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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

C Name of organization
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 province, country, and ZIP or foreign postal code
DERBY, CT 06418

D Employer identification number
06-0647014

E Telephone number
(203)732-7528

G Gross receipts $ 141,539,678

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ 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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,461
6	Total number of volunteers (estimate if necessary)	**6**	450
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,664,269
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-596,810

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,231,692	1,883,920
9	Program service revenue (Part VIII, line 2g)	128,990,660	138,777,765
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	320,617	323,608
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	452,490	554,385
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,995,459	141,539,678
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)	72,402,078	72,464,593
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–24e)	57,266,011	59,780,750
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	129,668,089	132,245,343
19	Revenue less expenses Subtract line 18 from line 12	2,327,370	9,294,335

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	119,856,922	119,095,066
21	Total liabilities (Part X, line 26)	133,564,097	135,761,625
22	Net assets or fund balances Subtract line 21 from line 20	-13,707,175	-16,666,559

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

****** | 2015-08-11
Signature of officer | Date

MARK O'NEILL VP FINANCE/ CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BETH THURZ				P00346435

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 175 POWDER FOREST DRIVE
SIMSBURY, CT 06089 — 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 or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 114,783,740 including grants of $) (Revenue $ 122,796,073)

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 $ 3,630,422 including grants of $) (Revenue $ 8,957,280)

PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY

4c (Code) (Expenses $ 2,079,957 including grants of $) (Revenue $ 2,193,968)

PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS

(Code) (Expenses $ 649,588 including grants of $) (Revenue $ 1,329,708)

PROVIDE HOSPICE SERVICES TO THE COMMUNITY

4d Other program services (Describe in Schedule O)

(Expenses $ 649,588 including grants of $) (Revenue $ 1,329,708)

4e **Total program service expenses** ▶ 121,143,707

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	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 and XII*	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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	203		
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	1,461		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
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	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶ 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 or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HENDRICKS DAVID MD/BOARD MEMBER	1 00	X						0	0	0
(2) CHARMEL PATRICK PRESIDENT/CEO/SEC/TREASURER	40 00 5 00	X		X				457,568	0	61,107
(3) BORIS GREGORY MD/BOARD MEMBER	1 00	X						0	0	0
(4) DOBULER KENNETH MD/BOARD MEMBER	14 00	X						234,903	0	47,152
(5) SCHWARTZ KENNETH MD/BOARD MEMBER	16 00	X						173,967	0	64,324
(6) ANDREANA JOSEPH TRUSTEE	1 00	X						0	0	0
(7) BALDYGA KENNETH TRUSTEE	1 00	X						0	0	0
(8) BETKOSKI JOHN W III TRUSTEE	1 00	X						0	0	0
(9) DINARDO NANCY TRUSTEE	1 00	X						0	0	0
(10) JONES JEAN CRUM TRUSTEE	1 00	X						0	0	0
(11) KLARIDES THEMIS TRUSTEE	1 00	X						0	0	0
(12) LOGAN GEORGE S TRUSTEE	1 00	X						0	0	0
(13) OSAK FRANK M TRUSTEE	1 00	X						0	0	0
(14) REISS ROBERT G TRUSTEE	1 00	X						0	0	0
(15) WEINER GERALD T CHAIRMAN	1 00	X		X				0	0	0
(16) ZAPRZALKA JOHN J TRUSTEE	1 00	X						0	0	0
(17) BINGAMAN LARRY TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PEARSON WM NEIL MD/TRUSTEE	1 00	X						0	0	0
(19) POWANDA WILLIAM VICE PRESIDENT	40 00			X				129,095	0	42,672
(20) STUMPO BARBARA J V P	40 00			X				171,849	0	43,838
(21) BERNS EDWARD VICE PRESIDENT	40 00			X				136,945	0	30,335
(22) MARTIN KATHLEEN VICE PRESIDENT	40 00			X				140,345	0	30,958
(23) DEEGAN MARGARET VICE PRESIDENT	40 00			X				184,438	0	34,538
(24) SHEPARD SETH VICE PRESIDENT	40 00			X				164,097	0	23,008
(25) O'NEILL MARK V P /CFO	40 00			X				245,070	0	10,480
(26) D'SOUSA SEEMA MD	30 00					X		287,181	0	18,980
(27) HALSTEAD EDWARD MD	40 00					X		225,150	0	36,627
(28) NAWAZ HAQ MD	40 00					X		329,925	0	34,172
(29) SALABARRIA JAVIER MD	40 00					X		292,547	0	17,172
(30) PAXTON HEATHER MD	40 00					X		175,063	0	23,387
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,348,143	0	518,750

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 67

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HURON CONSULTING SERVICE 4795 PAYSPHERE CIRCLE CHICAGO IL 60674	CONSULTING SERVICE	3,104,216
CONNECTICUT EMERGENCY MEDICINE SPECIALIS PO BOX 271618 WEST HARTFORD CT 06127	E R PHYSICIAN SERVICES	1,673,090
UNIDINE CORPORATION 75 REMITTANCE DRIVE CHICAGO IL 60675	FOOD SERVICE	1,529,480
GRIFFIN PATHOLOGY 1140 FAIRFIELD AVENUE BRIDGEPORT CT 06605	PHYSICIAN SERVICES	458,963
QUEST DIAGNOSTICS 2025 COLLECTION CENTER CHICAGO IL 60693	MEDICAL SERVICES	353,946

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 22

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	1,661,116			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	222,804			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,883,920			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	622110	135,897,993	132,397,257	3,500,736	
	b	OTHER PROGRAM SERVICES	621500	2,879,772	2,879,772		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		138,777,765			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		269,076			269,076
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	390,852				
	b	Less rental expenses	0				
	c	Rental income or (loss)	390,852				
	d	Net rental income or (loss) . . . . . ▶			390,852		390,852
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	54,532				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	54,532				
	d	Net gain or (loss) . . . . . ▶			54,532		54,532
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	PARTNERSHIP INCOME	900099	163,533		163,533	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		163,533			
	12	**Total revenue.** See Instructions . . . . . ▶		141,539,678	135,277,029	3,664,269	714,460

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,916,339	1,638,470	277,869	
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	53,786,635	50,320,751	3,465,884	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,972,123	2,772,362	199,761	
9 Other employee benefits	9,554,311	8,902,794	651,517	
10 Payroll taxes	4,235,185	3,950,532	284,653	
11 Fees for services (non-employees)				
a Management	3,506,241	2,360,214	1,146,027	
b Legal	169,634		169,634	
c Accounting	269,004		269,004	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,725,776	9,783,028	942,748	
12 Advertising and promotion	432,860	432,860		
13 Office expenses	353,575	313,387	40,188	
14 Information technology	383,317	159,324	223,993	
15 Royalties . .				
16 Occupancy	348,388	288,697	59,691	
17 Travel	235,950	205,496	30,454	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	386,004	105,180	280,824	
20 Interest	3,531,137	2,401,173	1,129,964	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,750,660	4,767,227	983,433	
23 Insurance	2,235,254	1,609,383	625,871	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL & DRUG SUPPLIES	19,889,030	19,889,030		
b RESEARCH GRANT EXPENSES	1,969,557	1,649,436	320,121	
c DIETARY	1,237,808	1,237,808		
d				
e All other expenses	8,356,555	8,356,555		
25 **Total functional expenses.** Add lines 1 through 24e	132,245,343	121,143,707	11,101,636	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,178,405	1	7,492,599
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,419,423	4	12,651,193
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		804,168	8	940,022
	9	Prepaid expenses and deferred charges		2,669,266	9	2,653,216
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 152,106,216			
	b	Less accumulated depreciation	10b 98,968,474	55,610,873	10c	53,137,742
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		10,227,164	12	9,337,106
	13	Investments—program-related See Part IV, line 11		16,149,279	13	18,270,288
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,798,344	15	14,612,900
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		119,856,922	16	119,095,066
Liabilities	17	Accounts payable and accrued expenses		25,957,546	17	24,399,592
	18	Grants payable			18	
	19	Deferred revenue		194,930	19	39,289
	20	Tax-exempt bond liabilities		48,355,712	20	46,974,634
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		59,055,909	25	64,348,110
	26	**Total liabilities.** Add lines 17 through 25		133,564,097	26	135,761,625
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-22,179,759	27	-26,106,535
	28	Temporarily restricted net assets		2,641,381	28	3,519,544
	29	Permanently restricted net assets		5,831,203	29	5,920,432
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-13,707,175	33	-16,666,559
	34	Total liabilities and net assets/fund balances		119,856,922	34	119,095,066

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,539,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,245,343
3	Revenue less expenses Subtract line 2 from line 1	3	9,294,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-13,707,175
5	Net unrealized gains (losses) on investments	5	263,170
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,516,889
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,666,559

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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 - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
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 function activities ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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?	Yes		23,941
j	Total Add lines 1c through 1i			23,941
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE GRIFFIN HOSPITAL PAID FOR MEMBERSHIP DUES TO THE CONNECTICUT HOSPITAL ASSOCIATION FOR THE FISCAL YEAR ENDED 9/30/2014 $23,941 OF THE MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,409,062	3,249,540	2,932,333	2,953,261	2,773,278
b	Contributions					
c	Net investment earnings, gains, and losses	242,728	183,001	322,207	-1,478	124,305
d	Grants or scholarships					
e	Other expenditures for facilities and programs	25,358	23,479	5,000	19,450	1,337
f	Administrative expenses					
g	End of year balance	3,626,432	3,409,062	3,249,540	2,932,333	2,896,246

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 59 600 %
- c Temporarily restricted endowment ▶ 40 400 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,015,091		4,015,091
b Buildings		73,363,740	38,051,000	35,312,740
c Leasehold improvements				
d Equipment		74,378,178	60,672,419	13,705,759
e Other		349,207	245,055	104,152
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				53,137,742

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	4,284,319	F
(B) MARKETABLE EQUITY SECURITIES	5,052,787	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	9,337,106	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LIMITED USE ASSETS - CURRENT	718,521	F
(2) BOARD DESIGNATED INVESTMENTS	30,866	F
(3) BENEFICIAL INTEREST IN TRUSTS	3,760,171	F
(4) UNDER INDENTURE AGREEMENT	4,289,408	F
(5) INVESTMENTS IN NET ASSETS OF AFFILIATES	9,471,322	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	18,270,288	

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,443,122
(2) DUE FROM AFFILIATES	6,230,012
(3) OTHER ASSETS & INSURANCE RECOVERABLE	6,137,382
(4) THIRD PARTY	765,159
(5) DEFERRED REVENUE	37,225
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,612,900

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	64,348,110

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

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

1	Total revenue, gains, and other support per audited financial statements			1	141,802,848
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	263,170		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	263,170
3	Subtract line **2e** from line **1**			3	141,539,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	141,539,678

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

1	Total expenses and losses per audited financial statements			1	132,245,343
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	132,245,343
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	132,245,343

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE HOSPITAL'S ENDOWMENT FUNDS CONSIST OF DONOR RESTRICTED FUNDS TO BE INVESTED IN PERPETUITY TO PROVIDE A PERMANENT SOURCE OF INCOME

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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)** Book Value
ACCRUED POST RETIREMENT - CURRENT	447,000
ACCRUED POST RETIREMENT - NONCURRENT	8,517,526
PROFESSIONAL AND GENERAL LIABILITY	842,593
MINIMUM PENSION LIABILITY	35,030,915
WORKERS COMPENSATION - LONG TERM	2,178,810
ACCRUED INTEREST PAYABLE	295,828
OTHER LIABILITIES	2,229,003
RETIREMENT OBLIGATION	109,412
CAPITAL LEASE - NET OF CURRENT	1,720,364
SWAP OBLIGATION	6,436,499
CLAIM RESERVE	842,593
DUE TO THIRD PARTY	5,697,567

