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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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GRIFFIN HOSPITAL		D Employer identification number 06-0647014	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	130 DIVISION STREET		(203) 732-7528	
	City or town, state or province, country, and ZIP or foreign postal code DERBY, CT 06418		G Gross receipts \$ 153,074,211	
F Name and address of principal officer PATRICK CHARME 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)		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ☐		
J Website: ☐ GRIFFINHEALTH.ORG				

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐	L Year of formation 1908	M State of legal domicile CT
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities GRIFFIN HOSPITAL IS COMMITTED TO PROVIDING PERSONALIZED, HUMANISTIC, CONSUMER-DRIVEN HEALTH CARE IN A HEALING ENVIRONMENT		
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,471	
6 Total number of volunteers (estimate if necessary)	6	432	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,631,396	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,883,920	2,304,322
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,777,765	147,861,773
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,608	390,781
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	554,385	2,517,335
	141,539,678	153,074,211	
Expenses	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)	72,464,593	77,228,070
	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)	59,780,750	67,748,671
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	132,245,343	144,976,741
	19 Revenue less expenses Subtract line 18 from line 12	9,294,335	8,097,470
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	119,095,066	115,933,017
	21 Total liabilities (Part X, line 26)	135,761,625	145,509,400
	22 Net assets or fund balances Subtract line 21 from line 20	-16,666,559	-29,576,383

Part II

Signature Block

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

Sign Here	☐ ***** Signature of officer	2016-08-12 Date
	☐ JAMES DOWNEY CONTROLLER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature DOUGLAS FARRINGTON	Date	Check ☐ if self-employed	PTIN P00370668
	Firm's name ☐ MARCUM LLP			Firm's EIN ☐ 11-1986323	
	Firm's address ☐ CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103			Phone no (860) 760-0600	

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 \$ 112,286,450 including grants of \$) (Revenue \$ 136,763,824)

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 \$ 3,748,475 including grants of \$) (Revenue \$ 9,697,444)

PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY

4c

(Code) (Expenses \$ 1,100,549 including grants of \$) (Revenue \$ 1,542,679)

PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 529,679 including grants of \$) (Revenue \$ 1,035,195)

4e

Total program service expenses

117,665,153

Form 990 (2014)

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	No
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	No
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 Yes	
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.	203	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,471	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	19	
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	13	
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	No
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, address, and telephone number of the person who possesses the organization's books and records	JAMES DOWNEY

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			

Part VII

(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,237,271	151,818	266,851

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 78

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
UNIDINE CORPORATION 75 REMITTANCE DRIVE CHICAGO, IL 60675	DINING SERVICES	1,760,713
CONNECTICUT EMERGENCY MEDICINE PO BOX 271618 WEST HARTFORD, CT 06127	MEDICAL SERVICES	1,345,203
QUEST DIAGNOSTICS 2025 COLLECTION CENTER CHICAGO, IL 60693	LABORATORY SERVICES	828,052
GRIFFIN PATHOLOGY CONSULTANTS 1140 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	MEDICAL SERVICES	550,000
DAIKIN APPLIED 24827 NETWORK PLACE CHICAGO, IL 60673	A/C REPAIRS	337,816

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 ▶23

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	1,696,835		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	607,487		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		2,304,322		
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 622110	144,733,465	141,154,314	3,579,151
	b	STATE SUPPLEMENTAL REVENUE	900099	1,899,613	1,899,613	
	c	OTHER PROGRAM SERVICES	621500	823,884	823,884	
	d	TUITION/EDUCATION REVENUE	900099	404,811	404,811	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		147,861,773		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		330,154	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real			
			(ii) Personal			
				332,076		
				0		
b		Less rental expenses				
c		Rental income or (loss)		332,076		
d		Net rental income or (loss)		332,076		332,076
7a		Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				60,127	500	
				0	0	
b		Less cost or other basis and sales expenses				
c		Gain or (loss)		60,127	500	
d		Net gain or (loss)		60,627		60,627
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	CAFETERIA INCOME	900099	955,105		955,105	
b	OTHER INCOME	900099	931,437	878,652	52,245	
c	ACO PROJECT	900099	246,514	246,514		
d	All other revenue		52,203	52,203		
e	Total. Add lines 11a-11d		2,185,259			
12	Total revenue. See Instructions		153,074,211	145,459,991	3,631,396	1,678,502

