed care, an overall reduction in inpatient average length of stay, increasingly restrictive reimbursement policies by governmental and private payors, and the prospect of significant changes in legislation at the State and national level The Hospital cannot assess or project the ultimate effect of these or other items that may have an impact on the future operations of the Hospital

4. Investments

Investments
Investments, at fair value, at September 30 include

	2011		2010	
	Cost	Fair Value	Cost	Fair Value
Fixed income securities	$ 5,406,886	$ 5,001,889	$ 5,651,703	$ 5,722,058
Marketable equity securities	3,419,266	3,654,884	4,991,693	4,999,685
	$ 8,826,152	$ 8,656,773	$ 10,643,396	$ 10,721,743

Assets Limited As To Use
The composition of assets limited as to use at September 30, 2011 and 2010 is as follows

	2011		2010	
	Cost	Fair Value	Cost	Fair Value
Board-designated				
For capital acquisition				
Cash and cash equivalents	$ 20,507	$ 20,507	$ 126,130	$ 126,130
For postretirement benefits				
Cash and cash equivalents	10,877	10,877	192,955	192,955
	31,384	31,384	319,085	319,085
Held by trustee under indenture agreement				
U S Treasury obligations	4,992,520	4,991,621	4,996,946	4,998,042
Accrued interest receivable	1,354	1,354	2,046	2,046
	4,993,874	4,992,975	4,998,992	5,000,088
Less current portion	(704,176)	(704,176)	(708,386)	(708,386)
	4,289,698	4,288,799	4,290,606	4,291,702
	$ 4,321,082	$ 4,320,183	$ 4,609,691	$ 4,610,787

Investment income and unrealized gains and losses for assets limited as to use, cash equivalents and other investments are comprised of the following for 2011 and 2010

	2011	2010
Income		
Interest and dividend income	$ 380,331	$ 300,559
Net realized gain	75,984	540,686
Change in unrealized gains and losses on investments	(237,961)	44,949
	$ 218,353	$ 886,194

The following table represents the Hospital's financial assets and liabilities by fair value hierarchy as of September 30, 2011

		Fair Value Measurements		
September 30, 2011	**Fair Value**	**Quoted Prices in in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Investments				
Fixed income	$ 5,001,889	$ 5,001,889	$ -	$ -
Equity Securities	3,654,884	3,654,884	-	-
Total investments	8,656,773	8,656,773	-	-
Remainder trusts	101,612	-	-	101,612
Perpetual trusts	3,265,508	-	-	3,265,508
Total assets at fair value	$ 12,023,893	$ 8,656,773	$ -	$ 3,367,120
Liabilities				
Interest rate swaps liability	$ 7,973,902	$ -	$ 7,973,902	$ -
Total liabilities at fair value	$ 7,973,902	$ -	$ 7,973,902	$ -

The following table sets forth a summary of changes in the fair value of the Hospital's level 3 assets for the year ended September 30, 2011

Beginning balance at September 30, 2010	$ 3,644,228
Change in unrealized value of interest in trusts	(277,108)
Balance at September 30, 2011	$ 3,367,120

There were no transfers between levels during 2011 or 2010

The following table represents the Hospital's financial assets and liabilities by fair value hierarchy as of September 30, 2010

September 30, 2010	Fair Value	Fair Value Measurements: Quoted Prices in in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Fixed income	$ 5,722,058	$ 5,722,058	$ -	$ -
Equity Securities	4,999,685	4,999,685	-	-
Total investments	10,721,743	10,721,743	-	-
Remainder trusts	112,045	-	-	112,045
Perpetual trusts	3,532,183	-	-	3,532,183
Total assets at fair value	$ 14,365,971	$ 10,721,743	$ -	$ 3,644,228
Liabilities				
Interest rate swaps liability	$ 6,822,104	$ -	$ 6,822,104	$ -
Total liabilities at fair value	$ 6,822,104	$ -	$ 6,822,104	$ -

The following table sets forth a summary of changes in the fair value of the Hospital's level 3 assets for the year ended September 30, 2010

Beginning balance at September 30, 2009	$ 3,518,834
Change in unrealized value of interest in trusts	125,394
Balance at September 30, 2010	$ 3,644,228

5. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation as of September 30, 2011 and 2010 are summarized as follows

	2011	2010
Land and improvements	$ 5,107,308	$ 5,078,573
Buildings and improvements	70,300,374	69,732,893
Fixed and movable equipment	69,071,589	66,093,538
	144,479,271	140,905,004
Less Accumulated depreciation	(82,909,524)	(77,240,361)
	61,569,747	63,664,643
Construction-in-progress	715,189	435,639
	$ 62,284,936	$ 64,100,282

Depreciation expense was $3,871,478 and $4,775,375 for 2011 and 2010, respectively

Included in property, plant and equipment as of September 30, 2011 and 2010 are capital lease assets for major movable equipment with a cost of $8,901,170 Accumulated amortization on the the respective capital lease assets was $3,187,762 and $1,221,344 as of September 30, 2011 and 2010, respectively

Amortization expense on capital lease assets was $1,966,417 and $1,498,373 for 2011 and 2010, respectively