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		278	1,077,837	0	1,077,837	0 820 %
b Medicaid (from Worksheet 3, column a)		13,928	14,980,475	11,687,429	3,293,046	2 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		85	77,853	72,569	5,284	0 %
d **Total** Financial Assistance and Means-Tested Government Programs		14,291	16,136,165	11,759,998	4,376,167	3 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	44,311	881,535	54,896	826,639	0 630 %
f Health professions education (from Worksheet 5)	2	212	7,300,952	5,938,278	1,362,674	1 030 %
g Subsidized health services (from Worksheet 6)	3	39,626	7,723,089	6,645,147	1,077,942	0 820 %
h Research (from Worksheet 7)	0	0	1,137,037	1,130,680	6,357	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,623	32,184	18,917	13,267	0 010 %
j **Total.** Other Benefits	23	85,772	17,074,797	13,787,918	3,286,879	2 490 %
k **Total.** Add lines 7d and 7j	23	100,063	33,210,962	25,547,916	7,663,046	5 800 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	175	1,010		1,010	0 %
9 Other						
10 **Total**	1	175	1,010		1,010	

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 Explain in Part VI the methodology used by the organization to estimate this amount	2	300,338		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	45,782,394		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	49,493,109		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,710,715		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group GRIFFIN HOSPITAL

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

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW GRIFFINHEALTH ORG			
b	☑ Other website (list url) HTTP //WWW CT GOV/DPH/CWP/VIEW			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

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

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

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	GRIFFIN HOSPITAL CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE CARE OR DISCOUNTED CARE INCLUDE ELIGIBILITY REQUIREMENTS ALL GUARANTORS WITH FAMILY INCOME EQUAL TO OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR CHARITY SPONSORSHIP FOR THE FULL AMOUNT OF HOSPITAL CHARGES RELATED TO APPROPRIATE HOSPITAL-BASED MEDICAL SERVICES THAT ARE NOT COVERED BY PRIVATE OR PUBLIC THIRD-PARTY SPONSORSHIP ALL GUARANTORS WITH FAMILY INCOME BETWEEN TWO HUNDRED AND FIFTY PERCENT (250%) AND FOUR HUNDRED PERCENT (400%) OF THE FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR DISCOUNTS FROM CHARGES RELATED TO APPROPRIATE HOSPITAL BASED MEDICAL SERVICES IN ACCORDANCE WITH THE SLIDING FEE SCHEDULE AND POLICIES REGARDING INDIVIDUAL FINANCIAL CIRCUMSTANCES BASED ON THE BELOW CRITERIA A ELIGIBILITY SHALL BE BASED ON FINANCIAL NEED AT THE TIME OF APPLICATION BY COMPARING TOTAL FAMILY INCOME WITH THE CURRENT FEDERAL POVERTY GUIDELINES IF A FAMILY'S TOTAL INCOME IS GREATER THAN 100% OF THE FEDERAL POVERTY GUIDELINE FAMILY ASSETS, OTHER THAN EXEMPT ASSETS LISTED BELOW, MAY BE CONSIDERED AS A SOURCE OF PAYMENT B EXEMPT ASSETS (BASED ON MEDICARE EXEMPTED ASSETS) LISTED BELOW SHOULD NOT BE ADDED TO FAMILY WORTH FOR CHARITY REVIEW I FAMILY PRINCIPAL RESIDENCE, II NECESSARY MOTOR VEHICLES REQUIRED FOR EMPLOYMENT, REQUIRED FOR ACCESS TO TREATMENT, OR MODIFIED FOR OPERATION FOR TRANSPORT OF A DISABLED PERSON, III PERSONAL EFFECTS AND HOUSEHOLD GOODS, IV RESOURCES NECESSARY FOR SELF-SUPPORT ALL RESOURCES OF BOTH SPOUSES ARE CONSIDERED TOGETHER C CHARITY WILL BE ASSIGNED USING THE MOST RECENTLY PUBLISHED FEDERAL POVERTY STANDARDS AND EVALUATED ON THE ADJUSTED FAMILY INCOME AS EXPLAINED ABOVE FOR THOSE ABOVE 250% OF SUCH STANDARDS D DOCUMENTATION WILL BE REQUESTED AND IN MOST CASES WILL BE REQUIRED TO ESTABLISH ELIGIBILITY FOR CHARITY CARE IN THE EVENT THAT THE GUARANTOR IS NOT ABLE TO PROVIDE THE DOCUMENTATION DESCRIBED ABOVE, THE HOSPITAL SHALL RELY UPON WRITTEN AND SIGNED STATEMENTS FROM THE GUARANTOR TO MAKE A FINAL DETERMINATION OF ELIGIBILITY FOR CLASSIFICATION AS AN INDIGENT PERSON

Form and Line Reference	Explanation
PART I, LINE 6A	GRIFFIN HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT FOR THE YEAR ENDING 2014 IT WAS PART OF OUR ANNUAL REPORT

Form and Line Reference	Explanation
PART I, LINE 6B	GRIFFIN HOSPITAL POSTS ITS COMMUNITY BENEFIT REPORT AND INFORMATION ON THE HOSPITAL WEBSITE GRIFFINHEALTH ORG

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE AND OTHER COMMUNITY BENEFITS TABLES WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR COST TO CHARGE RATIO THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND ASSIGNS COST TO INDIVIDUAL SERVICES

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	EXPOSING STUDENTS AND ADULTS TO THE POSSIBILITIES OF A HEALTH CAREER PROFESSION IS A COMMUNITY BUILDING ACTIVITY THAT PROMOTES THE HEALTH OF THE COMMUNITY IT SERVES EDUCATING AND POTENTIALLY EMPLOYING INDIVIDUALS WOULD LEAD TO FAMILY SUPPORT AND ECONOMIC STABILITY GRIFFIN HOSPITAL SPONSORED PROGRAMS TO INTRODUCE STUDENTS TO HEALTHCARE CAREERS THESE PROGRAMS WERE HELD AT VARIOUS CAREER FAIRS AND INFORMATIONAL SESSIONS FOLLOWING IS A PARTIAL LIST OF THE SCHOOLS INVOLVED CAREER FAIR DERBY HIGH SCHOOL, INFORMATION SESSION, EMMITT O'BRIEN TECH, INFORMATION SESSION NAUGATUCK, VALLEY PROJECT, CAREER FAIR ANSONIA HIGH SCHOOL, INFORMATION SESSION SHELTON HIGH SCHOOL, CAREER FAIR JONATHAN LAW HIGH SCHOOL, NAUGATUCK VALLEY PROJECT COMMUNITY OUTREACH, VALLEY REGIONAL ADULT ED INFORMATIONAL SESSION, NAUGATUCK VALLEY PROJECT COMMUNITY OUTREACH, NAUGATUCK HIGH SCHOOL CAREER FAIR, JONATHAN LAW HIGH CAREER FAIR, EMMITT O'BRIEN SHADOW PROGRAM, CAREER FAIR EMMITT O'BRIEN TECH, HOSPITAL TOUR EMMITT O'BRIEN TECH, HEALTH FAIR VPN

Form and Line Reference	Explanation
PART III, LINE 2	GRIFFIN HOSPITAL BAD DEBT EXPENSE IS DETERMINED USING UNCOLLECTED ACCOUNTS NET OF ANY BAD DEBT RECOVERY MULTIPLIED BY THE COST TO CHARGE RATIO GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THAT THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY CHARITY APPROVAL WILL AFFECT ALL ACCOUNTS FOR WHICH THE APPROVED GUARANTOR IS RESPONSIBLE THE APPROVED CHARITY PERCENTAGE WILL BE APPLIED TO ALL EXISTING ACCOUNTS WITH DEBIT BALANCES ACCOUNTS MAY ALSO BE RETURNED FROM BAD DEBT STATUS IF FINANCIAL CIRCUMSTANCES WARRANT AND CHARITY MAY BE APPLIED THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN IT'S 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

Form and Line Reference	Explanation
PART III, LINE 3	GRIFFIN HOSPITAL DOES NOT ATTRIBUTE ANY BAD DEBT TO COMMUNITY BENEFIT EXPENSE UNCOLLECTED BALANCES ARE REVIEWED AT MANY STAGES TO DETERMINE IF THEY FALL UNDER UNINSURED OR FREE CARE ASSISTANCE

Form and Line Reference	Explanation
PART III, LINE 4	GRIFFIN HOSPITAL AND SUBSIDIARY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS SEPTEMBER 30, 2014, PAGE 11 NEW ACCOUNTING PRONOUNCEMENT THE CORPORATION ADOPTED ACCOUNTING STANDARD UPDATE ("ASU") NO 2011-7, WHICH REQUIRES HEALTH CARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) ADDITIONALLY THOSE HEALTH CARE ENTITIES ARE REQUIRED TO PROVIDE ENHANCED DISCLOSURES ABOUT THEIR POLICIES FOR RECOGNIZING REVENUE, ASSESSING BAD DEBTS, AND DISCLOSURES OF PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)

Form and Line Reference	Explanation
PART III, LINE 8	GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE $3 710 MILLION SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY THIS YEAR MEDICARE ACCOUNTED FOR 2 8 % OF HOSPITAL EXPENSES THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES

Form and Line Reference	Explanation
PART III, LINE 9B	GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THE PATIENT AMOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY GRIFFIN WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES AT TIME OF BILLING GRIFFIN WILL PROVIDE TO ALL LOW INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM, GRIFFIN WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO A COLLECTION AGENCY IF A PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE AMOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES AN OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES DIRECTOR THE UNCOLLECTED DEBT WILL BE TRANSFERRED TO UNINSURED OR FREE CARE ASSISTANCE BY THE SUPERVISOR AFTER REVIEW THE MEDICARE COSTS WERE OBTAINED FROM THE HOSPITAL'S INTERNAL COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART VI, LINE 2	GRIFFIN HAS A HISTORY OF COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY DATING BACK TO ITS FOUNDING 100 YEARS AGO, AND OF PROVIDING EDUCATIONAL, PREVENTION AND SCREENING PROGRAMS AND SERVICES IN 1970, FUNDED BY A GRANT FROM THE KELLOGG FOUNDATION, GRIFFIN ESTABLISHED ONE OF THE FIRST HOSPITAL DEPARTMENTS OF COMMUNITY HEALTH IN THE COUNTRY TO FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY IT SERVES OVER THE PAST FIFTEEN YEARS, GRIFFIN'S REACH HAS BEEN EXPANDING INTO THE COMMUNITY IN ADDITION TO PROVIDING HEALTH INFORMATION AND SERVICES TO THE PUBLIC AT THE HOSPITAL AND OTHER SATELLITE LOCATIONS, GRIFFIN TAKES THESE ACTIVITIES INTO THE COMMUNITIES WHERE PATIENTS LIVE AND WORK BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIONS, EDUCATIONAL PROGRAMS, AND OTHER COMMUNITY-BASED RESOUCES AND ACTIVITIES, AND COLLABORATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HAS EXTENDED ITS MISSION FAR BEYOND THE HOSPITAL'S WALLS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF PEOPLE OF ALL AGES COMMUNITY LEADERSHIP RECOGNIZED THE NEED TO RESPOND TO THE CHANGING COMMUNITY DEMOGRAPHICS AND THE DIFFERENT SOCIOECONOMIC AND HEALTH NEEDS AND EXPECTATIONS OF THE MORE DIVERSE POPULATION THREE MAJOR NEW STRUCTURES WERE CREATED IN 1993, THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATION (VCHHSO) WAS FOUNDED MORE THAN 55 ORGANIZATIONS THAT PROVIDE MOST OF THE HEALTH AND HUMAN SERVICES ARE MEMBERS VCHHSO'S VISION IS A PROVIDER NETWORK THAT WORKS COLLABORATIVELY TO CREATE AN INTEGRATED HUMAN SERVICES DELIVERY SYSTEM THAT MEETS THE NEEDS OF ALL RESIDENTS "HEALTHY VALLEY 2000", THE STATE'S FIRST HEALTHY COMMUNITY EFFORT, WAS LAUNCHED IN 1994 WITH FOUNDATION GRANT SUPPORT, THE NATIONAL CIVIC LEAGUE WAS ENGAGED TO GUIDE STAKEHOLDERS THROUGH THE PROCESS THE VISION OF THE BROAD-BASED, VOLUNTEER INSPIRED AND MANAGED EFFORT WAS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY AND ITS RESIDENTS BY MAKING THE COMMUNITY A BETTER PLACE IN WHICH TO LIVE, WORK, SHOP, RAISE A FAMILY AND ENJOY LIFE BASED ON RESEARCH, INCLUDING USE OF THE NATIONAL CIVIC LEAGUE INDEX, A S W O T ANALYSIS, AND BRAINSTORMING, 175 STAKEHOLDERS IDENTIFIED ARTS & RECREATION, COMMUNITY INVOLVEMENT, ECONOMIC DEVELOPENT, EDUCATION AND HEALTH AS PRIORITIES A TASK FORCE DEVELOPED A WORK PLAN FOR EACH OF THE PRIORITIES AND AN HONOR ROLE WAS DEVELOPED TO RECOGNIZE INITIATIVES UNDERTAKEN INDEPENDENTLY BY INDIVIDUALS OR ORGANIZATIONS RELATED TO THE IDENTIFIED PRIORITIES THE PATIENT PROTECTION AND AFFORDABLE CARE ACT REQUIRES NON-PROFIT HOSPITALS TO PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS AND TO ADOPT AN IMPLEMENTATION STRATEGY TO MEET OUTSTANDING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT AS A CONDITION OF MAINTAINING THE INSTITUTION'S FEDERAL TAX EXEMPTION GRIFFIN HOSPITAL'S FIRST CHNA WAS REQUIRED TO BE SUBMITTED NOT LATER THAN SEPTEMBER 30, 2013 IN PREPARING THE GRIFFIN HOSPITAL CHNA, THE HOSPITAL COLLABORATED WITH THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, THE LOWER NAUGATUCK VALLEY HEALTH DISTRICT, THE CONNECTICUT HOSPITAL ASSOCIATION AND THE CONNECTICUT ASSOCIATION OF DIRECTORS OF HEALTH AND NUMEROUS LOCAL COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATIONS THAT PARTICIPATED IN FOCUS GROUPS AND REVIEW OF THE CHNA DOCUMENT GRIFFIN'S CHNA WAS SHARED WITH THE LOWER NAUGATUCK VALLEY HEALTH DISTRICT FOR USE IN PREPARING ITS COMMUNITY HEALTH IMPROVEMENT PLAN

Form and Line Reference	Explanation
PART VI, LINE 3	A FINANCIAL ASSISTANCE BROCHURE IS POSTED THROUGHOUT THE HOSPITAL (CHILDBIRTH AREA, ER AREA, AND CUSTOMER SERVICE AREA) IN ENGLISH AND SPANISH EXPLAINING THE FINANCIAL ASSISTANCE POLICY AND HOW TO CONTACT THE FINANCIAL COUNSELORS THE FOLLOWING POLICY REPRESENTS GRIFFIN HOSPITAL'S PROCEDURES FOR THE UNINSURED PATIENT, FREE CARE ASSISTANCE, AND FREE BED FUNDS AVAILABLE FOR PATIENTS WHO DO NOT HAVE MEDICAL INSURANCE 1 UNINSURED PATIENT PROCEDUREA PATIENTS THAT ARE EITHER SCHEDULED OR REGISTERED WITH NO ACTIVE INSURANCE WILL IMPORT ONTO THE THREE FINANCIAL ADVISORS ONTRAC WORK LIST B PATIENTS THAT ARE REGISTERED WILL RECEIVE A STATE APPLICATION PACKET FROM THE PATIENT ACCESS STAFF THIS CONSISTS OF THE FINANCIAL ADVISOR'S BUSINESS CARD, STATE APPLICATION, AND LIST OF DOCUMENTS NEEDED TO COMPLETE THE STATE APPLICATION A LISTING OF THE DSS OFFICES IS INCLUDED IN THE PACKET C ALL PATIENTS IDENTIFIED WILL RECEIVE A CALL OR A DIRECT VISIT, IF ADMITTED TO THE HOSPITAL, BY A FINANCIAL ADVISOR D THE FINANCIAL ADVISOR WILL SCREEN THE PATIENT FOR ANY CURRENT SPONSORSHIP AND DISCUSS ALL ELIGIBILITY OPTIONS WITH THE PATIENT E IF THE PATIENT MEETS CRITERIA, THE FINANCIAL ADVISORS WILL BEGIN THE HUSKY APPLICATION PROCESS WITH THE PATIENT F A DUE DILIGENCE PROCESS WILL BE FOLLOWED BY THE FINANCIAL ADVISORS TO ENSURE THAT THE PATIENTS ARE PURSUING ACTIVE COVERAGE THE FINANCIAL ADVISORS WILL MONITOR THE DSS WEBSITE TO TRACK THE PROGRESS OF THE APPLICATION WITH THE STATE G ONCE ELIGIBILITY HAS BEEN DETERMINED, ALL APPROPRIATE ACCOUNTS WILL BE UPDATED TO THE HUSKY INSURANCE AND BILLED ACCORDINGLY H ALL UNINSURED PATIENTS NOT GRANTED STATE/HUSKY COVERAGE WILL HAVE THE CHA UNINSURED RATE APPLIED TO THEIR ACCOUNT THE UNINSURED RATE WAS DETERMINED BY THE HOSPITAL TO REPRESENT THE CONNECTICUT NOT-FOR-PROFIT HOSPITAL DISCOUNT POLICY AS ADOPTED BY THE CONNECTICUT HOSPITAL ASSOCIATION 4/10/2006 2 FREE CARE ASSISTANCEA ANY PATIENT REQUESTING CONSIDERATION FOR FREE CARE ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILLS OR FINANCIAL RESPONSIBILITY AFTER INSURANCE PAYMENT SHOULD CONTACT THE HOSPITAL'S FINANCIAL ADVISORY STAFF B THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION THE INFORMATION REQUIRED FROM THE PATIENT TO COMPLETE THE FREE CARE APPLICATION IS AS FOLLOWS - PATIENT W-2 FORM OR MOST CURRENT AND COMPLETED TAX RETURN - OR THREE CONSECUTIVE PAYSTUBS FROM THE PATIENT'S CURRENT EMPLOYMENT/PROOF OF SOCIAL SECURITY - DEPENDENT INFORMATION (SPOUSE AND MINOR CHILDREN ONLY) - ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS C THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE THIS IS BASED ON THE FEDERAL GOVERNMENT POVERTY INCOME GUIDELINES THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF THE PATIENT'S FREE CARE ELIGIBILITY STATUS D IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE THEN A LETTER WILL BE SENT OUT REFLECTING THE PATIENT'S NEW ADJUSTED BALANCE E IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO - OBTAIN PAYMENT IN FULL - SEND TO AN OUTSIDE AGENCY TO SET UP A MONTHLY PAYMENT ARRANGEMENT F 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 BALANCES G IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT'S FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES, AN ADMINISTRATIVE OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES COLLECTION SUPERVISOR OR DIRECTOR OF BUSINESS SERVICES ALL ADMINISTRATIVE OVERRIDES WILL BE SIGNED OFF BY EACH OF THOSE PARTIES H THE BUSINESS SERVICES COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL APPLIED FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS 3 FREE BED FUNDSTHE HOSPITAL HAS THE FOLLOWING FREE BED FUNDS AVAILABLE FOR PATIENTS WHO MEET THE FOLLOWING OUTLINED CRITERIA FOR EACH FUND A THE ENO FUND THE APPLICANT MUST BE A WOMAN, 60 YEARS OF AGE OR OLDER, AND BE A RESIDENT OF ANSONIA, DERBY OR SEYMOUR B PINE TRUST THE FUND IS AVAILABLE TO INDIGENT PATIENTS OF GRIFFIN HOSPITAL WHO RESIDE IN THE CITY OF ANSONIA C DN CLARK THE FUND IS AVAILABLE TO SHELTON RESIDENTS ALL FREE BED FUNDS GRANTED ARE PROCESSED THROUGH THE HOSPITAL'S FINANCIAL ADVISOR STAFF

Form and Line Reference	Explanation
PART VI, LINE 4	GRIFFIN HOSPITAL, LICENSED BY THE STATE OF CONNECTICUT FOR 160 BEDS AND 15 BASSINETS, IS A GENERAL ACUTE CARE HOSPITAL SERVING A PRIMARY SERVICE AREA (PSA) OF SIX TOWNS ANSONIA, BEACON FALLS, DERBY, OXFORD, SYMOUR AND SHELTON, CONNECTICUT THE SIX TOWN REGION HAS COME TO BE KNOWN AS THE LOWER NAUGATUCK VALLEY THE SIX TOWNS, WITH AN AREA OF A LITTLE MORE THAN 100 SQUARE MILES, HAVE A COMBINED POPULATION OF OVER 107,000 BASED ON CURRENT ESTIMATES THE VALLEY, GEOGRAPHICALLY LOCATED IN SOUTH CENTRAL CONNECTICUT, IS SURROUNDED BY THREE OF THE STATE'S LARGEST CITIES, NEW HAVEN, TO THE SOUTH, BRIDGEPORT, TO THE SOUTHWEST, AND WATERBURY, TO THE NORTH, EACH BETWEEN 9 AND 15 MILES FROM GRIFFIN HOSPITAL THERE ARE TWO TERTIARY CARE HOSPITALS IN BRIDGEPORT AND WATERBURY, AND WITH THE MERGER OF THE HOSPITAL OF ST RAPHAEL WITH YALE NEW HAVEN HOSPITAL, ONE VERY LARGE HOSPITAL IN NEW HAVEN YALE NEW HAVEN HOSPITAL IS NOW ONE OF THE TEN LARGEST HOSPITALS IN THE COUNTRY EACH HAS VARYING DEGREES OF MARKET SHARE IN GRIFFIN'S PRIMARY SERVICE AREA TOWNS DEPENDING ON THE PROXIMITY TO THE THREE CITIES AND THE HOSPITALS LOCATED THERE GRIFFIN'S LARGER GEOGRAPHIC REGION IS ONE OF THE MOST COMPETITIVE HOSPITAL MARKETS IN THE COUNTRY FOR BOTH PATIENTS AND STAFF THE DEMOGRAPHICS IN TERMS OF POPULATION BY AGE GROUP MIRROR THOSE OF THE STATE OF CONNECTICUT THE VALLEY'S AFRICAN AMERICAN POPULATION IS 4% COMPARED TO 10 1% FOR THE STATE, AND THE HISPANIC POPULATION IS 6% COMPARED TO 13 4% FOR THE STATE THE AFRICAN AMERICAN POPULATION IS CENTERED PRIMARILY IN ANSONIA (11 6%), AND THE HISPANIC POPULUATION IS CENTERED PRIMARILY IN ANSONIA (16 7%) AND DERBY (14 2%) POPULATION BY ETHNIC BACKGROUND REMAINS PRIMARILY ITALIAN - 23%, POLISH/RUSSIAN/UKRAINIAN - 17%, AND IRISH - 11% THE AGE 65 AND OVER POPULATION IS 14% COMPARED TO THE STATE OF CONNECTICUT ALSO AT 14% IN 2010 MEDIAN HOUSEHOLD INCOME (2007-2011) IN ALL VALLEY TOWNS HAS BEEN INCREASING, BUT ANSONIA ($55,259) AND DERBY ($55,478) REMAIN ALMOST $15,000 BELOW THE STATE MEDIAN THE REMAINING TOWNS, SEYMOUR ($65,036), BEACON FALLS ($70,228), SHELTON ($79,176), AND OXFORD ($95,710), WERE CLOSE TO OR CONSIDERABLY ABOVE THE CONNECTICUT MEDIAN ($68,055), AN INDICATION OF THE ECONOMIC DISPARITIES WITHIN THE VALLEY THE NUMBER OF FOOD STAMP RECIPIENTS IN ANSONIA (2,998 - 16%) AND DERBY (1,612 - 12%) WERE HIGHER THAN THE CONNECTICUT RATE (10%) ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE THE OVERALL POVERTY RATE WAS THE HIGHEST IN THE VALLEY (YEAR 2009) IN DERBY (11 5%) AND ANSONIA (10 7%) ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE (11 9%) WITH OXFORD THE LOWEST (2 1%) ANSONIA AND DERBY EXPERIENCED INSIGNIFICANT POPULATION DECLINES BETWEEN THE 2000 AND 2010 CENSUS IN ALL OTHER TOWNS THE POPULATION GREW BETWEEN 4% AND 31% IN OXFORD WHICH WAS THE FASTEST GROWING TOWN IN THE STATE PERCENTAGE WISE THE TOTAL VALLEY POPULATION IS PROJECTED TO BE 109,510 IN 2017 UP FROM THE CURRENT 107,000 UNDER 18 YEARS OLD 23,701 (22%)ABOVE 65 YEARS OLD 16,353 (15%)HISPANIC OR LATINO 9,227 (9%)NON-HISPANIC WHITE 88,855 (83%)NON-HISPANIC BLACK 4,412 (4%)NON-HISPANIC ASIAN 2,834 (3%)NON-HISPANIC OTHER 1,638 (2%)BACHELOR'S DEGREE OR HIGHER 20,565 (28%)NUMBER OF PEOPLE IN POVERTY 5,831 (6%)