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 domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,086,961	304,795	1,782,166	
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.	56,038,020	47,923,538	8,114,482	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,908,841	2,446,464	462,377	
9	Other employee benefits.	11,721,936	9,823,406	1,898,530	
10	Payroll taxes.	4,472,312	3,718,837	753,475	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	175,864		175,864	
c	Accounting.	292,721		292,721	
d	Lobbying.	22,288		22,288	
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).	6,917,129	5,791,529	1,125,600	
12	Advertising and promotion.	530,845	530,845		
13	Office expenses.	2,975,260	2,342,552	632,708	
14	Information technology.	1,087,335	332,150	755,185	
15	Royalties.				
16	Occupancy.	3,774,354	2,940,132	834,222	
17	Travel.	298,459	79,546	218,913	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	2,123,882	2,018,275	105,607	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,440,681	3,450,453	990,228	
23	Insurance.	798,307	606,959	191,348	
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	24,480,232	24,480,232		
b	STATE HOSPITAL TAX EXP	6,283,833		6,283,833	
c	PHYSICIAN FEES	4,610,325	4,005,380	604,945	
d	GRANT EXPENSES	2,039,194	2,039,194		
e	All other expenses	6,897,962	4,830,866	2,067,096	
25	Total functional expenses. Add lines 1 through 24e.	144,976,741	117,665,153	27,311,588	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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		963	1	962
	2	Savings and temporary cash investments		7,522,502	2	6,771,172
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,651,193	4	13,268,952
	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		940,022	8	938,379
	9	Prepaid expenses and deferred charges		2,653,216	9	2,650,944
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a153,063,680			
	b	Less accumulated depreciation	10b101,440,870	53,137,742	10c	51,622,810
	11	Investments—publicly traded securities		14,345,035	11	14,161,460
	12	Investments—other securities See Part IV, line 11		3,760,171	12	3,450,227
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		24,084,222	15	23,068,111
	16	Total assets. Add lines 1 through 15 (must equal line 34)		119,095,066	16	115,933,017
Liabilities	17	Accounts payable and accrued expenses		24,399,592	17	24,726,374
	18	Grants payable			18	
	19	Deferred revenue		39,289	19	157,449
	20	Tax-exempt bond liabilities		46,239,634	20	44,033,321
	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		735,000	24	2,140,557
	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		64,348,110	25	74,451,699
	26	Total liabilities. Add lines 17 through 25		135,761,625	26	145,509,400
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		-26,106,535	27	-39,254,442
	28	Temporarily restricted net assets		3,519,544	28	4,067,571
	29	Permanently restricted net assets		5,920,432	29	5,610,488
	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		-16,666,559	33	-29,576,383
	34	Total liabilities and net assets/fund balances		119,095,066	34	115,933,017

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,074,211
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,976,741
3	Revenue less expenses Subtract line 2 from line 1	3	8,097,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-16,666,559
5	Net unrealized gains (losses) on investments	5	-566,507
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	-20,440,787
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-29,576,383

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(Code	) (Expenses \$	529,679	including grants of \$	) (Revenue \$	1,035,195)
PROVIDE HOSPICE SERVICES TO THE COMMUNITY					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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) JOSEPH ANDREANA TRUSTEE	1 00 2 00	X						0	0	0
(1) FREDERICK BROWNE MD TRUSTEE	1 00 42 00	X						0	151,818	14,862
(2) KENNETH BALDYGA TRUSTEE	1 00 4 00	X						0	0	0
(3) JOHN W BETKOWSKI III TRUSTEE	1 00 5 00	X						0	0	0
(4) GREGORY BORIS DO TRUSTEE	1 00 1 00	X						0	0	0
(5) PATRICK CHARMEL CEO/PRESIDENT	40 00 6 00	X		X				490,610	0	23,884
(6) DONNA DIGIANVITTORIO TRUSTEE	1 00 2 00	X						0	0	0
(7) NANCY DINARDO TRUSTEE	1 00 3 00	X						0	0	0
(8) KENNETH J DOBULER MD TRUSTEE/PHYSICIAN	40 00 1 00	X						240,430	0	4,219
(9) DAVID J HENDRICKS MD TRUSTEE	1 00 2 00	X						0	0	0
(10) JEAN CRUM JONES MPH RD TRUSTEE	1 00 3 00	X						0	0	0
(11) THEMIS KLARIDES TRUSTEE	1 00 2 00	X						0	0	0
(12) GEORGE S LOGAN TRUSTEE	1 00 4 00	X						0	0	0
(13) FRANK M OSAK TRUSTEE	1 00 4 00	X						0	0	0
(14) WM NEIL PEARSON MD TRUSTEE	1 00 2 00	X						39,843	0	0
(15) ROBERT G REISS TRUSTEE	1 00 3 00	X						0	0	0
(16) GERALD T WEINER ESQ CHAIRMAN	1 00 5 00	X		X				0	0	0
(17) PHILLIP WHITE TRUSTEE	1 00 2 00	X						0	0	0
(18) JOHN J ZAPRZALKA TRUSTEE	1 00 4 00	X						0	0	0
(19) MARK O'NEILL CFO/VP FINANCE	40 00			X				284,090	0	5,538
(20) MARGARET DEEGAN VP	40 00				X			216,400	0	22,065
(21) TODD LIU VP	40 00				X			151,609	0	19,507
(22) BARBARA STUMPO VP	40 00				X			206,865	0	22,127
(23) KATHLEEN MARTIN VP	40 00				X			169,166	0	22,120
(24) BENJAMIN ZIGUN PHYSICIAN	40 00					X		253,876	0	19,748

