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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*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Griffin Hospital

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Derby, CT 06418

D Employer identification number
06-0647014

E Telephone number
(203) 732-7528

G Gross receipts $ 183,941,753

F Name and address of principal officer
PATRICK CHARMEL
130 Division Street
Derby, CT 06418

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

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

H(c) Group exemption number ▶

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

J Website: ▶ GRIFFINHEALTH ORG

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

L Year of formation 1908

M State of legal domicile CT

Part I Summary

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

Activities & Governance

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**	16
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,638
6	Total number of volunteers (estimate if necessary)	**6**	285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,077,422
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-17,835

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,104,693	2,514,192
9	Program service revenue (Part VIII, line 2g)	167,363,786	177,448,476
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	349,434	387,123
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,148,733	2,098,472
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	171,966,646	182,448,263
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)	83,138,243	89,388,871
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)	73,706,348	77,165,234
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	156,844,591	166,554,105
19	Revenue less expenses Subtract line 18 from line 12	15,122,055	15,894,158

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	117,119,256	125,430,048
21	Total liabilities (Part X, line 26)	147,254,744	140,503,727
22	Net assets or fund balances Subtract line 21 from line 20	-30,135,488	-15,073,679

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2018-08-14
Signature of officer Date

james downey CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DOUGLAS FARRINGTON	DOUGLAS FARRINGTON			P00370668

Firm's name ▶ Marcum LLP — Firm's EIN ▶ 11-1986323

Firm's address ▶ 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 $ 127,447,410 including grants of $) (Revenue $ 162,614,217)
See Additional Data

4b (Code) (Expenses $ 4,130,979 including grants of $) (Revenue $ 12,080,707)
See Additional Data

4c (Code) (Expenses $ 1,813,709 including grants of $) (Revenue $ 2,171,493)
See Additional Data

(Code) (Expenses $ 421,012 including grants of $) (Revenue $ 1,301,422)
PROVIDE HOSPICE SERVICES TO THE COMMUNITY

4d Other program services (Describe in Schedule O)
(Expenses $ 421,012 including grants of $) (Revenue $ 1,301,422)

4e Total program service expenses ▶ 133,813,110

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	211		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,638		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its 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 130 division street derby, CT 06418 (203) 732-7528

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,818,556	364,748	255,987

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 ▶ 61

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIDINE CORPORATION PO BOX 360639 PITTSBURGH, PA 15251	DIETARY SERVICES	2,058,513
CT EMERGENCY MEDICINE SPECIALISTS PO BOX 271618 WEST HARTFORD, CT 06217	PHYSICIAN SERVICES	1,375,443
TURNER CONSTRUCTION 50 WATERVIEW DR SHELTON, CT 06484	CONSTRUCTION	1,142,681
ASCENSION HEALTH ALLIANCE PO BOX 505302 ST LOUIS, MO 63105	CONSULTING SERVICES	787,248
Jackson & Coker Locum Tenens PO Box 277638 Atlanta, GA 303847638	physician staffing	361,434

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	2,313,392		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	200,800		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		2,514,192		

Program Service Revenue	Business Code				
2a PATIENT SERVICE REVENUE	622110	170,388,161	169,361,223	1,026,938	
b State supplemental revenue	900099	5,318,339	5,318,339		
c OTHER PROGRAM SERVICES	621500	1,382,172	1,382,172		
d TUITION/EDUCATION REVENUE	900099	359,804	359,804		
e _____					
f All other program service revenue					
g Total. Add lines 2a–2f . . . . ▶		177,448,476			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		350,536			350,536
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	326,268				
b Less rental expenses	0				
c Rental income or (loss)	326,268				
d Net rental income or (loss) . . . . . ▶		326,268			326,268
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	1,530,077				
b Less cost or other basis and sales expenses	1,493,490				
c Gain or (loss)	36,587				
d Net gain or (loss) . . . . . ▶		36,587			36,587
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	1,002,357			1,002,357
b other INCOME	900099	769,847	719,363	50,484	
c _____					
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		1,772,204			
12 Total revenue. See Instructions . . . . . ▶		182,448,263	177,140,901	1,077,422	1,715,748