Form and Line Reference	Explanation
PART VI, LINE 5	GRIFFIN HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH MANY PROGRAMS AND ASSOCIATIONS INCLUDING - DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING GRIFFIN COORDINATES THE PROGRAM OUT OF ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING THE DEPARTMENT HAS FIVE EMPLOYEES WHO SUPPORT THE 75 VOLUNTEER PARISH NURSES AND 320 VOLUNTEERS WHO SERVE ON THE HEALTHCARE CABINETS OF THE CHURCHES THE VALLEY PARISH NURSING PROGRAM (VPN) AT GRIFFIN HOSPITAL WILL CELEBRATE ITS 25TH YEAR WITH A CELEBRATION AT GRIFFIN HOSPITAL IN HONOR OF THIS IMPRESSIVE MILESTONE, WE OFFER SOME OF THE PROGRAM'S GREATEST ACHIEVEMENTS IN IMPROVING THE HEALTH OF VALLEY COMMUNITIES IN KEEPING WITH THE VALLEY PARISH NURSE PHILOSOPHY TO EMPOWER EACH AND EVERY PERSON TO CARE FOR HIS OR HER WHOLE BODY, MIND AND SPIRIT, THE VALLEY PARISH NURSES HAVE EMBARKED ON MANY NEW INITIATIVES IN ITS HISTORY THE MOST NOTABLE ARE THE WOMEN & HEART DISEASE PROGRAM, CHILDHOOD IDENTIFICATION PROGRAM (CHIP), PUBLIC ACCESS DEFIBRILLATOR (PAD) PROGRAM, CHILDREN'S HEALTH & SAFETY FAIRS, FALLS PREVENTION PROGRAMS, AND BREAST WELLNESS OUTREACH PERHAPS THE MOST INFLUENTIAL PROGRAM STARTED BY THE VALLEY PARISH NURSE PROGRAM IS ITS CPR INITIATIVE BY BRINGING CPR TRAINING AND HELPING SET UP AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) AT PLACES THROUGHOUT THE VALLEY, VPN HAS PLAYED A KEY ROLE IN INCREASING THE CARDIAC SURVIVAL RATE AT GRIFFIN HOSPITAL TO 26 PERCENT - THE NATIONAL SURVIVAL RATE IS 9% SINCE THE INITIATIVE BEGAN, VALLEY PARISH NURSES HAVE ALSO RECEIVED MANY STORIES OF SURVIVAL RELATING TO CHOKING AND RECOGNIZING THE SIGNS OF HEART ATTACK AND CALLING 9-1-1 - THE MOBILE HEALTH RESOURCE CENTER - THE MOBILE HEALTH RESOURCE CENTER FOCUSES ON PREVENTIVE HEALTH SERVICES AND PROVIDING HEALTH EDUCATION AND SCREENING SERVICES TO NEIGHBORHOODS, COMMUNITY EVENTS, HEALTH FAIRS, SHOPPING CENTERS AND BUSINESSES/COMPANIES - COMMUNITY OUTREACH SERVICES - IN FISCAL YEAR 2013, THE DEPARTMENT OF COMMUNITY OUTREACH AND THE VALLEY PARISH NURSE PROGRAM SERVED 39,054 PEOPLE SERVICES INCLUDED 4,411 HEALTH SCREENING RECIPIENTS WHICH CONTRIBUTED TO 14,915 REFERRALS TO NEEDED SERVICES IN ADDITION, 1,388 EDUCATIONAL PROGRAMS WERE PROVIDED ATTENDED BY 30,709 PEOPLE AND 3,540 PEOPLE WERE TRAINED IN CPR THE PROGRAM ALSO PROVIDED AND PLACED AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) AT COMMUNITY SITES BRINGING THE TOTAL NUMBER OF AED'S PLACED AT COMMUNITY SITES TO 67 STARTING SIX YEARS AGO GRIFFIN HOSPITAL THROUGH ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING, JOINED WITH ANSONIA COMMUNITY ACTION, THE NON-PROFIT AGENCY PROVIDING SERVICES TO THE AFRICAN AMERICAN COMMUNITY, FOR AN OUTREACH PROGRAM TO PROVIDE FREE CHOLESTEROL, DIABETES, AND HYPERTENSION SCREENING AND HEALTH EDUCATION FOR PEOPLE WHO ARE 60 AND OLDER - GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER - IN MARCH 2005 THE VALLEY PARISH NURSE PROGRAM ESTABLISHED THE GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER GRIFFIN HOSPITAL, THE VALLEY PARISH NURSE PROGRAM, THE VALLEY N A A C P , THE CITY OF ANSONIA AND THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN SPONSORED THE ANNUAL COMMUNITY HEALTH AND SAFETY - CERTIFIED CPR TRAINING CENTER - GRIFFIN HOSPITAL HAS BEEN A CERTIFIED COMMUNITY AMERICAN HEART ASSOCIATION CPR TRAINING CENTER SINCE 2006 - GRIFFIN BREAST HEALTH INITIATIVE - THE PURPOSE OF THE GRIFFIN BREAST HEALTH INITIATIVE IS TO PROVIDE OUTREACH AND EDUCATION TO WOMEN, INCLUDING THE UNINSURED OR UNDERINSURED, ABOUT THE IMPORTANCE OF BREAST WELLNESS AND EARLY BREAST CANCER DETECTION AND PROVIDE SCREENING MAMMOGRAMS TO WOMEN WHO WOULD OTHERWISE NOT BE ABLE TO AFFORD ONE - VALLEY WOMEN'S HEALTH INITIATIVE- AED PLACEMENT AT PUBLIC SITES - THE GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM COORDINATED OBTAINING FUNDING FOR THE PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) AND HAS PLACED 65 AEDS AT PUBLIC NON-PROFIT PUBLIC ACCESS DEFIBRILLATOR SITES IN THE COMMUNITY - HOMELESS SHELTER FOOD BANK DONATIONS - PATIENT AND COMMUNITY SUPPORT GROUPS AND EDUCATIONAL MEETINGS- BY YOUR SIDE - CAREGIVER SUPPORT GROUP- BEREAVEMENT SUPPORT GROUP- BEREAVEMENT SUPPORT GROUP FOR PARENTS- THE WIDOW AND WIDOWER SUPPORT GROUP

Form and Line Reference	Explanation
PART VI, LINE 6	N/A

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

Additional Data

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
GRIFFIN HOSPITAL	
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 4 CHNA WAS NOT CONDUCTED WITH ANY OTHER HOSPITAL
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 5D HTTP //WWW GRIFFINHEALTH ORG/PORTALS/0/CHNA/CHIP PDFHTTP //WWW GUIDESTAR ORG/FINDOCUMENTS/2013 - GUIDESTAR
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 7 GRIFFIN'S CHNA IDENTIFIED OUR COMMUNITY NEEDS AS AWARENESS OF H EALTH AND HUMAN SERVICES, TRANSPORTATION, OBESITY, PRIMARY CARE ACCESS, COMMUNITY POPULATI ON BASED MEDICAL ISSUES, CLINICAL SERVICES, SUBSTANCE ABUSE, PRE-NATAL CARE AND REGIONAL C OOPERATION ON HEALTH ISSUES GRIFFIN PLANS TO ADDRESS PRIORITY AREAS WITH IMPLEMENTATION P LANS ON ALL BUT ONE OF THE SUGGESTED NEEDS THERE WAS A PERCEPTION THAT PRE-NATAL CARE WAS LOW AND THAT AN INTERVENTION WAS NEEDED RESEARCH, HOWEVER, REVEALED THAT PRENATAL CARE F OR MOTHERS-TO-BE IN THE VALLEY WAS SIGNIFICANTLY BETTER WHEN COMPARED TO THE STATE AND NEW HAVEN COUNTY AS REPORTED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BASED ON THE ACT UAL DATA THERE IS NO ACTION REQUIRED RELATED TO PRE-NATAL CARE THE INFORMATION WILL BE WI DELY SHARED WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS AND OTHER COMMUNITY LEADERS TO ENS URE THAT THERE IS INCREASED KNOWLEDGE OF THE VALLEY DATA AS COMPARED TO NEW HAVEN COUNTY A ND THE STATE OF CONNECTICUT
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 20D THE UNINSURED RATES ARE ESTABLISHED BASED ON THE AVERAGE PAYMENTS RECEIVED FROM OUR LARGEST PARTICIPATING HMO