6. Insurance Liability Loss Reserves

HAIC insures the professional and general liabilities of the Hospital under a claims-made policy with a retroactive date of October 1, 1986 There are known claims and incidents that may result in the assertion of additional claims as well as claims from unknown incidents that may be asserted arising from services provided to patients The Hospital has utilized independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims Accrued malpractice reserves for professional and general liability have been discounted at 3 5% at September 30, 2011 and 4 0% at September 30, 2010 In management's opinion these reserves provide an adequate reserve for loss The Hospital has purchased excess insurance coverage to cover claims in excess of $1,500,000 and $4,500,000 in the aggregate An independent actuary has been utilized to estimate the ultimate cost of claims incurred contingencies

Effective January 1, 2003 Griffin Hospital began retaining the first $250,000 of all loss and allocated loss adjustment expense per accident for its workers compensation exposure Excess coverage above $250,000 per accident was purchased Beginning January 1, 2007 the per occurrence retention was increased to $300,000 Annual aggregate coverage was also purchased which provides $1 million of coverage above a maximum limit of retained losses within the per occurrence retention Beginning October 1, 2010 the per occurrence retention was increased to $400,000 and the annual aggregate coverage was discontinued The workers' compensation reserves have been discounted at 3 0% and 3 5% at September 30, 2011 and 2010 respectively, and in management's opinion provide an adequate reserve for loss contingencies

The Hospital also has recorded self-insurance reserves for its employee health plan, for the deductible portion of workers' compensation indemnity losses from January 1, 1999 and prior, and for the medical cost component of its workers' compensation losses prior to January 1, 2003, subject to certain umbrella and stop-loss coverage limits The Hospital accrues its best estimate of its retained liability for occurrences through each balance sheet date

7. Long-Term Debt

Long-term consists of the following at September 30, 2011 and 2010

	2011	2010
State of Connecticut Health and Educational Facilities Authority		
Series B	$ 18,375,000	$ 19,490,000
Series C	22,625,000	23,125,000
Series D	10,750,000	10,925,000
Loan payable	700,000	-
Premium and discount on bonds, net of accumulated accretion and amortization of $254,924 and $185,543, respectively	587,113	656,494
	53,037,113	54,196,494
Less Current portion	(4,512,500)	(4,520,000)
	$ 48,524,613	$ 49,676,494

The State of Connecticut Health and Educational Facilities Authority ("CHEFA") Revenue Bonds, The Griffin Hospital Issue, Series B, totaling $24,800,000 were issued in February 2005 The Series B bonds bear interest at rates ranging from 2 4% to 5 0% Interest is due semi-annually on January 1 and July 1 A bond premium of $969,815 and bond issuance costs of $1,196,512 are amortized over the life of the bond using the effective interest rate method The Series B bonds are insured by Radian Asset Guaranty Corporation The bonds are payable annually each July 1 through 2015 and on July 1, 2020 and July 1, 2023 in the amounts of 7,750,000 and 5,640,000, respectively The Series B bonds maturing after July 1, 2015 are subject to redemption prior to maturity commencing July 1, 2015 The estimated fair value of the Series B bond was approximately $18,161,000 and $19,743,000 at September 30, 2011 and 2010, respectively

In May 2007, CHEFA issued $23,125,000 revenue bonds, The Griffin Hospital Issue, Series C and $10,925,000 variable rate revenue bonds, The Griffin Hospital Issue, Series D

In May 2008, the Hospital refunded The Griffin Hospital Issue 2007 Series C and The Griffin Hospital Issue 2007 Series D bonds, which were initially issued as auction rate bonds, and issued $23,125,000 Griffin Hospital Issue 2008 Series C Variable Rate Demand bonds and $10,925,000 Griffin Hospital Issue 2008 Series D Variable Rate Demand Bonds (together referred to as "Series 2008 Bonds") The Series 2008 Bonds are insured by Radian Asset Guaranty Corporation

In order to provide liquidity for the Series 2008 Bonds, the Hospital has a standby letter of credit with a financial institution which expires in May 2012 The Hospital has obtained an extension of this letter of credit to May 2013 Should the Series 2008 Bonds be put back, and the standby letter of credit be called, the Hospital would be required to repay the principal ratably over a five-year period, beginning 180 days following the put

Under the terms of the CHEFA bonds, the Obligated Group (the Hospital, GHSC and GHDF) are required to maintain 50 days operating cash on hand and a debt service coverage ratio of 1 2 to 1 Additionally, the Obligated Group is required to maintain a capitalization ratio of less than 65

The CHEFA bonds are collateralized by the gross receipts of the Obligated Group and certain real property of the Hospital

Aggregate scheduled principal payments on all long-term debt are as follows

2012	$ 1,900,000
2013	1,935,000
2014	2,040,000
2015	2,135,000
2016	2,225,000
Thereafter	42,215,000
	$ 52,450,000

To the extent the Hospital is unable to remarket the Series 2008 bonds, the Hospital would be obligated to repurchase these bonds from the proceeds of the Hospital's standby letter of credit The previous debt maturities table reflects the payment of principal on these bonds according to their scheduled maturity dates If the Series 2008 bonds were fully tendered by the bondholders to the Hospital as of September 30, 2011, the table of annual principal payments would become