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

(A) Name and Title	(B) Average hours per week (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			
(26) EDWARD HALSTEAD PHYSICIAN	40 00					X		233,062	0	21,929
(1) MIHAELA BORAN PHYSICIAN	40 00					X		186,526	0	20,671
(2) DEBORAH L HENNESSEY RN	40 00					X		141,399	0	2,546
(3) GEORGE TOMAS DIRECTOR OF IT DEPARTMENT	40 00					X		154,215	0	6,144
(4) KENNETH SCHWARTZ FORMER DIRECTOR	40 00						X	116,977	0	26,067
(5) EDWARD BERNIS FORMER OFFICER	40 00						X	161,057	0	17,712
(6) SETH SHEPARD FORMER OFFICER	40 00						X	191,146	0	17,712

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization GRIFFIN HOSPITAL	Employer identification number 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		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			22,288
	j Total Add lines 1c through 1i				22,288
	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).	2a	
a	Current year.		
b	Carryover from last year.		
c	Total.		
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, lines 1 and 2 (see instructions), 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 9/30/2015, \$22,288 OF THE MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization GRIFFIN HOSPITAL	Employer identification number 06-0647014
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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 value of contributions to (during year)	
3	Aggregate value of 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐ 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	3,626,432	3,409,062	3,249,540	2,932,333	2,953,261
b Contributions					
c Net investment earnings, gains, and losses	-40,930	242,728	183,001	322,207	-1,478
d Grants or scholarships					
e Other expenditures for facilities and programs		25,358	23,479	5,000	19,450
f Administrative expenses					
g End of year balance	3,585,502	3,626,432	3,409,062	3,249,540	2,932,333

- 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

(i) unrelated organizations

3a(i)

Yes

No

(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 | | 72,353,793 | 38,454,107 | 33,899,686 |
| c Leasehold improvements | | | | |
| d Equipment | | 74,285,053 | 61,928,958 | 12,356,095 |
| e Other | | 2,409,743 | 1,057,805 | 1,351,938 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 51,622,810 |
- Schedule D (Form 990) 2014

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	152,548,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-494,719
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	-494,719
3	Subtract line 2e from line 1	3	153,043,353
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	30,858
c	Add lines 4a and 4b	4c	30,858
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	153,074,211

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	144,976,741
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	144,976,741
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	144,976,741

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 X, LINE 2	THE HOSPITAL AND GFP ARE NOT-FOR-PROFIT ORGANIZATIONS, EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE HOSPITAL AND GFP ACCOUNT FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2015, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE HOSPITAL AND GFP ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE HOSPITAL AND GFP ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2012.
PART XI, LINE 4B - OTHER ADJUSTMENTS	TEMPORARILY RESTRICTED INVESTMENT INCOME 30,858

[illegible]

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 POSTRETIREMENT BENEFIT LIABILITY	9,266,609
	PROFESSIONAL AND GENERAL LIABILITY LOSS RESERVES	3,172,632
	ACCRUED PENSION LIABILITY	45,060,464
	WORKERS COMPENSATION LOSS RESERVES	1,827,843
	ACCRUED INTEREST PAYABLE	280,977
	CONDITIONAL ASSET RETIREMENT OBLIGATIONS	104,600
	INTEREST RATE SWAP AGREEMENTS	7,643,841
	ESTIMATED THIRD-PARTY SETTLEMENTS	6,818,099
	DUE TO AFFILIATES	276,634

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>25000 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
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)		195	951,441	0	951,441	0 700 %
b Medicaid (from Worksheet 3, column a)		16,064	17,927,641	13,033,691	4,893,950	3 600 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		117	118,227	102,186	16,041	0 %
d Total Financial Assistance and Means-Tested Government Programs		16,376	18,997,309	13,135,877	5,861,432	4 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	117,093	956,856	114,356	842,500	0 700 %
f Health professions education (from Worksheet 5)	1	0	7,284,633	5,948,208	1,336,425	1 000 %
g Subsidized health services (from Worksheet 6)	3	37,674	8,225,873	6,066,402	2,159,471	1 600 %
h Research (from Worksheet 7)	1	0	1,317,442	1,175,510	141,932	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	589	81,751	35,842	45,909	0 %
j Total Other Benefits	23	155,356	17,866,555	13,340,318	4,526,237	3 400 %
k Total. Add lines 7d and 7j	23	171,732	36,863,864	26,476,195	10,387,669	7 700 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2543,617		
3Enter 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.	30		
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).	545,706,344		
6Enter Medicare allowable costs of care relating to payments on line 5.	653,132,162		
7Subtract line 6 from line 5. This is the surplus (or shortfall).	7-7,425,818		
8Describe 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