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

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				
CHARMEL PATRICK PRESIDENT/CEO/SEC/TREASURER	(I) (II)	429,942 0	27,038 0	588 0	43,935 0	17,172 0	518,675 0	0 0
DOBULER KENNETH MD/BOARD MEMBER	(I) (II)	234,903 0	0 0	0 0	47,152 0	0 0	282,055 0	0 0
SCHWARTZ KENNETH MD/BOARD MEMBER	(I) (II)	173,379 0	0 0	588 0	47,152 0	17,172 0	238,291 0	0 0
POWANDA WILLIAM VICE PRESIDENT	(I) (II)	128,527 0	0 0	568 0	25,500 0	17,172 0	171,767 0	0 0
STUMPO BARBARA J V P	(I) (II)	171,297 0	0 0	552 0	26,666 0	17,172 0	215,687 0	0 0
BERNS EDWARD VICE PRESIDENT	(I) (II)	136,468 0	0 0	477 0	13,163 0	17,172 0	167,280 0	0 0
MARTIN KATHLEEN VICE PRESIDENT	(I) (II)	139,855 0	0 0	490 0	13,786 0	17,172 0	171,303 0	0 0
DEEGAN MARGARET VICE PRESIDENT	(I) (II)	183,870 0	0 0	568 0	17,366 0	17,172 0	218,976 0	0 0
SHEPARD SETH VICE PRESIDENT	(I) (II)	163,572 0	0 0	525 0	5,836 0	17,172 0	187,105 0	0 0
O'NEILL MARK V P /CFO	(I) (II)	244,482 0	0 0	588 0	8,500 0	1,980 0	255,550 0	0 0
D'SOUSA SEEMA MD	(I) (II)	258,174 0	28,419 0	588 0	17,000 0	1,980 0	306,161 0	0 0
HALSTEAD EDWARD MD	(I) (II)	224,562 0	0 0	588 0	19,455 0	17,172 0	261,777 0	0 0
NAWAZ HAQ MD	(I) (II)	265,200 0	64,137 0	588 0	17,000 0	17,172 0	364,097 0	0 0
SALABARRIA JAVIER MD	(I) (II)	291,979 0	0 0	568 0	0 0	17,172 0	309,719 0	0 0
PAXTON HEATHER MD	(I) (II)	174,516 0	0 0	547 0	6,215 0	17,172 0	198,450 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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	06-0806186		02-01-2005	24,800,000	CONSTRUCTION OF NEW WING		X		X		X
B	CHEFA SERIES C & D	06-0806186		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		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	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		
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 of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			WACHOVIA BANK					
c	Term of hedge			2037 000000000000					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
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
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL MEMBERS OF THE HOSPITAL BOARD, OFFICERS, DIRECTORS, AND KEY EMPLOYEES RECEIV E, 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 I NDIVIDUAL FROM INVOLVEMENT WITH OR PARTICIPATION IN SUBJECT MATTER THAT MIGHT AFFECT THE D ISCLOSED CONFLICT SUCH ACTIONS ARE DOCUMENTED IN BOARD MINUTES ALL CONFLICTS ARE DISCLOS ED TO BOARD MEMBERS AND CORPORATORS AT THE ANNUAL MEETING OF THE CORPORATION
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE COMPENSATION COMMI TTEE WHICH IS A SUBCOMMITTEE OF THE HOSPITAL BOARD THIS COMMITTEE SETS THE COMPENSATION F OR 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 DAT A IS THE BASIS FOR DETERMINING THE APPROPRIATENESS OF COMPENSATION THE CEO REVIEWS WITH T HE COMPENSATION COMMITTEE ALL OFFICERS AND DIRECTORS IN THE FIRST QUARTER OF THE CALENDAR YEAR
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
FORM 990, PART XI, LINE 9	TRANSFERS BETWEEN AFFILIATES -6,954,076 MINIMUM PENSION LIABILITY ADJUSTMENT -6,052,464 CHANGE IN NET ASSETS OF AFFILIATE 1,245,634 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS 8 78,163 CHANGE IN BENEFICIAL INTEREST IN TRUSTS 89,229 CHANGE IN FAIR VALUE OF INTEREST R ATE SWAP -1,723,375
FORM 990, PART XI, LINE 2C	THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SELECTING AN INDEPENDENT AUDIT FIRM AND FOR OVERS EEING THE FINANCIAL STATEMENT PREPARATION PROCESS THERE HAVE BEEN NO CHANGES IN THESE PRO CEDURES SINCE THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) GRIFFIN HEALTH SERVICES CORPORATION 130 DIVISION STREET DERBY, CT 06418 22-2560257	HOLDING COMPANY	CT	501(C)(3)	509(A)(3)(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)	GRIFFIN HOSPITAL	Yes	
(3) THE GRIFFIN HOSPITAL DEVELOPMENT FUND 130 DIVISION STREET DERBY, CT 06418 22-2560254	FUND RAISING	CT	501(C)(3)	509(A)(3)(I)	GRIFFIN HEALTH SERVICES CORPORATION	Yes	
(4) PLANETREE INC 130 DIVISION STREET DERBY, CT 06418 06-1505284	EDUCATION	CT	501(C)(3)	509(A)(2)	GRIFFIN HEALTH SERVICES CORPORATION	Yes	

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) GH VENTURES INC 130 DIVISION STREET DERBY, CT 06418 22-2560247	RENTAL REAL ESTATE	CT	N/A	C				Yes	
(2) HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 171 ELGIN AVENUE GEORGETOWN CJ	OFFSHORE CAPTIVE INSURANCE	CJ	N/A	C					No
(3) CT PRACTICE MANAGEMENT INC 130 DIVISION STREET DERBY, CT 06418 06-1152819	INACTIVE	CT	N/A	C				Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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-s)	(c) Amount Involved	(d) Method of determining amount involved
GH VENTURES INC	P	976,444	ACTUAL CASH
GRIFFIN HOSPITAL DEVELOPMENT FUND	R	498,897	ACTUAL CASH
PLANETREE INC	P	984,412	ACTUAL CASH
GRIFFIN HEALTH SERVICES CORPORATION	P	581,511	ACTUAL CASH
GRIFFIN FACULTY PRACTICE PLAN	R	5,501,071	ACTUAL CASH
GRIFFIN HEALTH SERVICES CORPORATION	Q	497,598	ACTUAL CASH
HAIC	P	2,235,254	ACTUAL CASH
PLANETREE INC	Q	375,766	ACTUAL CASH

The Griffin Hospital and Subsidiary

Consolidated Financial Statements and Consolidating Information
September 30, 2014 and 2013

The Griffin Hospital and Subsidiary
Index
September 30, 2014 and 2013

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Independent Auditor's Report

To the Board of Trustees of
Griffin Hospital

We have audited the accompanying consolidated financial statements of Griffin Hospital and its subsidiary (the "Hospital"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, consolidated statements of changes in net assets and consolidated statements of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits 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 consolidated financial statements are free from material misstatement.

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Griffin Hospital and its subsidiary at September 30, 2014 and 2013 and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

February 6, 2015

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
September 30, 2014 and 2013

	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 7,743,894	$ 5,309,111
Investments	8,062,643	9,040,563
Assets limited as to use	718,522	710,605
Patient accounts receivable, less allowance for doubtful accounts of approximately $4,339,000 and $5,256,000, respectively	13,166,233	14,743,574
Other current assets	5,215,469	5,426,579
Total current assets	34,906,761	35,230,432
Assets limited as to use		
Board-designated investments	30,866	43,179
Under indenture agreement	4,289,408	4,289,166
Total assets limited as to use	4,320,274	4,332,345
Long-term investments	1,274,463	1,186,601
Property, plant and equipment, net	54,730,046	56,068,701
Interest in net assets of affiliate	8,188,186	6,969,447
Due from affiliates	6,230,012	3,659,921
Beneficial interest in trusts	3,760,171	3,670,942
Estimated third party settlements	765,169	480,486
Other long-term assets and insurance recoverable	6,137,382	6,279,439
	81,085,429	78,315,537
Total assets	$ 120,312,464	$ 117,878,314

The Griffin Hospital and Subsidiary
Consolidated Balance Sheets
September 30, 2014 and 2013

	2014	2013
Liabilities and Net Deficit		
Current liabilities		
Current portion of long-term debt and capital lease obligations	$ 6,170,364	$ 5,679,417
Accounts payable	16,322,401	19,129,038
Accrued expenses	9,255,798	7,396,947
Accrued interest payable	295,828	316,307
Accrued postretirement benefit liability	447,000	389,000
Deferred revenue	39,289	194,930
Due to affiliates	38,792	14,292
Total current liabilities	32,569,472	33,119,931
Estimated third party settlements	5,697,567	3,424,484
Professional and general liability loss reserves	4,048,289	4,331,509
Workers compensation loss reserves	2,178,810	2,317,799
Accrued pension liability	35,030,914	30,640,516
Accrued postretirement benefit liability, net of current portion	8,517,526	7,605,700
Asset retirement obligation	109,412	114,445
Long-term debt, net of current portion	42,390,534	43,898,212
Capital lease obligations, net of current portion	-	110,886
Interest rate swap agreements	6,436,499	6,022,007
Total liabilities	136,979,023	131,585,489
Net deficit		
Unrestricted operating net assets	17,997,763	15,872,075
Cumulative unrecognized pension charges	(44,104,298)	(38,051,834)
Total unrestricted	(26,106,535)	(22,179,759)
Temporarily restricted net assets	3,519,544	2,641,381
Permanently restricted net assets	5,920,432	5,831,203
Total net deficit	(16,666,559)	(13,707,175)
Total liabilities and net deficit	$ 120,312,464	$ 117,878,314

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, 2014 and 2013

	2014	2013
Operating revenues		
Net patient service revenue	$ 141,890,715	$ 131,528,811
Provision for doubtful accounts, net of recoveries	(1,107,461)	(2,487,760)
Net patient service revenue less provision for doubtful accounts	140,783,254	129,041,051
Other operating revenue	3,057,064	3,603,467
Net assets released from restrictions used for operations	-	110,583
Total operating revenues	143,840,318	132,755,101
Operating expenses		
Employee compensation and related expenses	79,777,259	76,790,169
Supplies and other expenses	50,402,324	48,810,546
Depreciation and amortization	5,920,339	6,175,846
Interest	3,531,142	2,451,658
Total operating expenses	139,631,064	134,228,219
Income (loss) from operations	4,209,254	(1,473,118)
Nonoperating gains (losses)		
Investment income	750,312	436,170
Net realized and unrealized (losses) gains on interest rate swaps	(1,723,375)	1,803,353
Grant revenues	1,883,920	2,231,692
Grant expenses	(1,969,857)	(2,291,549)
Total nonoperating (losses) gains	(1,059,000)	2,179,666
Excess of revenues over expenses	3,150,254	706,548
Other changes in unrestricted net assets		
Change in interest in net assets of affiliate	428,439	617,043
Transfers between affiliates, net	(1,453,005)	(91,875)
Pension and other post-retirement related charges other than net periodic benefit cost	(6,052,464)	14,637,527
(Decrease) increase in unrestricted net assets	$ (3,926,776)	$ 15,869,243

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, 2014 and 2013

	2014	2013
Unrestricted net assets		
Excess of revenues over expenses	3,150,254	$ 706,548
Change in interest in net assets of affiliate	428,439	617,043
Other changes	(1,453,005)	(91,875)
Pension and other post-retirement related charges other than net periodic benefit cost	(6,052,464)	14,637,527
(Decrease) increase in unrestricted net assets	(3,926,776)	15,869,243
Temporarily restricted net assets		
Change in interest in net assets of affiliate	790,300	399,618
Investment income	32,751	16,727
Unrealized gain on investments	40,437	45,512
Net assets released from restrictions used for operations	14,675	(23,479)
Increase in temporarily restricted net assets	878,163	438,378
Permanently restricted net assets		
Change in beneficial interest in trusts	89,229	20,849
Increase in permanently restricted net assets	89,229	20,849
(Decrease) increase in net assets	(2,959,384)	16,328,470
Net deficit		
Beginning of year	(13,707,175)	(30,035,645)
End of year	$ (16,666,559)	$ (13,707,175)