2011	$ 4,512,500
2012	7,885,000
2013	7,940,000
2014	8,010,000
2015	8,075,000
Thereafter	16,027,500
	$ 52,450,000

Under the terms of the bond agreements, the Hospital is required to maintain certain funds with a trustee for specified purposes and time periods Required payments to the trustee are made by the Hospital in amounts sufficient to provide for the payment of principal, interest and sinking fund installments as they become due, and certain other payments Assets held by the trustees pursuant to the indentures as of September 30, 2011 and 2010 are as follows

	2011	2010
Debt service reserve fund	$ 4,288,344	$ 4,288,561
Debt service fund	225,970	241,153
Principal fund	477,307	468,325
Accrued interest receivable	1,354	2,049
	$ 4,992,975	$ 5,000,088

In fiscal year 2011 the Hospital borrowed $700,000 of the net cash value of certain officer universal life insurance policies for working capital purposes There is no repayment requirement relative to the borrowing

8. Derivative Instruments

The Hospital initially issued its Series 2007 Series C and 2007 Series D bonds bearing interest at a variable rate In May 2007, the Hospital entered into two interest rate swap agreements to manage interest rate risk These agreements involve payment of fixed rate interest payments by the Hospital in exchange for the receipt of variable rate interest payments from the counterparties,

based on a percentage of the London Interbank Offered Rate (LIBOR) In 2008, the Hospital refinanced the Series 2007 bonds and issued the Series 2008 Bonds These bonds also bear interest at a variable rate The two original swap agreements continue to be utilized by the Hospital to manage its interest rate risk At September 30, 2011, the notional amount of the derivative financial instruments was $22,625,000 (Series 2008 Issue C nontaxable bonds) and $10,750,000 (Series 2008 Issue D taxable bonds), respectively

Upon the occurrence of certain events of default or termination events identified in the derivative contracts, either the Hospital or the counterparty could terminate the contract in accordance with its terms Termination would result in the payment of a termination amount by one party to compensate the other party for its economic losses The cost of termination would depend, in major part, on the then current interest rate levels, and if the interest rate levels were then lower than those specified in the derivative contract, the cost of termination to the Hospital could be significant

The fair value of these derivatives was a liability of $7,973,902 and $6,822,104 as of September 30, 2011 and 2010, respectively, which is included in long-term liabilities The impact of the change in fair value was $1,151,797 and $2,200,011 for the years ended September 30, 2011 and 2010, respectively This change is included in the net realized and unrealized losses on interest rate swap agreements, which also includes the net periodic settlement payments related to the swap agreements of $1,376,109 and $1,325,683 for 2011 and 2010, respectively

The following table lists the fair value of derivatives by contract type included in the consolidated balance sheet at September 30, 2011 and 2010

September 30, 2011	**Initial Notional**	**Fair Value**
Derivatives not designated as hedging instruments		
Interest rate swaps	$ 34,050,000	$ (7,973,902)

September 30, 2010	**Initial Notional**	**Fair Value**
Derivatives not designated as hedging instruments		
Interest rate swaps	$ 34,050,000	$ (6,822,104)

The following table indicates the realized and unrealized losses by contract type, as included in the consolidated statements of operations for the years ended September 30, 2011 and 2010

Year ended September 30, 2011	Location of Gain or (Loss) on Derivatives	Gain or (Loss) on Derivatives
Derivatives not designated for hedging Instruments		
Interest rate swaps	Net realized and unrealized losses on interest rate swaps	$ (2,527,906)

Year ended September 30, 2010	Location of Gain or (Loss) on Derivatives	Gain or (Loss) on Derivatives
Derivatives not designated for hedging Instruments		
Interest rate swaps	Net realized and unrealized losses on interest rate swaps	$ (3,525,694)

9. Lease Commitments

Capital Leases
The Hospital leases certain equipment under capital leases which extend through 2015

Future minimum rental payments, by year and in aggregate, under capital leases consist of the following as of September 30, 2011

2012	$ 2,057,277
2013	2,024,967
2014	1,214,035
2015	110,886
	5,407,165
Less Amounts representing interest	333,733
Present value of minimum lease payments	5,073,432
Less Current portion	1,867,771
Capital lease obligation, net of current portion	$ 3,205,661

Operating Leases
The Hospital leases various equipment and office space under operating leases, expiring at various dates through 2015 Some of these leases contain renewal options Rent expense under such leases was approximately $779,000 and $754,000 for the years ended September 30, 2011 and 2010, respectively

Future minimum rental payments as of September 30, 2011 under noncancelable operating leases are as follows

2012	$ 994,060
2013	953,116
2014	947,462
2015	941,045
2016	919,833
	$ 4,755,516

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of September 30, 2011 and 2010

	2011	2010
Unspent income and appreciation on endowment funds expendable for specified healthcare services	$ 613,618	$ 644,018
Change in the unspent income and (depreciation) appreciation on GHDF endowment funds	(20,928)	88,017
Restricted for purchase of equipment	813,033	1,009,004
Restricted for specified healthcare services	474,427	273,411
	$ 1,880,150	$ 2,014,450