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
bIf "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 IVManagement 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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)

GRIFFIN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
Financial Assistance Policy (FAP)				
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000% b ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) WWW.GRIFFINHEALTH.ORG/PATIENT-INFORMATION/BILLING-INSURANCE/UNINSURED b ☒ The FAP application form was widely available on a website (list url) WWW.GRIFFINHEALTH.ORG/PORTALS/0/DOCUMENTS/FINANCIAL_ASSISTANCE_APPLICATION c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW.GRIFFINHEALTH.ORG/PORTALS/0/DOCUMENTS/FINANCIAL_ASSISTANCE_APPLICATION d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ Other (describe in Section C)	16	Yes	

Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☐ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

Griffin Hospital

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other 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? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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) f ☐ None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☒ Other (describe in Section C) 23 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? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 ONE (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 IN ATTACHMENT A 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 OR 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 3 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 4 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 DESCRIED ABOVE, THE HOSPITAL SHALL RELY UPON WRITTEN AND SIGNED STATEMENTS FORM THE GUARANTOR TO MAKE A FINAL DETERMINATION OF ELIGIBILITY FOR CLASSIFICATION AS AN INDIGENT PERSON

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE AND OTHER COMMUNITY BENEFITS TABLE 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 I, LINE 6A	GRIFFIN HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT FOR YEAR ENDING 2015 IT IS POSTED ON THE GRIFFIN HOSPITAL WEBSITE

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 III, LINE 4	GRIFFIN HOSPITAL AND SUBSIDIARY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS SEPTEMBER 30, 2015 NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION - MEASURING CHARITY CARE 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. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. SELF-PAY REVENUES ARE DERIVED PRIMARILY FROM PATIENTS WHO DO NOT HAVE ANY FORM OF HEALTH CARE COVERAGE. THE HOSPITAL EVALUATES THESE PATIENTS, AFTER THE PATIENT'S MEDICAL CONDITION IS DETERMINED TO BE STABLE, FOR THEIR ABILITY TO PAY BASED UPON FEDERAL AND STATE POVERTY GUIDELINES, QUALIFICATIONS FOR MEDICAID OR OTHER GOVERNMENTAL ASSISTANCE PROGRAMS, AS WELL AS THE HOSPITAL'S POLICY FOR CHARITY CARE. FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE HOSPITAL ESTIMATES THAT ITS COSTS OF CARE PROVIDED UNDER ITS CHARITY CARE PROGRAMS APPROXIMATED \$822,647 AND \$1,020,814, RESPECTIVELY. THE HOSPITAL'S MANAGEMENT ESTIMATES ITS COSTS OF CARE PROVIDED UNDER ITS CHARITY CARE PROGRAMS UTILIZING A CALCULATED RATIO OF COSTS TO GROSS CHARGES MULTIPLIED BY THE HOSPITAL'S GROSS CHARITY CARE CHARGES PROVIDED. THE HOSPITAL'S GROSS CHARITY CARE CHARGES INCLUDE ONLY SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE TO PAY AND QUALIFY UNDER THE HOSPITAL'S CHARITY CARE POLICY. TO THE EXTENT THE HOSPITAL RECEIVES REIMBURSEMENT THROUGH THE VARIOUS GOVERNMENTAL ASSISTANCE PROGRAMS IN WHICH IT PARTICIPATES TO SUBSIDIZE ITS CARE OF INDIGENT PATIENTS, THE HOSPITAL DOES NOT INCLUDE THESE PATIENTS' CHARGES IN ITS COST OF CARE PROVIDED UNDER ITS CHARITY CARE PROGRAM. ADDITIONALLY, THE HOSPITAL DOES NOT REPORT A CHARITY CARE PATIENT'S CHARGES IN REVENUES OR IN THE PROVISION FOR DOUBTFUL ACCOUNTS AS IT IS THE HOSPITAL'S POLICY NOT TO PURSUE COLLECTION OF AMOUNTS RELATED TO THESE PATIENTS.