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, 2014 and 2013

	2014	2013
Cash flows from operating activities		
(Decrease) increase in net assets	$ (2,959,384)	$ 16,328,470
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Non-cash correction of an error	1,157,727	-
Pension and other post-retirement changes other than net periodic benefit cost	6,052,464	(14,637,527)
Depreciation and amortization	5,853,483	6,320,384
Change in unrealized and realized gains and losses on investments	317,703	135,507
Change in beneficial interest in trusts	(89,229)	(20,849)
Change in fair value of interest rate swap	414,492	(3,131,346)
Provision for doubtful accounts, net of recoveries	1,107,461	2,487,760
Transfers between affiliates, net	(1,453,005)	(91,875)
Change in interest in net assets of affiliate	(1,218,739)	(1,016,661)
Changes in assets and liabilities		
Patient accounts receivable	469,880	(4,120,789)
Other current and long-term assets	154,025	3,808,972
Due from affiliates, net	(2,545,591)	4,156,280
Accounts payable, accrued expenses and other	(2,702,486)	(4,829,639)
Estimated amounts due to third-party settlements	1,988,400	967,895
Deferred revenue	(155,641)	154,751
Accrued pension and postretirement benefit liabilities	(692,240)	1,925,002
Total adjustments	8,658,704	(7,892,135)
Net cash provided by operating activities	5,699,320	8,436,335
Cash flows from investing activities		
Purchases of property, plant and equipment, net	(2,938,172)	(2,593,009)
Purchases of investments	(9,786,114)	(17,341,757)
Proceeds from sales and maturities of investments	10,362,623	13,454,981
Transfers between affiliates, net	1,453,005	91,875
Net cash used in investing activities	(908,658)	(6,387,910)
Cash flows from financing activities		
Proceeds from borrowing	735,000	-
Principal payments on debt	(2,040,000)	(2,997,048)
Principal payments on capital lease obligations	(1,050,879)	(1,909,683)
Net cash used in financing activities	(2,355,879)	(4,906,731)
Net increase (decrease) in cash and cash equivalents	2,434,783	(2,858,306)
Cash and cash equivalents		
Beginning of year	5,309,111	8,167,417
End of year	$ 7,743,894	$ 5,309,111
Supplemental disclosures of cash flow information		
Interest paid	$ 3,721,727	$ 3,810,455
Supplemental disclosure of noncash financing activities		
Property, plant and equipment included in accounts payable and and accrued expenses	1,765,016	499,653

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

During the preparation of the September 30, 2014 financial statements, the Hospital identified two prior period errors in accounting The first is for a capital equipment lease the Hospital entered into in Fiscal 2010 where the lease obligation amount capitalized was not correctly amortized The second is the purchase of a perpetual software license entered into in Fiscal 2012 where the amounts capitalized were not correct The Company has corrected the errors by charging $123,744 to depreciation expense and $1,104,486 to interest expense in the year ended September 30, 2014 financial statements The Hospital also increased its capital lease obligation and accrued liabilities by $1,489,468 and its property, plant and equipment balance by $261,238 Correction of the errors had the effect of decreasing net assets as of October 1, 2013 by $1,228,230 The Hospital has evaluated the errors and does not believe the amounts are material to any of the periods impacted

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 excess 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, postretirement benefit obligations 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 3 to 40 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

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 and premiums related to the Hospital's bond issuance are being amortized/accreted using the effective interest method over the life of the debt Net amortization expense, which is included in interest expense, was $123,064 and $144,540 for 2014 and 2013, 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

Excess of Revenues Over Expenses
The statements of operations includes an excess of revenues over expenses Changes in unrestricted net assets which are excluded from the excess 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

New Accounting Pronouncement
The Corporation adopted Accounting Standard Update ("ASU") No 2011-7, which requires health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Additionally those health care entities are required to provide enhanced disclosures about their policies for recognizing revenue, assessing bad debts, and disclosures of patient service revenue (net of contractual allowances and discounts)

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 2014 and 2013, 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 a decrease in net patient service revenue of approximately $1,034,000 and a decrease of approximately $196,000 in fiscal years 2014 and 2013, respectively

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 $3,785,000 and $4,850,000 measured at the Hospital's respective established rates was provided in fiscal year 2014 and 2013, 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, 2014 through February 6, 2015, the date the financial statements were issued

Reclassifications

Certain amounts in the 2013 consolidated financial statements have been reclassified to conform to the 2014 financial statement presentation

3. Net Patient Service Revenue

Net patient service revenue for the years ended September 30, 2014 and 2013 is comprised as follows

	2014			2013		
	Hospital	FPP	Total	Hospital	FPP	Total
Patient service charges	$ 479,133,995	$ 10,671,121	489,805,116	$ 438,847,354	$ 6,190,769	$ 445,038,123
Contractual allowances	(342,181,446)	(5,732,955)	(347,914,401)	(310,668,116)	(2,841,196)	(313,509,312)
Net patient service revenue (less contractuals)	136,952,549	4,938,166	141,890,715	128,179,238	3,349,573	131,528,811
Provision for doubtful accounts, net of recoveries	(1,054,556)	(52,905)	(1,107,461)	(2,373,418)	(114,342)	(2,487,760)
Net patient service revenue	$ 135,897,993	$ 4,885,261	$ 140,783,254	$ 125,805,820	$ 3,235,231	$ 129,041,051

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, 2011

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

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

	2014		2013	
	Cost	Fair Value	Cost	Fair Value
Fixed income securities	$ 4,376,782	$ 4,284,319	$ 5,445,810	$ 5,270,018
Marketable equity securities	4,464,530	5,052,787	4,629,469	4,957,146
	$ 8,841,312	$ 9,337,106	$ 10,075,279	$ 10,227,164

Assets Limited as to Use

The composition of assets limited as to use at September 30, 2014 and 2013 is as follows

	2014		2013	
	Cost	Fair Value	Cost	Fair Value
Board-designated				
For capital acquisition				
Cash and cash equivalents	$ 59	$ 59	$ 10,644	$ 10,644
For postretirement benefits				
Cash and cash equivalents	30,807	30,807	32,535	32,535
	30,866	30,866	43,179	43,179
Held by trustee under indenture agreement				
U S Treasury obligations	5,007,632	5,007,332	4,999,286	4,998,664
Accrued interest receivable	598	598	1,107	1,107
	5,008,230	5,007,930	5,000,393	4,999,771
Less Current portion	(718,522)	(718,522)	(710,605)	(710,605)
	4,289,708	4,289,408	4,289,788	4,289,166
	$ 4,320,574	$ 4,320,274	$ 4,332,967	$ 4,332,345

Investment income and unrealized gains and losses for assets limited as to use, cash equivalents and other investments are comprised of the following for 2014 and 2013

	2014	2013
Income		
Interest and dividend income	$ 432,609	$ 300,663
Net realized gain	54,533	53,818
Change in unrealized gains and losses on investments	263,170	81,689
	$ 750,312	$ 436,170

The following table represents the Hospital's financial assets and liabilities by fair value hierarchy as of September 30, 2014

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Investments				
Fixed income	$ 4,284,319	$ -	$ -	$ 4,284,319
Equity securities	5,052,787	-	-	5,052,787
Total investments	9,337,106	-	-	9,337,106
Perpetual trusts	-	-	3,760,171	3,760,171
Total assets at fair value	$ 9,337,106	$ -	$ 3,760,171	$ 13,097,277
Liabilities				
Interest rate swaps liability	$ -	$ 6,436,499	$ -	6,436,499
Total liabilities at fair value	$ -	$ 6,436,499	$ -	$ 6,436,499

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, 2014

Balance at September 30, 2013	$ 3,670,942
Change in unrealized value of interest in trusts	89,229
Assets released from restriction	-
Balance at September 30, 2014	$ 3,760,171

There were no transfers between levels during 2014 or 2013

The following table represents the Hospital's financial assets and liabilities by fair value hierarchy as of September 30, 2013

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Investments				
Fixed income	$ 5,270,018	$ -	$ -	$ 5,270,018
Equity securities	4,957,146	-	-	4,957,146
Total investments	10,227,164	-	-	10,227,164
Perpetual trusts	-	-	3,670,942	3,670,942
Total assets at fair value	$ 10,227,164	$ -	$ 3,670,942	$ 13,898,106
Liabilities				
Interest rate swaps liability	$ -	$ 6,022,007	$ -	6,022,007
Total liabilities at fair value	$ -	$ 6,022,007	$ -	$ 6,022,007

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, 2013

Balance at September 30, 2012	$ 3,650,093
Change in unrealized value of interest in trusts	131,432
Assets released from restriction	(110,583)
Balance at September 30, 2013	$ 3,670,942

5. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation as of September 30, 2014 and 2013 are summarized as follows

	2014	2013
Land and improvements	$ 5,107,308	$ 5,107,308
Buildings and improvements	72,989,015	72,126,472
Fixed and movable equipment	76,035,914	73,479,349
	154,132,237	150,713,129
Less Accumulated amortization and depreciation	(99,579,746)	(94,769,810)
	54,552,491	55,943,319
Construction-in-progress	177,555	125,382
	$ 54,730,046	$ 56,068,701

Depreciation expense was $5,084,355 and $4,937,644 for 2014 and 2013, respectively

Included in property, plant and equipment as of September 30, 2014 and 2013 are capital lease assets for major movable equipment with a cost of $9,344,268 Accumulated amortization on the respective capital lease assets was $6,576,125 and $5,727,151 as of September 30, 2014 and 2013, respectively

Amortization expense on capital lease assets was $835,984 and $1,238,202 for 2014 and 2013, 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 25% at September 30, 2014 and 3 25% at September 30, 2013 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 2 5% and 2 5% at September 30, 2014 and 2013, 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

Effective March 28, 2013 the Hospital entered into a novation agreement with American Insurance Group Inc , where it legally transferred all exposure relating to primary layer professional liability and physicians professional liability policies issued to the Hospital in the years 2006/07, 2007/08, 2009/10, 2010/11 and 2011/12, by making a onetime premium payment of $7,400,000 The loss portfolio transfer effectively transfers the liabilities and subsequent adverse claim development risk to a third party insurer As a result of the transaction, cash of $3,900,000 became unrestricted and was transferred from HAIC to the Hospital In addition, a loss of $818,214 was realized on the transaction The loss was the result of the premium payment exceeding the amount of loss reserves previously recorded at HAIC The loss is included in the fiscal year 2013 operating expenses of the Hospital

7. Long-Term Debt

Long-term consists of the following at September 30, 2014 and 2013

	2014	2013
State of Connecticut Health and Educational Facilities Authority		
Series B	$ 14,725,000	$ 15,990,000
Series C	21,025,000	21,575,000
Series D	10,125,000	10,350,000
Loan payable	735,000	-
Premium and discount on bonds, net of accumulated accretion and amortization of $477,391 and $401,323, respectively	364,634	440,712
	46,974,634	48,355,712
Less Current portion	(4,584,100)	(4,457,500)
	$ 42,390,534	$ 43,898,212

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 $14,841,000 and $15,960,000 at September 30, 2014 and 2013, 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 The estimated fair value of the Series C and Series D bonds was approximately $21,025,000 and $10,125,000 at September 30, 2014 respectively and $21,575,000 and $10,350,000 September 30, 2013, respectively

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 Wells Fargo Bank N A for $34,050,000 which expires in May 2016 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 5-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, an average payment period days of less than 110 days and a debt service coverage ratio of 1 2 to 1 Additionally, the Obligated Group is required to maintain a capitalization ratio excluding any realized or unrealized gain or loss on the interest rate swap instrument of less than 65

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

In August 2014 the Hospital entered into a loan in the amount of $735,000 to finance certain diagnostic equipment The loan is for five years at a rate of 4 5% payable monthly in a fixed amount of $13,703 per month

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

2015	$ 2,269,100
2016	2,365,260
2017	2,491,704
2018	2,628,443
2019	2,735,493
Thereafter	34,120,000
	$ 46,610,000

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, 2014, the table of annual principal payments would become

2014	$ 4,584,100
2015	7,770,260
2016	7,846,704
2017	7,933,443
2018	8,015,493
Thereafter	10,460,000
	$ 46,610,000

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, 2014 and 2013 are as follows

	2014	2013
Debt service reserve fund	$ 4,288,555	$ 4,288,126
Debt service fund	184,260	199,829
Principal fund	535,119	511,955
Accrued interest receivable	598	1,107
	$ 5,008,532	$ 5,001,017

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, 2014, the notional amount of the derivative financial instruments was $23,125,000 (Series 2008 Issue C nontaxable bonds) and $10,925,000 (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 $6,436,499 and $6,022,007 as of September 30, 2014 and 2013, respectively, which is included in long-term liabilities The impact of the change in fair value was a loss of $414,492 and a gain of $3,131,346 for the years ended September 30, 2014 and 2013, 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 $1,308,883 and $1,327,993 for 2014 and 2013, respectively