Permanently restricted net assets at September 30, 2011 and 2010 are comprised as follows

	2011	2010
Investments to be held in perpetuity, the income of which is expendable to support health care services	$ 417,645	$ 417,645
Interest in permanently restricted net assets of GHDF's endowment, the income of which is expendable for specified health care services	1,742,616	1,742,616
Beneficial interest in trusts	3,367,120	3,644,228
	$ 5,527,381	$ 5,804,489

11. Other Debt Arrangements and Guarantees

On March 5, 2005, the Hospital entered into a $262,500 letter of credit agreement with Wachovia Bank On February 23, 2009, the Hospital also entered into an additional $750,000 letter of credit agreement with Wachovia Bank On January 21, 2010, the letter of credit agreement for $262,500 was reduced to $50,000 No borrowings had been made on either letter of credit as of September 30, 2011 or 2010

12. Transactions with Affiliated Corporations

Due from affiliates represents amounts receivable for various monthly operating expenses and other operating purposes paid by the Hospital The following summarizes the due from affiliates as of September 30

	2011	2010
Health Alliance Insurance Company, Ltd (HAIC)	$ 4,252,041	$ 4,112,001
G H Ventures, Inc (GHV)	1,159,661	713,192
Planetree	-	86,755
GHSC	-	1,033,464
Griffin Pharmacy and Gift Shop (GP&GS)	-	305,010
	5,411,702	6,250,422

The following summarizes the due to affiliates as of September 30

	2011	2010
Planetree	$ 5,633	$ -
GP&GS	61,988	-
	$ 67,621	$ -

The Hospital incurs charges related to various administrative and operating expenses, including salaries and related costs for all affiliated entities The Hospital allocates such amounts to the affiliated entities based on actual costs incurred

G. H. Ventures, Inc.
The Hospital advances funds to pay certain operating expenses for GHV which totaled approximately $318,000 and $205,000 in 2011 and 2010, respectively

Griffin Hospital Development Fund
The Hospital paid operating expenses for GHDF totaling approximately $498,000 and $486,000 in 2011 and 2010, respectively Additionally, GHDF made a transfer to the Hospital of $825,000 and to GHSC of approximately $700,000 in 2011 and 2010

Griffin Pharmacy and Gifts
The Hospital advanced operating expenses for GP&G totaling approximately $433,000 and $440,000 in 2011 and 2010, respectively GP&G reimbursed the Hospital approximately $800,000 and $250,000 during 2011 and 2010, respectively

Healthcare Alliance Insurance Company, Ltd.
The Hospital obtains professional and general liability coverage under a policy between GHSC and HAIC (See note 6) Total premiums incurred for this insurance coverage in 2011 and 2010 were approximately $2,991,260 and $2,970,000, respectively The Hospital pays claims processing expenses on behalf of HAIC and is subsequently reimbursed for these expenses As of September 30, 2011 and 2010, the Hospital was due $4,133,299 and $4,112,001, respectively, from HAIC for reimbursement of claims processing expense

Griffin Health Services Corporation
The Hospital paid operating expenses of approximately $3,000 and $6,000 for 2011 and 2010, respectively GHSC transferred to the Hospital approximately $5,315,000 and $5,415,000 in 2011 and 2010, respectively The Hospital made cash advances to GHSC of approximately $1,000,000 and $3,161,000 in 2011 and 2010, respectively

Planetree, Inc.
The Hospital advanced operating expenses for Planetree totaling approximately $1,653,000 and $2,579,000 in 2011 and 2010, respectively Planetree reimbursed the Hospital approximately $1,745,000 and $2,050,000 in 2011 and 2010, respectively Planetree transferred $1,800,000 to the Hospital during 2011 which represented a return of capital

13. Pension and Other Postretirement Benefits

Pension Benefits
The Hospital sponsors a noncontributory defined benefit pension plan that covers substantially all of its employees and provides for retirement and death benefits The Hospital's policy is to fund actuarially determined pension costs as accrued

Effective May 1, 2010, credited service accruals under the retirement plans for employees of the Griffin Hospital were frozen for the April 1, 2010 to March 31, 2012 plan year Participants continue to earn vesting service during the freeze period and pay increases during the freeze period will be reflected in participant's final earnings calculation however no credited service will be earned for the period from April 1, 2010 to March 31, 2012

The Hospital's accumulated benefit obligation was $88,758,523 and $78,171,765 at September 30, 2011 and 2010, respectively

Other Postretirement Benefits

The Hospital also provides certain health care and life insurance benefits for eligible retired employees and their dependents Substantially all of the Hospital's full-time employees may become eligible for these benefits upon retirement if certain age and service criteria are met Effective January 1, 2004, employees will need to be at least age 62 at retirement to be eligible for coverage Employees who are eligible for these benefits at the time of their retirement and who meet the requirements to receive an immediate pension plan benefit are provided continued health and life insurance coverage throughout their retirement The plan is unfunded

Pertinent information relating to these plans is as follows, based on a September 30 measurement date