Form and Line Reference	Explanation
PART III, LINE 8	GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE \$7 425 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 5 5% 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 OWN FINANCIAL ASSISTANCE PROGRAM GRIFFIN WILL NOT KNOWINGLY SEND THAT PATIENT 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 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 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 THAT 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 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 RESOURCES 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) WERE 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, AN S W O T ANALYSIS, AND BRAINSTORMING, 175 STAKEHOLDERS IDENTIFIED ARTS & RECREATION, COMMUNITY INVOLVEMENT, ECONOMIC DEVELOPMENT, 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 ARE A, AND CUSTOMER SERVICE AREA) IN ENGLISH AND SPANISH EXPLAINING THE FINANCIAL ASSISTANCE P OLICY 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 PROCEDURE T HE PATIENT IS REGISTERED BY THE ADMITTING REGISTRAR WHO WILL IDENTIFY THE PATIENT AS HAVIN G NO MEDICAL INSURANCE (SELF PAY) THE PATIENT WILL BE GIVEN A FINANCIAL ASSISTANCE PAMPHLE T THAT WILL IDENTIFY ALL GRIFFIN HOSPITAL FREE CARE ASSISTANCE PROGRAMS THE PAMPHLET ALSO INCLUDES HOSPITAL CONTACTS FOR PATIENTS SEEKING STATE WELFARE, SAGA (CITY WELFARE), OR OT HER STATE PROGRAMS PATIENTS WHO REGISTER AS HAVING NO MEDICAL INSURANCE WITH ACCOUNT BALAN CES OVER \$3,000 WILL BE REFERRED TO THE HOSPITAL ELIGIBILITY WORKER THE PATIENT WILL BE S EEN WITHIN 24 HOURS OF ADMISSION IF THE ELIGIBILITY WORKER IS UNABLE TO FULFILL THIS REQU IREMENT DUE TO ABSENCE, THE FINANCIAL ADVISOR WILL TAKE THE NECESSARY STEPS TO FULFILL THI S REQUIREMENT ALL ACCOUNTS UNDER \$3,000 WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVISO RS THE HOSPITAL ELIGIBILITY WORKER WILL COMPLETE A FINANCIAL SCREENING FOR THOSE PATIENTS SEEKING TITLE 19 ELIGIBILITY AND FOR THE UNINSURED STATUS THE HOSPITAL ELIGIBILITY WORKER WILL IDENTIFY PATIENTS MEETING THE STATE/SAGA AND HUSKY PROGRAM CRITERIA FOR PATIENTS MEE TING THE CRITERIA, THE APPLICATION PROCESS WILL BE COMPLETED AND ALL PAPERWORK FORWARDED T O THE APPROPRIATE STATE DEPARTMENT FOR PROCESSING THE PATIENTS WHO DO NOT MEET THE CRITERI A FOR THE STATE/SAGA/HUSKY PROGRAMS WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVISOR THE FINANCIAL ADVISOR WILL BEGIN A REVIEW TO DETERMINE IF THE PATIENT MEETS THE UNINSURED CRI TERIA IDENTIFIED IN PUBLIC ACT 03-266 A LETTER WILL BE SENT TO THE PATIENT REQUESTING THA T PATIENT TO VERIFY THAT THEY DO NOT HAVE MEDICAL INSURANCE AS IDENTIFIED DURING THEIR HOS PITAL REGISTRATION PROCESS THE LETTER WILL ALSO REQUEST ADDITIONAL PATIENT INFORMATION RE GARDING THE PATIENT'S INCOME IF NECESSARY THE CRITERIA THE PATIENT MUST MEET AS IDENTIFIE D IN PUBLIC ACT 03-266 ARE AS FOLLOWS PATIENT'S INCOME, BASED ON FAMILY SIZE, FALLS UNDER 250% OF THE POVERTY INCOME GUIDELINES (POVERTY INCOME GUIDELINE SCALE AVAILABLE UPON REQUE ST) HOSPITAL HAS MADE A FULL DETERMINATION AS TO THE STATUS OF THE STATE/SAGA/HUSKY PROGRAM S (IF APPLICABLE) ALL GRIFFIN HOSPITAL FREE BED FUNDS HAVE BEEN REVIEWED AND DETERMINED NON -APPLICABLE FOR THE PATIENT IN REVIEW IF THE PATIENT RESPONDS TO THE LETTER SENT OUT BY THE FINANCIAL ADVISOR, THIS WILL BEGIN THE APPLICATION PROCESS FOR THE VERIFICATION OF THE UN INSURED PATIENT STATUS THE FOLLOWING INFORMATION WILL NEED TO BE FINALIZED WITH THE PATIE NT IN ORDER FOR THE UNINSURED DETERMINATION TO BE MADE PROOF OF PATIENT INCOME AND FAMILY SIZE HOSPITAL HAS MADE A FINAL DETERMINATION AS TO THE STATUS OF THE STATE/SAGA/HUSKY PROGR AMS (IF APPLICABLE) VERIFICATION OF ALL FREE BED FUNDS BEING REVIEWED WITH THE PATIENT UPON DETERMINATION THAT A PATIENT MEETS THE OUTLINED CRITERIA, THE PATIENT WILL BE CLASSIFIED A S FOLLOWS UNINSURED STATUS, THE PATIENT'S ACCOUNT WILL BE TAKEN FROM TOTAL GROSS CHARGES AN D REDUCED TO COST BY APPLYING FACTOR SUPPLIED ANNUALLY BY THE OFFICE OF HEALTH CARE ACCESS THE PATIENT WILL BE INFORMED OF THIS DECISION AND WILL BE SENT A LETTER THAT WILL REFLECT THE BALANCE AT REDUCTION ON ALL APPLICABLE ACCOUNTS THE PATIENT WILL BE ADVISED OF THE BALA NCE THAT IS DUE AND PAYABLE THE FINANCIAL ADVISOR WILL CONTACT THE PATIENT TO ACCOMPLISH TH E FOLLOWING ATTEMPT PAYMENT ARRANGEMENT WITH THE PATIENT ON THE REMAINING BALANCE IF THE PA TIENT IDENTIFIES TO THE FINANCIAL ADVISOR THAT THEY CANNOT AFFORD THE REMAINING BALANCE, A N APPLICATION FOR FREE CARE ASSISTANCE WILL BE COMPLETED IF A PATIENT APPLIES FOR FREE CAR E ASSISTANCE, THE FINANCIAL ADVISOR WILL MAKE A DECISION ON FREE CARE ELIGIBILITY BASED ON THE PATIENT'S FAMILY SIZE AND INCOME FREE CARE WILL BE OFFERED BASED ON THE GRIFFIN HOSP ITAL FREE CARE ASSISTANCE SLIDING SCALE (SLIDING SCALE AVAILABLE UPON REQUEST) THE FINANCI AL ADVISOR WILL ADVISE THE PATIENT OF THE FREE CARE DETERMINATION THAT WILL BE APPLIED TO THE PATIENTS REMAINING BALANCE THE FINANCIAL ADVISOR WILL COMPLETE ALL APPROPRIATE LOGS WI TH THE DECISIONS AND AMOUNTS 2 - FREE CARE ASSISTANCE ANY PATIENT REQUESTING FINANCIAL ASSI STANCE IN PAYING THEIR GRIFFIN HOSPITAL BILL CAN APPLY FOR THE FREE CARE ASSISTANCE PROGRA M BY CONTACTING THE HOSPITALS FINANCIAL ADVISORY STAFF THE FINANCIAL ADVISOR WILL BE CONTA CT BY THE PATIENT TO COMPLETE THE FREE CARE APPLICATION PROCESS THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPL ICATION PATIENT W-2 FORM (TAX STATEMENT FROM PREVIOUS AND CURRENT YEAR) THREE CONSECUTIVE P AY STUBS FROM PATIENT'S CURRENT EMPLOYMENT DEPENDEN