The following table lists the fair value of derivatives by contract type included in the consolidated balance sheets at September 30, 2014 and 2013

	2014	
	Initial Notional	Fair Value
Derivatives not designated as hedging instruments		
Interest rate swaps	$ 34,050,000	$ (6,436,499)

	2013	
	Initial Notional	Fair Value
Derivatives not designated as hedging instruments		
Interest rate swaps	$ 34,050,000	$ (6,022,007)

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, 2014 and 2013

	2014	
	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	$ (1,723,375)

	2013	
	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 gains on interest rate swaps	$ 1,803,353

8. Other Debt Arrangements and Guarantees

On March 5, 2005, the Hospital entered into a $262,500 letter of credit agreement with Wells Fargo Bank On February 23, 2009, the Hospital also entered into an additional $750,000 letter of credit agreement with Wells Fargo 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, 2014 or 2013

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, 2014

2015		$ 1,611,040
		1,611,040
Less	Amounts representing interest	24,776
	Present value of minimum lease payments	1,586,264
Less	Current portion	1,586,264
	Capital lease obligation, net of current portion	$ -

Operating Leases

The Hospital leases various equipment and office space under operating leases, expiring at various dates through 2019 Some of these leases contain renewal options Rent expense under such leases was approximately $1,065,965 and $985,323 for the years ended September 30, 2014 and 2013, respectively

Future minimum rental payments as of September 30, 2014 under noncancelable operating leases are as follows

2015	$ 1,056,736
2016	1,037,056
2017	1,024,225
2018	1,003,972
2019	954,316
	$ 5,076,305

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of September 30, 2014 and 2013

	2014	2013
Unspent income and appreciation on endowment funds expendable for specified healthcare services	$ 857,112	$ 769,249
Change in the unspent income and (depreciation) appreciation on GHDF endowment funds	73,188	62,240
Restricted for purchase of equipment	1,773,159	885,564
Restricted specified healthcare services	816,085	924,328
	$ 3,519,544	$ 2,641,381

Permanently restricted net assets at September 30, 2014 and 2013 are comprised as follows

	2014	2013
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	3,760,171	3,670,942
	$ 5,920,432	$ 5,831,203

11. 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

	2014	2013
Health Alliance Insurance Company, Ltd (HAIC)	$ 1,958,746	$ 362,462
G H Ventures, Inc (GHV)	1,979,739	1,979,739
Planetree	1,505,823	897,177
The Griffin Hospital Development Fund, Inc	56,859	-
GHSC	531,235	306,847
Griffin Pharmacy and Gift Shop (GP&GS)	197,610	113,696
	$ 6,230,012	$ 3,659,921

The following summarizes the due to affiliates as of September 30

	2014	2013
Griffin Health Ventures	$ 38,792	$ 14,292
	$ 38,792	$ 14,292

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 $976,444 and $436,798 in 2014 and 2013, respectively

Griffin Hospital Development Fund
The Hospital paid operating expenses for GHDF totaling approximately $498,897 and $589,211 in 2014 and 2013, respectively Additionally, GHDF made a transfer to the Hospital of $500,000 in 2013

Griffin Pharmacy and Gifts
The Hospital advanced operating expenses for GP&G totaling approximately $581,511 and $463,062 in 2014 and 2013, respectively GP&G reimbursed the Hospital approximately $497,598 and $675,354 in 2014 and 2013 respectively

Healthcare Alliance Insurance Company, Ltd.
The Hospital obtains professional and general liability coverage under a policy between GHSC and HAIC (Note 6) Total premiums incurred for this insurance coverage in 2014 and 2013 were approximately $2,235,254 and $2,807,397, respectively The Hospital pays claims processing expenses on behalf of HAIC and is subsequently reimbursed for these expenses As of September 30, 2014 and 2013, the Hospital was due $1,958,747 and $362,462, respectively, from HAIC for favorable claim development net of insurance premiums due

Griffin Health Services Corporation
The Hospital paid operating expenses of approximately $3,000 for both 2014 and 2013

Planetree, Inc.
The Hospital advanced operating expenses for Planetree totaling approximately $984,412 and $1,195,401 in 2014 and 2013, respectively Planetree reimbursed the Hospital approximately $375,766 and $942,919 in 2014 and 2013, respectively

12. 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 period Participants continued to earn vesting service during the freeze period and pay increases during the freeze period was reflected in participant's final earnings calculation however no credited service was earned for the period from April 1, 2010 to March 31, 2012 Effective April 1, 2012 the plan freeze was terminated and credit service accruals were reestablished at a reduced rate

The Hospital's accumulated benefit obligation was $103,002,425 and $93,064,814 at September 30, 2014 and 2013, 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 Postretirement Benefits	
	2014	2013	2014	2013
Change in projected benefit obligation				
Benefit obligation at beginning of year	$ 93,895,229	$ 100,982,447	$ 7,994,700	$ 8,919,801
Service cost	1,612,645	1,639,334	273,974	307,509
Interest cost	4,326,274	3,866,724	367,395	339,544
Actuarial (gain) loss	8,658,086	(8,810,774)	779,450	(1,065,776)
Benefits paid	(4,100,441)	(3,782,502)	(450,993)	(506,378)
Benefit obligation at end of year	$ 104,391,793	$ 93,895,229	$ 8,964,526	$ 7,994,700
Change in plan assets				
Fair value of plan assets at beginning of year	$ 63,254,713	$ 58,554,517	$ -	$ -
Actual return on plan assets	6,338,435	5,440,386	-	-
Employer contributions	3,868,172	3,042,312	450,993	506,378
Benefits paid	(4,100,441)	(3,782,502)	(450,993)	(506,378)
Fair value of plan assets at end of year	$ 69,360,879	$ 63,254,713	$ -	$ -
Unfunded status - recognized as a liability	$ (35,030,914)	$ (30,640,516)	$ (8,964,526)	$ (7,994,700)

Components of net periodic benefit cost are as follows

	Pension Benefits		Other Postretirement Benefits	
	2014	2013	2014	2013
Service cost	$ 1,612,645	$ 1,639,334	$ 273,974	$ 307,509
Interest cost	4,326,274	3,866,724	367,395	339,544
Expected return on plan assets	(5,194,767)	(4,891,312)	-	-
Amortization of unrecognized prior service credit	-	-	(112,992)	(389,620)
Amortization of transition obligation	(1,121,883)	(1,121,883)	-	-
Net actuarial loss	3,181,284	5,309,432	294,995	413,974
Net periodic benefit cost	$ 2,803,553	$ 4,802,295	$ 823,372	$ 671,407

Amounts recognized in the consolidated balance sheets consist of

	Pension Benefits		Other Benefits	
	2014	2013	2014	2013
Current liabilities	$ -	$ -	$ 447,000	$ 389,000
Noncurrent liabilities	35,030,914	30,640,516	8,517,526	7,605,700
	$ 35,030,914	$ 30,640,516	$ 8,964,526	$ 7,994,700

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

	2014	2013
Negative prior service cost	$ (7,296,357)	$ (8,418,240)
Net actuarial loss	46,877,703	42,544,569
	$ 39,581,346	$ 34,126,329

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

	2014	2013
Net actuarial (gain) loss	$ 7,514,418	$ (9,359,848)
Amortization of		
Actuarial loss	(3,181,284)	(5,309,432)
	$ 4,333,134	$ (14,669,280)

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

Actuarial loss	$ 2,294,470

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

	2014	2013
Net prior service credit	$ -	$ (112,992)
Net actuarial loss	4,522,953	4,038,498
	$ 4,522,953	$ 3,925,506

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

	2014	2013
Net actuarial (gain) loss	$ 779,450	$ (1,065,776)
Amortization of		
Prior service cost	112,992	389,620
Actuarial gain	(294,995)	(413,974)
	$ 597,447	$ (1,090,130)

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

Prior service credit	$ -
Actuarial gain	334,556

Actuarial assumptions are as follows

	Pension Benefits		Other Benefits	
	2014	2013	2014	2013
Weighted average assumptions used to determine year end benefit obligation				
Discount rate	4 13%	4 72%	4 13%	4 72%
Rate of compensation increase	4 00%	4 00%	N/A	N/A

	Pension Benefits		Other Benefits	
	2014	2013	2014	2013
Weighted average assumptions used to determine net periodic benefit cost				
Discount rate	4 72%	3 91%	4 72%	3 91%
Expected long-term return on plan assets	8 22%	8 22%	N/A	N/A
Rate of compensation increase	4 00%	4 00%	N/A	N/A

	Pre-65		Post-65	
	2014	2013	2014	2013
Health care cost trend rate assumed for next year	7 00%	7 50%	7 00%	7 50%
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	2019	2019	2019	2019

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

(in 000's)	1-Percentage Point Increase	1-Percentage Point Decrease
Service and interest cost components	$ 25,721	$ (22,375)
Postretirement benefit obligation	194,208	(175,211)

Contributions

The Hospital expects to contribute approximately $5,293,000 to its pension plan and $447,000 to its other postretirement benefit plan in fiscal year 2015

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
2015	$ 4,416,000	$ 447,000
2016	4,747,000	528,000
2017	4,969,000	572,000
2018	5,290,000	636,000
2019	5,519,000	605,000
2020-2024	31,114,000	3,101,000

Pension plan assets are invested as follows

	2014	2013
Asset category		
Cash and cash equivalents	1 %	2 %
U S Large cap	38	37
U S Small cap	8	8
International equity	13	13
Alternative investment	6	7
Fixed income	30	29
Real estate	4	4
	100 %	100 %

	2014	2013
Target asset allocations		
Cash	0 %	0 %
U S Large cap	27	27
U S Small cap	7	7
International equity	12	12
Alternative investment	10	10
Fixed income	40	40
Real estate	4	4
	100 %	100 %

The fair value of plan assets as of September 30, 2014, by asset category was as follows

	September 30, 2014			
(in thousands)	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	$ 703	$ -	$ -	$ 703
U S Large cap	25,863			25,863
U S Small cap	5,302			5,302
International equity	8,813			8,813
Alternative investments	1,936		2,831	4,767
Fixed income	21,094			21,094
Real estate mutual funds	2,820			2,820
	$ 66,530	$ -	$ 2,831	$ 69,361

The fair value of plan assets as of September 30, 2013, by asset category was as follows

	September 30, 2013			
(in thousands)	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	$ 1,206	$ -	$ -	$ 1,206
U S Large cap	23,116	-	-	23,116
U S Small cap	5,047	-	-	5,047
International equity	8,103	-	-	8,103
Alternative investments	1,807	-	2,712	4,519
Fixed income	18,767	-	-	18,767
Real estate mutual funds	2,497	-	-	2,497
	$ 60,543	$ -	$ 2,712	$ 63,255

Asset Investment Strategy

The Hospital has adopted a liability driven investment ("LDI") strategy Primary focus is to minimize the volatility of the funding ratio by aligning the Plan's assets with its liabilities in terms of how both respond to interest rate changes, this is then followed by an investment objective strategy to achieve a satisfactory rate of return based on the asset allocation profile in the long term and satisfy the plan's benefit obligations, while incurring an acceptable pension cost to the sponsor in the long run The objective will result in a prescribed asset mix between return seeking assets and a LDI bond portfolio

13. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements The mix in patient accounts receivable as of September 30, 2014 and 2013 before allowances for doubtful accounts, consisted of the following

	2014	2013
Medicare and Medicaid	26 %	21 %
Commercial insurance	21	19
Managed care	35	27
Self-pay patients	18	33
	100 %	100 %

14. Functional Expenses

The Hospital provides general health care services to residents within its geographic location Expenses relating to providing these services at September 30, 2014 and 2013 are as follows

	2014	2013
Patient care and clinical	$ 116,310,243	$ 112,685,742
General and administrative	23,320,821	21,542,477
	$ 139,631,064	$ 134,228,219