	Pension Benefits		Other Benefits	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation at beginning of year	$ 86,252,605	$ 77,615,552	$ 6,819,956	$ 6,318,827
Service cost	100,000	1,309,950	225,851	214,747
Interest cost	4,228,200	4,208,395	330,609	335,766
Actuarial loss	14,114,413	6,145,618	1,128,017	400,963
Benefits paid	(3,734,445)	(3,026,910)	(510,338)	(450,347)
Benefit obligation at end of year	$ 100,960,773	$ 86,252,605	$ 7,994,095	$ 6,819,956
Change in plan assets				
Fair value of plan assets at beginning of year	$ 49,977,336	$ 46,082,024	$ -	$ -
Actual return on plan assets	(1,353,510)	3,248,879	-	-
Employer contributions	3,647,297	3,673,343	510,338	450,347
Benefits paid	(3,734,445)	(3,026,910)	(510,338)	(450,347)
Fair value of plan assets at end of year	$ 48,536,678	$ 49,977,336	$ -	$ -
Unfunded status - recognized as a liability	$ (52,424,095)	$ (36,275,269)	$ (7,994,095)	$ (6,819,956)

Components of net periodic benefit cost are as follows

	Pension Benefits		Other Benefits	
	2011	2010	2011	2010
Service cost	$ 100,000	$ 1,309,950	$ 225,851	$ 214,747
Interest cost	4,228,200	4,208,395	330,609	335,766
Expected return on plan assets	(4,272,234)	(4,084,502)		-
Amortization of unrecognized prior service credit	-	-	(523,414)	(716,529)
Amortization of transition obligation	-	-	10,104	10,104
Net actuarial loss	3,308,346	2,430,483	301,588	343,541
Net periodic benefit cost	$ 3,364,312	$ 3,864,326	$ 344,738	$ 187,629

Amounts recognized in the consolidated balance sheets consist of

	Pension Benefits		Other Benefits	
	2011	2010	2011	2010
Current liabilities	$ -	$ -	$ 525,000	$ 438,000
Noncurrent liabilities	52,424,095	36,275,269	7,469,095	6,381,956
	$ 52,424,095	$ 36,275,269	$ 7,994,095	$ 6,819,956

Pension Plan

Amounts in consolidated unrestricted net assets that are not yet recognized as a component of net periodic benefit cost are as follows

	2011	2010
Net actuarial loss	$ 58,934,533	$ 42,502,722
	$ 58,934,533	$ 42,502,722

Other changes in plan assets and benefit obligations recognized in other changes in unrestricted net assets

	2011	2010
Net actuarial loss	$ 19,740,157	$ 6,981,241
Amortization of Actuarial loss	(3,308,346)	(2,430,483)
	$ 16,431,811	$ 4,550,758

Expected amounts to be amortized from unrestricted net assets into net periodic benefit cost for the next fiscal year

Actuarial loss	$ 4,621,222

Post-Retirement Plan
Amounts recognized in unrestricted net assets that are not yet recognized on a component of net periodic benefit cost are as follows

	2011	2010
Net transition obligation	$ -	$ 10,104
Net prior service credit	(892,232)	(1,415,646)
Net actuarial loss	4,687,452	3,861,023
	$ 3,795,220	$ 2,455,481

Other changes in plan assets and benefit obligations included in unrestricted net assets not yet recognized in periodic benefit cost are

	2011	2010
Net actuarial loss	$ 1,128,017	$ 400,963
Amortization of		
Transition obligation	(10,104)	(10,104)
Prior service cost	523,414	716,529
Actuarial gain	(301,588)	(343,541)
	$ 1,339,739	$ 763,847

Expected amounts to be amortized from unrestricted net assets into net periodic benefit cost for the next fiscal year

Transition obligation	$ 10,104
Prior service credit	(523,414)
Actuarial loss	826,429

Actuarial assumptions are as follows

	Pension Benefits		Other Benefits	
	2011	2010	2011	2010
Weighted average assumptions used to determine year end benefit obligation				
Discount rate	4 54%	5 00%	4 54%	5 00%
Rate of compensation increase	4 00%	4 00%	N/A	N/A

	Pension Benefits		Other Benefits	
	2011	2010	2011	2010
Weighted average assumptions used to determine net periodic benefit cost				
Discount rate	5 00%	5 50%	5 00%	5 50%
Expected long-term return on plan assets	8 50%	8 50%	N/A	N/A
Rate of compensation increase	4 00%	4 00%	N/A	N/A

	Pre-65		Post-65	
	2011	2010	2011	2010
Health care cost trend rate assumed for next year	8 00%	8 00%	8 00%	8 00%
Rate to which the cost trend rate is assumed to decline (the ultimate trend rate)	5 00%	5 00%	5 00%	5 00%
Year that the rate reaches the ultimate trend rate	2018	2017	2018	2017

A one-percentage-point change in assumed health care cost trend rates would have the following effects on

	1-Percentage Point Increase	1-Percentage Point Decrease
Service and interest cost components	$ 16,000	$ (14,000)
Postretirement benefit obligation	$ 161,088	$ (142,102)

Contributions
The Hospital expects to contribute approximately $3,772,000 to its pension plan and $525,000 to its other postretirement benefit plan in fiscal year 2012

Estimated Future Benefit Payments
The following benefit payments, which reflect expected future service, are expected to be paid as of September 30