Form and Line Reference	Explanation
PART VI, LINE 3	T INFORMATION (FAMILY SIZE)ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTSTHE FINANCIAL AD VISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE THIS IS BASED ON THE FEDERAL POVER TY INCOME GUIDELINES (SLIDING SCALE AVAILABLE UPON REQUEST) THE FINANCIAL ADVISOR WILL MA KE A DETERMINATION OF FREE CARE ELIGIBILITY STATUS IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENTS ACCOUNT BAL ANCE IF A PATIENT BALANCE REMAINS, THE FINANCIAL ADVISOR WILL PURSUE ONE OF THE FOLLOWING WITH THE PATIENT REQUIRE PAYMENT IN FULLSET UP A MONTHLY PAYMENT ARRANGEMENTIF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN O UTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE IF A PATIENT DOES NOT QUALIFY FOR F REE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO OBTAIN PAYMENT IN FULLSET UP A MONTHLY PAYMENT ARRANGEMENTIF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDU LE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BA LANCE IN SOME CASES, IT IS NECESSARY TO OVERRIDE THE POLICY GUIDELINES ON INCOME DUE TO S PECIAL CIRCUMSTANCE REQUIREMENTS, I E , SOCIAL ADMITS, MAXED OUT DAYS, DECEASED PATIENTS AN OVERRIDE CAN BE OBTAINED BY THE SUPERVISOR AND DIRECTOR OR CFO ALLOWING FOR CONSIDERATI ON OF ELIGIBILITY THE COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHL Y BASIS 3 - FREE BED FUNDTHE HOSPITAL HAS THE FOLLOWING FREE BED FUNDS AVAILABLE FOR PATI ENTS WHO MEET THE FOLLOWING OUTLINED CRITERIA FOR EACH FUND THE ENO FUND THE APPLICANT MU ST BE A WORTHY PROTESTANT WOMAN, 60 YEARS OF AGE OR OLDER, AND BE A RESIDENT OF ANSONIA, D ERBY OR SEYMOUR PINE TRUST THE FUND IS AVAILABLE TO INDIGENT PATIENTS OF GRIFFIN HOSPITAL WHO RESIDE IN THE CITY OF ANSONIA DN CLARK THE FUND IS AVAILABLE TO SHELTON RESIDENTS AL L 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, SEYMOUR 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 POPULATION 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 THRU MANY PROGRAMS AND ASSOCIATIONS INCLUDING DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING GRIFFIN COORDINATE 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/COMPANIESCOMMUNITY 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 2006GRIFFIN 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 GROUPBEREAVEMENT SUPPORT GROUPBEREAVEMENT SUPPORT GROUP FOR PARENTSTHE 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 6A CHNA WAS NOT CONDUCTED WITH ANY OTHER HOSPITAL
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 7D GUIDESTAR - WWW GUIDESTAR ORG/FINDOCUMENTS/2013
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 11 GRIFFIN'S CHNA IDENTIFIED OUR COMMUNITY NEEDS AS AWARENESS OF HEALTH AND HUMAN SERVICES, TRANSPORTATION, OBESITY, PRIMARY CARE ACCESS, COMMUNITY POPULAT ION BASED MEDICAL ISSUES, CLINICAL SERVICES, SUBSTANCE ABUSE, PRE-NATAL CARE AND REGIONAL COOPERATION ON HEALTH ISSUES GRIFFIN PLANS TO ADDRESS PRIORITY AREAS WITH IMPLEMENTATION PLANS ON ALL BUT ONE OF THE SUGGESTED NEEDS THERE WAS A PERCEPTION THAT PRE-NATAL CARE WA S LOW AND THAT AN INTERVENTION WAS NEEDED RESEARCH, HOWEVER, REVEALED THAT PRENATAL CARE FOR MOTHERS-TO-BE IN THE VALLEY WAS SIGNIFICANTLY BETTER WHEN COMPARED TO THE STATE AND NE WHAVEN COUNTY AS REPORTED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BASED ON THE AC TUAL DATA THERE IS NO ACTION REQUIRED RELATED TO PRE-NATAL CARE THE INFORMATION WILL BE W IDELY SHARED WITH HEALTH AND HUMAN SERVICE ORGANIZATION 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 13B INVESTMENT, IRA, CHECKING ACCT, REAL ESTATE
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 16I FINANCIAL ASSISTANCE INFORMATION FOR GRIFFIN HOSPITAL IS POST ED THROUGHOUT THE HOSPITAL'S MAIN REGISTRATION AREA AND IS ATTACHED TO THE BILLING INVOICE S
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 22D THE UNINSURED RATES ARE ESTABLISHED BASED ON THE AVERAGE PAYMENTS RECEIVED FROM OUR LARGEST PARTICIPATING HMO
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
GRIFFIN HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	WWW GRIFFINHEALTH ORG/PATIENT-INFORMATION/BILLING-INSURANCE/UNINSURED
GRIFFIN HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	WWW GRIFFINHEALTH ORG/PORTALS/0/DOCUMENTS/FINANCIAL_ASSISTANCE_APPLICATION
GRIFFIN HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	WWW GRIFFINHEALTH ORG/PATIENT-INFORMATION/BILLING-INSURANCE