15. 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

	2014		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	$ 1,248,801	$ 2,160,261	$ 3,409,062
Investment income and net depreciation (realized and unrealized)	242,728	-	242,728
Appropriation of endowment assets for expenditure for healthcare services	(25,358)	-	(25,358)
Endowment net assets at end of year	$ 1,466,171	$ 2,160,261	$ 3,626,432

	2013		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	$ 1,089,279	$ 2,160,261	$ 3,249,540
Investment income and net depreciation (realized and unrealized)	183,001	-	183,001
Appropriation of endowment assets for expenditure for healthcare services	(23,479)	-	(23,479)
Endowment net assets at end of year	$ 1,248,801	$ 2,160,261	$ 3,409,062

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

16. 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

During May, 2014, the Hospital became aware of a safety concern related to the use of multi-dose insulin pens on more than one patient On investigation, it was discovered that in a small number of cases, multi-dose insulin pen cartridges intended for single patient use may have been used for more than one patient, either after installing a new, sterile safety needle on the cartridge, or by drawing up insulin with a new sterile syringe Through improper use of the insulin pens there is a remote possibility that patients could have been exposed to certain blood-borne infections

In response, the Hospital decided to offer all of the approximately 3,149 patients for whom an insulin pen was ordered during their hospitalization on or after September 1, 2008 and before May 7, 2014, free and confidential testing for hepatitis B, hepatitis C, and HIV The testing protocol was determined after consultation with the Infectious Disease and Gastroenterology division chiefs and in accordance with the current CDC guidelines

As of January 12, 2015, 7 patients have been identified as in need of further treatments and testing The Hospital has established a reserve in the amount of $1,050,000 for cost associated with the testing, treatment of patients and any litigation associated with the potential claims as of September 30, 2014

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Independent Auditor's Report 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, 2014 and 2013 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, 2015

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The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2014

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	$ 7,492,599	$ 251,295	$ -	$ 7,743,894
Investments	8,062,643	-	-	8,062,643
Assets limited as to use	718,522	-	-	718,522
Patient accounts receivable, net	12,651,193	515,040	-	13,166,233
Other current assets	5,073,574	141,895	-	5,215,469
Total current assets	33,998,531	908,230	-	34,906,761
Assets limited as to use				
Board-designated investments	30,866	-	-	30,866
Under indenture agreement	4,289,408	-	-	4,289,408
Total assets limited as to use	4,320,274	-	-	4,320,274
Long-term investments	1,274,463	-	-	1,274,463
Property, plant and equipment, net	53,137,742	1,592,304	-	54,730,046
Interest in net assets of affiliate	8,188,186	-	-	8,188,186
Due from affiliates	6,230,012	-	-	6,230,012
Investment in affiliate	1,283,136	-	(1,283,136)	-
Beneficial interest in trusts	3,760,171	-	-	3,760,171
Estimated third party settlements, long-term	765,169	-	-	765,169
Other long-term assets and insurance recoverable	6,137,382	-	-	6,137,382
	80,776,261	1,592,304	(1,283,136)	81,085,429
Total assets	$ 119,095,066	$ 2,500,534	$ (1,283,136)	$ 120,312,464

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2014

	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	$ 6,170,364	$ -	$ -	$ 6,170,364
Accounts payable	15,842,410	479,991	-	16,322,401
Accrued expenses	8,557,183	698,615	-	9,255,798
Accrued interest payable	295,828	-	-	295,828
Accrued postretirement benefit liability	447,000	-	-	447,000
Deferred revenue	39,289	-	-	39,289
Due to affiliates	-	38,792	-	38,792
Total current liabilities	31,352,074	1,217,398	-	32,569,472
Estimated third party settlements, long term	5,697,567	-	-	5,697,567
Professional and general liability loss reserves	4,048,289	-	-	4,048,289
Workers compensation loss reserves, net of current portion	2,178,810	-	-	2,178,810
Accrued pension liability	35,030,914	-	-	35,030,914
Accrued postretirement benefit liability, net of current portion	8,517,526	-	-	8,517,526
Conditional asset retirement obligations	109,412	-	-	109,412
Long-term debt, net of current portion	42,390,534	-	-	42,390,534
Interest rate swap agreements	6,436,499	-	-	6,436,499
Total liabilities	135,761,625	1,217,398	-	136,979,023
Net (deficit) assets				
Unrestricted operating net assets	17,997,763	1,283,136	(1,283,136)	17,997,763
Cumulative unrecognized pension changes	(44,104,298)	-	-	(44,104,298)
Total unrestricted	(26,106,535)	1,283,136	(1,283,136)	(26,106,535)
Temporarily restricted net assets	3,519,544	-	-	3,519,544
Permanently restricted net assets	5,920,432	-	-	5,920,432
Total net (deficit) assets	(16,666,559)	1,283,136	(1,283,136)	(16,666,559)
Total liabilities and net (deficit) assets	$ 119,095,066	$ 2,500,534	$ (1,283,136)	$ 120,312,464

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2013

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	$ 5,178,405	$ 130,706	$ -	$ 5,309,111
Investments	9,040,563	-	-	9,040,563
Assets limited as to use	710,605	-	-	710,605
Patient accounts receivable, net	14,419,423	324,151	-	14,743,574
Other current assets	5,290,594	135,985	-	5,426,579
Total current assets	34,639,590	590,842	-	35,230,432
Assets limited as to use				
Board-designated investments	43,179	-	-	43,179
Under indenture agreement	4,289,166	-	-	4,289,166
Total assets limited as to use	4,332,345	-	-	4,332,345
Long-term investments	1,186,601			1,186,601
Property, plant and equipment, net	55,610,872	457,829	-	56,068,701
Interest in net assets of affiliate	6,969,447	-	-	6,969,447
Due from affiliates	3,659,921	-	-	3,659,921
Investment in affiliate	465,940	-	(465,940)	-
Beneficial interest in trusts	3,670,942	-	-	3,670,942
Estimated third party settlements, long-term	480,486	-	-	480,486
Other long-term assets and insurance recoverable	6,279,439	-	-	6,279,439
	78,323,648	457,829	(465,940)	78,315,537
Total assets	$ 117,295,583	$ 1,048,671	$ (465,940)	$ 117,878,314

The Griffin Hospital and Subsidiary
Consolidating Balance Sheet
September 30, 2013

	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	$ 5,679,417	$ -	$ -	$ 5,679,417
Accounts payable	18,863,396	265,642	-	19,129,038
Accrued expenses	7,094,150	302,797	-	7,396,947
Accrued interest payable	316,307	-	-	316,307
Accrued postretirement benefit liability	389,000	-	-	389,000
Deferred revenue	194,930	-	-	194,930
Due to affiliates	-	14,292	-	14,292
Total current liabilities	32,537,200	582,731	-	33,119,931
Estimated third party settlements, long term	3,424,484	-	-	3,424,484
Professional and general liability loss reserves	4,331,509	-	-	4,331,509
Workers compensation loss reserves, net of current portion	2,317,799	-	-	2,317,799
Accrued pension liability	30,640,516	-	-	30,640,516
Accrued postretirement benefit liability, net of current portion	7,605,700	-	-	7,605,700
Conditional asset retirement obligations	114,445	-	-	114,445
Long-term debt, net of current portion	43,898,212	-	-	43,898,212
Capital leases, net of current portion	110,886	-	-	110,886
Interest rate swap agreements	6,022,007	-	-	6,022,007
Total liabilities	131,002,758	582,731	-	131,585,489
Net (deficit) assets				
Unrestricted operating net assets	15,872,075	465,940	(465,940)	15,872,075
Cumulative unrecognized pension changes	(38,051,834)	-	-	(38,051,834)
Total unrestricted	(22,179,759)	465,940	(465,940)	(22,179,759)
Temporarily restricted net assets	2,641,381	-	-	2,641,381
Permanently restricted net assets	5,831,203	-	-	5,831,203
Total net (deficit) assets	(13,707,175)	465,940	(465,940)	(13,707,175)
Total liabilities and net (deficit) assets	$ 117,295,583	$ 1,048,671	$ (465,940)	$ 117,878,314

The Griffin Hospital and Subsidiary
Consolidating Statement of Operations
Year Ended September 30, 2014

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Operating revenues				
Net patient service revenue	$ 136,952,549	$ 4,938,166	$ -	$ 141,890,715
Provision for doubtful accounts, net of recoveries	(1,054,556)	(52,905)	-	(1,107,461)
Net patient service revenue less provision for doubtful accounts	135,897,993	4,885,261	-	140,783,254
Other operating revenue	3,270,624	715,737	(929,297)	3,057,064
Net assets released from restrictions for operations	-	-	-	-
Total operating revenues	139,168,617	5,600,998	(929,297)	143,840,318
Operating expenses				
Employee compensation and related expenses	72,458,212	7,319,047	-	79,777,259
Supplies and other expenses	48,535,460	2,796,161	(929,297)	50,402,324
Depreciation	5,750,673	169,666	-	5,920,339
Interest	3,531,142	-	-	3,531,142
Total operating expenses	130,275,487	10,284,874	(929,297)	139,631,064
Gain (loss) from operations	8,893,130	(4,683,876)	-	4,209,254
Nonoperating gains (losses)				
Investment income	750,312	-	-	750,312
Change in fair value of interest rate swaps	(1,723,375)	-	-	(1,723,375)
Research grant revenues	1,883,920	-	-	1,883,920
Research grant expenses	(1,969,857)	-	-	(1,969,857)
	(1,059,000)	-	-	(1,059,000)
Deficiency of revenues over expenses	7,834,130	(4,683,876)	-	3,150,254
Change in interest in net assets of affiliate	1,245,634	-	(817,195)	428,439
Transfers between affiliates	(6,954,076)	5,501,071	-	(1,453,005)
Pension and other post-retirement related changes other than net periodic benefit cost	(6,052,464)	-	-	(6,052,464)
(Decrease) increase in unrestricted net assets	$ (3,926,776)	$ 817,195	$ (817,195)	$ (3,926,776)

The Griffin Hospital and Subsidiary
Consolidating Statement of Operations
Year Ended September 30, 2013

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Operating revenues				
Net patient service revenue	$ 128,179,238	$ 3,349,573	$ -	$ 131,528,811
Provision for doubtful accounts, net of recoveries	(2,373,418)	(114,342)	-	(2,487,760)
Net patient service revenue less provision for doubtful accounts	125,805,820	3,235,231	-	129,041,051
Other operating revenue	3,603,467	630,773	(630,773)	3,603,467
Net assets released from restrictions for operations	110,583	-	-	110,583
Total operating revenues	129,519,870	3,866,004	(630,773)	132,755,101
Operating expenses				
Employee compensation and related expenses	72,402,054	4,388,115	-	76,790,169
Supplies and other expenses	46,423,483	3,017,836	(630,773)	48,810,546
Depreciation	6,099,345	76,501	-	6,175,846
Interest	2,451,658	-	-	2,451,658
Total operating expenses	127,376,540	7,482,452	(630,773)	134,228,219
Gain (loss) from operations	2,143,330	(3,616,448)	-	(1,473,118)
Nonoperating gains (losses)				
Investment income	436,170	-	-	436,170
Change in fair value of interest rate swaps	1,803,353	-	-	1,803,353
Research grant revenues	2,231,692	-	-	2,231,692
Research grant expenses	(2,291,549)	-	-	(2,291,549)
	2,179,666	-	-	2,179,666
Deficiency of revenues over expenses	4,322,996	(3,616,448)	-	706,548
Change in interest in net assets of affiliate	471,884	-	145,159	617,043
Transfers between affiliates	(3,563,164)	3,471,289	-	(91,875)
Pension and other post-retirement related changes other than net periodic benefit cost	14,637,527	-	-	14,637,527
Increase (decrease) in unrestricted net assets	$ 15,869,243	$ (145,159)	$ 145,159	$ 15,869,243