	Pension Benefits	Other Benefits
2012	$ 3,772,000	$ 525,000
2013	4,002,000	508,000
2014	4,296,000	499,000
2015	4,683,000	495,000
2016	4,991,000	536,000
2017-2021	30,531,000	2,933,000

Pension plan assets are invested as follows

	2011	2010
Asset category		
Cash and cash equivalents	1 %	4 %
U S Large Cap	36	35
U S Small Cap	7	6
International Equity	18	19
Fixed Income	29	28
Real Estate	9	8
	100 %	100 %

	2011	2010
Target Asset Allocations		
U S Large Cap	38 %	38 %
U S Small Cap	7	7
International Equity	20	20
Fixed Income	25	25
Real Estate	10	10
	100 %	100 %

The fair value of plan assets as of September 30, 2011, by asset category were as follows

(in thousands)	September 30, 2011			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 617	$ 617	$ -	$ -
U S Large Cap	17,607	17,607	-	-
U S Small Cap	3,200	3,200	-	-
International Equity	8,547	8,547	-	-
Fixed Income	14,280	679	-	13,601
Real Estate Mutual Funds	4,331	-	-	4,331
Total	$ 48,582	$ 30,650	$ -	$ 17,932

The fair value of plan assets as of September 30, 2010, by asset category were as follows

(in thousands)	September 30, 2010			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 1,901	$ 1,901	$ -	$ -
U S Large Cap	17,340	17,340	-	-
U S Small Cap	3,091	3,091	-	-
International Equity	9,442	9,442	-	-
Fixed Income	14,014	10,908	-	3,106
Real Estate Mutual Funds	4,189	-	-	4,189
Total	$ 49,977	$ 42,682	$ -	$ 7,295

Asset Investment Strategy
Investments shall be made solely in the interest of the participants and beneficiaries of the Trust, and for the exclusive purpose of providing benefits accrued thereunder and defraying the reasonable expenses of administration The Trust shall be invested with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in like capacity and familiar with such matters would use in the investment of a fund of like character and with like aims Investment of the Trust shall be diversified to minimize the risk of large losses, unless under the circumstances it is clearly prudent not to do so The long term strategy of the fund is to achieve long-term growth In order to meet its needs, the investment strategy of the Trust is to emphasize total return, that is, the aggregate return from capital appreciation, dividends and interest income

14. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements The mix in patient accounts receivable as of September 30, 2011 and 2010 before allowances for doubtful accounts, consisted of the following

	2011	2010
Medicare and Medicaid	18 %	20 %
Commercial insurance	17	14
Managed care	29	29
Self-pay patients	34	34
City Welfare	2	3
	100 %	100 %

15. Functional Expenses

The Hospital provides general health care services to residents within its geographic location Expenses relating to providing these services at September 30, 2011 and 2010 are as follows

	2011	2010
Patient care and clinical	$ 112,943,128	$ 107,611,862
General and administrative	18,758,730	17,366,518
	$ 131,701,858	$ 124,978,380

16. Endowments

The Hospital's endowment funds consist of donor restricted funds to be invested in perpetuity to provide a permanent source of income The net assets associated with endowment funds are classified and reported based on the existence or absence of donor imposed restrictions

The Hospital has interpreted the Connecticut UPMIFA statute as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently restricted net assets, (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by UPMIFA In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate endowment funds

1) The duration and preservation of the fund
2) The purposes of the Hospital and the donor restricted endowment fund
3) General economic conditions
4) The possible effect of inflation and deflation
5) The expected total return from income and the appreciation of investments

6) Other resources of the Hospital
7) The investment policies of the Hospital

Endowment net asset composition by type of fund as of September 30 is as follows

	2011		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 793,000	$ 2,160,261	$ 2,953,261
Investment income and net depreciation (realized and unrealized)	(1,478)	-	(1,478)
Appropriation of endowment assets for expenditure for healthcare services	(19,450)	-	(19,450)
Endowment net assets, end of year	$ 772,072	$ 2,160,261	$ 2,932,333

Changes in endowment net assets for the years ended September 30 are as follows

	2010		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 613,017	$ 2,160,261	$ 2,773,278
Investment income and net depreciation (realized and unrealized)	181,320	-	181,320
Appropriation of endowment assets for expenditure for healthcare services	(1,337)	-	(1,337)
Endowment net assets, end of year	$ 793,000	$ 2,160,261	$ 2,953,261

The primary long-term management objective for the Hospital's endowment funds is to maintain the permanent nature of each endowment fund, while providing a predictable, stable, and constant stream of earnings Consistent with that objective, the primary investment goal is to earn annual interest and dividends

17. Commitments and Contingencies

The Hospital is involved in various legal matters arising in the normal course of activities Although the ultimate outcome is not determinable at this time, management, after taking into consideration advice of legal counsel, believes that the resolution of these pending matters will not have a material adverse effect, individually or in the aggregate, upon the consolidated financial statements

Consolidating Information

pwc

Report of Independent Auditors On Accompanying Consolidating Information

To the Board of Trustees of
The Griffin Hospital

The report on our audits of the consolidated financial statements of The Griffin Hospital and Subsidiary as of September 30, 2011 and 2010 and for the years then ended appears on page 1 of this document Those audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies Accordingly, we do not express an opinion on the financial position and results of operations of the individual companies However, the consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole

PricewaterhouseCoopers LLP

February 6, 2012

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2011

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	$ 5,513,612	$ 94,140	$ -	$ 5,607,752
Investments	7,625,803	-	-	7,625,803
Assets limited as to use	704,176	-	-	704,176
Patient accounts receivable, net	17,025,431	274,761	-	17,300,192
Other current assets	6,294,570	98,028	-	6,392,598
Total current assets	37,163,592	466,929	-	37,630,521
Assets limited as to use				
Board-designated investments	31,384	-	-	31,384
Under indenture agreement	4,288,799	-	-	4,288,799
Total assets limited as to use	4,320,183	-	-	4,320,183
Long-term investments	1,030,970	-	-	1,030,970
Property, plant and equipment, net	62,082,187	202,749	-	62,284,936
Interest in net assets of affiliate	5,415,314	-	-	5,415,314
Due from affiliates	5,411,702	-	-	5,411,702
Investment in affiliate	374,891	-	(374,891)	-
Estimated third party settlements, long-term	457,830	-	-	457,830
Beneficial interest in trusts	3,367,120	-	-	3,367,120
Other long-term assets	3,010,621	-	-	3,010,621
	81,150,635	202,749	(374,891)	80,978,493
Total assets	$ 122,634,410	$ 669,678	$ (374,891)	$ 122,929,197

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2011

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Liabilities and Net (Deficit) Assets				
Current liabilities				
Current portion of long-term debt and capital lease obligations	$ 6,380,271	$ -	$ -	$ 6,380,271
Accounts payable	19,696,544	128,993	-	19,825,537
Accrued expenses	6,939,306	165,794	-	7,105,100
Accrued interest payable	365,713	-	-	365,713
Deferred revenue	33,048	-	-	33,048
Due to affiliates	67,621	-	-	67,621
Accrued postretirement benefit liability	525,000	-	-	525,000
Total current liabilities	34,007,503	294,787	-	34,302,290
Estimated third party settlements, long term	1,203,129	-	-	1,203,129
Professional and general liability loss reserves	849,246	-	-	849,246
Workers compensation loss reserves, net of current portion	1,514,632	-	-	1,514,632
Accrued pension liability	52,424,095	-	-	52,424,095
Accrued postretirement benefit liability, net of current portion	7,469,095	-	-	7,469,095
Conditional asset retirement obligations	125,216	-	-	125,216
Long-term debt, net of current portion	48,524,613	-	-	48,524,613
Capital leases, net of current portion	3,205,611	-	-	3,205,611
Interest rate swap agreement	7,973,902	-	-	7,973,902
Total liabilities	157,297,042	294,787	-	157,591,829
Net (deficit) assets				
Unrestricted operating	20,659,590	374,891	(374,891)	20,659,590
Cumulative unrecognized pension changes	(62,729,753)	-	-	(62,729,753)
Total unrestricted	(42,070,163)	374,891	(374,891)	(42,070,163)
Temporarily restricted	1,880,150	-	-	1,880,150
Permanently restricted	5,527,381	-	-	5,527,381
Total net (deficit) assets	(34,662,632)	374,891	(374,891)	(34,662,632)
Total liabilities and net (deficit) assets	$ 122,634,410	$ 669,678	$ (374,891)	$ 122,929,197

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2010

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	$ 3,905,172	$ 121,265	$ -	$ 4,026,437
Investments	9,660,079	-	-	9,660,079
Assets limited as to use	708,386	-	-	708,386
Patient accounts receivable, net	15,222,331	334,626	-	15,556,957
Other current assets	3,851,849	27,500	-	3,879,349
Total current assets	33,347,817	483,391	-	33,831,208
Assets limited as to use				
Board-designated investments	319,085	-	-	319,085
Under indenture agreement	4,291,702	-	-	4,291,702
Total assets limited as to use	4,610,787	-	-	4,610,787
Long-term investments	1,061,664	-	-	1,061,664
Property, plant and equipment, net	64,043,605	56,677	-	64,100,282
Interest in net assets of affiliate	5,523,935	-	-	5,523,935
Due from affiliates	6,250,422	-	-	6,250,422
Investment in affiliate	323,116	-	(323,116)	-
Estimated third party settlements, long-term	220,661	-	-	220,661
Beneficial interest in trusts	3,644,228	-	-	3,644,228
Other long-term assets	2,994,897	-	-	2,994,897
	84,062,528	56,677	(323,116)	83,796,089
Total assets	$ 122,021,132	$ 540,068	$ (323,116)	$ 122,238,084