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.

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

OMB No 1545-0047

2014

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		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 in column(B) 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
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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 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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FREDERICK BROWNE MD, TRUSTEE	(i) 0 (ii) 151,818	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 7,950	(i) 0 (ii) 6,912	(i) 0 (ii) 166,680	(i) 0 (ii) 0
PATRICK CHARMEI, CEO/PRESIDENT	(i) 443,216 (ii) 0	(i) 47,394 (ii) 0	(i) 0 (ii) 0	(i) 7,156 (ii) 0	(i) 16,728 (ii) 0	(i) 514,494 (ii) 0	(i) 0 (ii) 0
KENNETH J DOBULER MD, TRUSTEE/PHYSICIAN	(i) 240,430 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 4,219 (ii) 0	(i) 0 (ii) 0	(i) 244,649 (ii) 0	(i) 0 (ii) 0
MARK O'NEILL, CFO/VP FINANCE	(i) 251,548 (ii) 0	(i) 32,542 (ii) 0	(i) 0 (ii) 0	(i) 3,558 (ii) 0	(i) 1,980 (ii) 0	(i) 289,628 (ii) 0	(i) 0 (ii) 0
MARGARET DEEGAN, VP	(i) 189,875 (ii) 0	(i) 26,525 (ii) 0	(i) 0 (ii) 0	(i) 4,353 (ii) 0	(i) 17,712 (ii) 0	(i) 238,465 (ii) 0	(i) 0 (ii) 0
TODD LIU, VP	(i) 136,018 (ii) 0	(i) 15,591 (ii) 0	(i) 0 (ii) 0	(i) 1,795 (ii) 0	(i) 17,712 (ii) 0	(i) 171,116 (ii) 0	(i) 0 (ii) 0
BARBARA STUMPO, VP	(i) 182,696 (ii) 0	(i) 24,169 (ii) 0	(i) 0 (ii) 0	(i) 4,415 (ii) 0	(i) 17,712 (ii) 0	(i) 228,992 (ii) 0	(i) 0 (ii) 0
KATHLEEN MARTIN, VP	(i) 147,917 (ii) 0	(i) 21,249 (ii) 0	(i) 0 (ii) 0	(i) 4,408 (ii) 0	(i) 17,712 (ii) 0	(i) 191,286 (ii) 0	(i) 0 (ii) 0
BENJAMIN ZIGUN, PHYSICIAN	(i) 253,876 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 2,036 (ii) 0	(i) 17,712 (ii) 0	(i) 273,624 (ii) 0	(i) 0 (ii) 0
EDWARD HALSTEAD, PHYSICIAN	(i) 233,062 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 4,217 (ii) 0	(i) 17,712 (ii) 0	(i) 254,991 (ii) 0	(i) 0 (ii) 0
MIHAELA BORAN, PHYSICIAN	(i) 186,526 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 2,959 (ii) 0	(i) 17,712 (ii) 0	(i) 207,197 (ii) 0	(i) 0 (ii) 0
GEORGE TOMAS, DIRECTOR OF IT DEPARTMENT	(i) 150,562 (ii) 0	(i) 3,653 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 6,144 (ii) 0	(i) 160,359 (ii) 0	(i) 0 (ii) 0
KENNETH SCHWARTZ, FORMER DIRECTOR	(i) 97,075 (ii) 0	(i) 19,902 (ii) 0	(i) 0 (ii) 0	(i) 9,339 (ii) 0	(i) 16,728 (ii) 0	(i) 143,044 (ii) 0	(i) 0 (ii) 0
EDWARD BERNS, FORMER OFFICER	(i) 141,380 (ii) 0	(i) 19,677 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 17,712 (ii) 0	(i) 178,769 (ii) 0	(i) 0 (ii) 0
SETH SHEPARD, FORMER OFFICER	(i) 167,203 (ii) 0	(i) 23,943 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 17,712 (ii) 0	(i) 208,858 (ii) 0	(i) 0 (ii) 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GRIFFIN HOSPITAL