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2010

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Liabilities and Net (Deficit) Assets				
Current liabilities				
Current portion of long-term debt and capital lease obligations	$ 6,288,902	$ -	$ -	$ 6,288,902
Accounts payable	18,682,449	14,547	-	18,696,996
Accrued expenses	6,364,706	202,405	-	6,567,111
Accrued interest payable	391,610	-	-	391,610
Deferred revenue	16,630	-	-	16,630
Accrued postretirement benefit liability	438,000	-	-	438,000
Total current liabilities	32,182,297	216,952	-	32,399,249
Estimated third party settlements, long term	595,290	-	-	595,290
Professional and general liability loss reserves	725,821	-	-	725,821
Workers compensation loss reserves, net of current portion	1,340,515	-	-	1,340,515
Accrued pension liability	36,275,269	-	-	36,275,269
Accrued postretirement benefit liability, net of current portion	6,381,956	-	-	6,381,956
Conditional asset retirement obligations	130,976	-	-	130,976
Long-term debt, net of current portion	49,676,494	-	-	49,676,494
Capital leases, net of current portion	5,037,671	-	-	5,037,671
Interest rate swap agreements	6,822,104	-	-	6,822,104
Total liabilities	139,168,393	216,952	-	139,385,345
Net (deficit) assets				
Unrestricted operating	19,992,003	323,116	(323,116)	19,992,003
Cumulative unrecognized pension changes	(44,958,203)	-	-	(44,958,203)
Total unrestricted	(24,966,200)	323,116	(323,116)	(24,966,200)
Temporarily restricted	2,014,450	-	-	2,014,450
Permanently restricted	5,804,489	-	-	5,804,489
Total net (deficit) assets	(17,147,261)	323,116	(323,116)	(17,147,261)
Total liabilities and net (deficit) assets	$ 122,021,132	$ 540,068	$ (323,116)	$ 122,238,084

The Griffin Hospital and Subsidiary
Consolidating Statement of Operations
Year Ended September 30, 2011

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Operating revenues				
Net patient service revenue	$ 121,998,344	$ 2,693,057	$ -	$ 124,691,401
Other operating revenue	5,999,588	819,206	(717,206)	6,101,588
Net assets released from restrictions for operations	27,869	-	-	27,869
Total operating revenues	128,025,801	3,512,263	(717,206)	130,820,858
Operating expenses				
Employee compensation and related expenses	70,585,175	3,138,011	-	73,723,186
Supplies and other expenses	43,868,190	2,542,471	(717,206)	45,693,455
Depreciation	5,747,143	90,752	-	5,837,895
Interest	2,618,102	-	-	2,618,102
Provision for doubtful accounts, net of recoveries	3,349,408	111,648	-	3,461,056
Total operating expenses	126,168,018	5,882,882	(717,206)	131,333,694
Gain (loss) from operations	1,857,783	(2,370,619)	-	(512,836)
No operating gains (losses)				
Investment income	218,353	-	-	218,353
Change in fair value of interest rate swaps	(2,527,906)	-	-	(2,527,906)
Research grant revenues	2,414,954	-	-	2,414,954
Research grant expenses	(2,141,922)	-	-	(2,141,922)
	(2,036,521)	-	-	(2,036,521)
Deficiency of revenues over expenses	(178,738)	(2,370,619)	-	(2,549,357)
Change in interest in net assets of affiliate	47,054	-	(51,775)	(4,721)
Transfers between affiliates, net	799,271	2,422,394	-	3,221,665
Pension and other post-retirement related changes other than net periodic benefit cost	(17,771,550)	-	-	(17,771,550)
(Decrease) increase in unrestricted net assets	$ (17,103,963)	$ 51,775	$ (51,775)	$ (17,103,963)

The Griffin Hospital and Subsidiary
Consolidating Statement of Operations
Year Ended September 30, 2010

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Operating revenues				
Net patient service revenue	$ 118,086,481	$ 2,699,704	$ -	$ 120,786,185
Other operating revenue	3,769,345	668,840	(668,840)	3,769,345
Net assets released from restrictions for operations	12,143	-	-	12,143
Total operating revenues	121,867,969	3,368,544	(668,840)	124,567,673
Operating expenses				
Employee compensation and related expenses	70,362,510	2,727,480	-	73,089,990
Supplies and other expenses	40,009,090	2,215,352	(668,840)	41,555,602
Depreciation	6,320,420	58,870	-	6,379,290
Interest	2,555,303	-	-	2,555,303
Provision for doubtful accounts, net of recoveries	1,246,161	152,034	-	1,398,195
Total operating expenses	120,493,484	5,153,736	(668,840)	124,978,380
Gain (loss) from operations	1,374,485	(1,785,192)	-	(410,707)
No operating gains (losses)				
Investment income	886,194	-	-	886,194
Change in fair value of interest rate swaps	(3,525,694)	-	-	(3,525,694)
Research grant revenues	1,920,282	-	-	1,920,282
Research grant expenses	(1,600,391)	-	-	(1,600,391)
	(2,319,609)	-	-	(2,319,609)
Deficiency of revenues over expenses	(945,124)	(1,785,192)	-	(2,730,316)
Change in investment in affiliate	96,636	-	(96,636)	-
Change in interest in net assets of affiliate	273,587	-	-	273,587
Transfers between affiliates, net	(2,320,462)	1,881,828	-	(438,634)
Pension and other post-retirement related changes other than net periodic benefit cost	(5,314,605)	-	-	(5,314,605)
(Decrease) increase in unrestricted net assets	$ (8,209,968)	$ 96,636	$ (96,636)	$ (8,209,968)