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

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		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		
					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								
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								
6	Total of lines 4 and 5								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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			WELLS FARGO					
c	Term of hedge			30 00000000000000					
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?	X		X					

Part VI

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGORY BORIS DO	TRUSTEE	1,345,203	GRIFFIN HOSPITAL RETAINED THE SERVICES OF CONNECTICUT EMERGENCY MEDICINE SPECIALISTS TO OVERSEE THE EMERGENCY DEPARTMENT GREGORY BORIS IS THE DIRECTOR OF THE EMERGENCY DEPARTMENT		No
(2) DAVID J HENDRICKS MD	TRUSTEE	1,345,203	GRIFFIN HOSPITAL RETAINED THE SERVICES OF CONNECTICUT EMERGENCY MEDICINE SPECIALISTS TO OVERSEE THE EMERGENCY DEPARTMENT DAVID J HENDRICKS IS A CONSULTANT FOR CONNECTICUT EMERGENCY MEDICINE SPECIALISTS		No

Part V Supplemental Information

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

Return Reference	Explanation
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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization GRIFFIN HOSPITAL	Employer identification number 06-0647014
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	
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 THAN MIGHT AFFECT THE D ISCLOSED CONFLICT. ALL CONFLICTS ARE DISCLOSED AT THE ANNUAL MEETING.
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 BASED ON INDUSTRY DATA.
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 -6,299,917 MINIMUM PENSION LIABILITY ADJUSTMENT -12,041,404 CHANGE IN NET ASSETS OF AFFILIATE 691,232 CHANGE IN BENEFICIAL INTEREST IN TRUSTS -309,9 44 CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS -2,480,754
FORM 990, PART XII, 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.

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

OMB No 1545-0047

2014

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	No
(1) GRIFFIN HEALTH SERVICES CORPORATION 130 DIVISION STREET DERBY, CT 06418 22-2560257	HOLDING COMPANY	CT	501(C)(3)	LINE 11A, I	N/A		No
(2) GRIFFIN FACULTY PRACTICE PLAN INC 130 DIVISION STREET DERBY, CT 06418 06-1463147	MEDICAL/EDUCATION	CT	501(C)(3)	LINE 9	GRIFFIN HOSPITAL	Yes	
(3) GRIFFIN HOSPITAL DEVELOPMENT FUND 130 DIVISION STREET DERBY, CT 06418 22-2560254	FUNDRAISING	CT	501(C)(3)	LINE 11A, I	GRIFFIN HEALTH SERVICES CORPORATION		No
(4) PLANETREE INC 130 DIVISION STREET DERBY, CT 06418 06-1505284	EDUCATION	CT	501(C)(3)	LINE 9	GRIFFIN HEALTH SERVICES CORPORATION		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate 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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GH VENTURES INC 130 DIVISION STREET DERBY, CT 06418 22-2560247	RENTAL REAL ESTATE	CT	N/A	C					No
(2) HEALTHCARE ALLIANCE INSURANCE CO LTD 171 ELGIN AVENUE GEORGETOWN, GRAND CAYMAN 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					No

Part V

Transactions With Related Organizations

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

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

1

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

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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
(1) GRIFFIN FACULTY PRACTICE PLAN INC	R	5,649,125	

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation
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