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) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,175,961	325,103	1,850,858	
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	65,044,130	56,202,288	8,841,842	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	724,417	628,130	96,287	
9 Other employee benefits	16,291,577	13,804,846	2,486,731	
10 Payroll taxes	5,152,786	4,325,045	827,741	
11 Fees for services (non-employees)				
a Management				
b Legal	219,886		219,886	
c Accounting	243,535		243,535	
d Lobbying	16,282		16,282	
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)	9,240,834	6,496,923	2,743,911	
12 Advertising and promotion	618,709	618,709		
13 Office expenses	3,715,327	2,891,033	824,294	
14 Information technology	886,208	182,014	704,194	
15 Royalties				
16 Occupancy	3,456,568	2,622,158	834,410	
17 Travel	286,638	77,323	209,315	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,978,275	1,665,490	312,785	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,577,736	3,556,946	1,020,790	
23 Insurance	2,728,905	2,181,618	547,287	
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	30,269,391	30,269,391		
b STATE HOSPITAL TAX EXP	7,583,772		7,583,772	
c PHYSICIAN FEES	3,951,366	3,195,925	755,441	
d BAD DEBTS	1,620,257	1,620,257		
e All other expenses	5,771,545	3,149,911	2,621,634	
25 **Total functional expenses.** Add lines 1 through 24e	166,554,105	133,813,110	32,740,995	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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		962	1	1,464
	2	Savings and temporary cash investments		8,451,571	2	11,267,637
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		13,410,622	4	13,624,224
	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		993,432	8	1,017,075
	9	Prepaid expenses and deferred charges		1,400,243	9	1,414,943
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 164,587,865			
	b	Less accumulated depreciation	10b 106,854,212	51,966,374	10c	57,733,653
	11	Investments—publicly traded securities		14,189,308	11	10,012,134
	12	Investments—other securities See Part IV, line 11		3,581,854	12	3,750,069
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		23,124,890	15	26,608,849
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		117,119,256	16	125,430,048
Liabilities	17	Accounts payable and accrued expenses		22,968,934	17	25,912,142
	18	Grants payable			18	
	19	Deferred revenue		430,074	19	1,253,087
	20	Tax-exempt bond liabilities		41,741,449	20	47,740,000
	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		1,563,518	24	959,361
	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		80,550,769	25	64,639,137
	26	**Total liabilities.** Add lines 17 through 25		147,254,744	26	140,503,727
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		-38,610,232	27	-24,145,803
	28	Temporarily restricted net assets		2,732,629	28	3,161,794
	29	Permanently restricted net assets		5,742,115	29	5,910,330
		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		-30,135,488	33	-15,073,679
	34	Total liabilities and net assets/fund balances		117,119,256	34	125,430,048

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	182,448,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,554,105
3	Revenue less expenses Subtract line 2 from line 1	3	15,894,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-30,135,488
5	Net unrealized gains (losses) on investments	5	537,532
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	-1,369,881
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-15,073,679

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-0647014

Name: Griffin Hospital

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY

Form 990, Part III, Line 4c:

PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS

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			
JOSEPH ANDREANA TRUSTEE	0 23 0 23	X						0	0	0
JOHN AVERSA DO TRUSTEE	0 23 0 23	X						0	0	0
FREDERICK BROWNE MD TRUSTEE	0 23 40 23	X						0	364,748	19,091
KENNETH BALDYGA CHAIRMAN	0 23 0 62	X		X				0	0	0
JOHN W BETKOWSKI III TRUSTEE	0 23 0 62	X						0	0	0
GREGORY BORIS DO TRUSTEE	0 23 0 15	X						0	0	0
PATRICK A CHARMEL CEO/PRESIDENT	45 00 5 15	X		X				525,748	0	23,057
DONNA DIGIANVITTORIO TRUSTEE	0 23 0 23	X						0	0	0
NANCY DINARDO TRUSTEE	0 23 0 38	X						0	0	0
KENNETH J DOBULER MD TRUSTEE/PHYSICIAN	40 00 0 23	X						268,297	0	32,956

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			
JEAN CRUM JONES MPH RD TRUSTEE (resigned January 2017)	0 23 0 46	X						0	0	0
THEMIS KLARIDES TRUSTEE	0 23 0 23	X						0	0	0
MICHAEL LAW TRUSTEE	0 23 0 23	X						0	0	0
GEORGE S LOGAN TRUSTEE	0 23 0 46	X						0	0	0
WM NEIL PEARSON MD TRUSTEE	0 23 0 23	X						0	0	0
MARK PETERSON TRUSTEE	0 23 0 23	X						0	0	0
ROBERT G REISS TRUSTEE	0 23 0 46	X						0	0	0
GERALD T WEINER ESQ TRUSTEE	0 23 0 62	X						0	0	0
PHILLIP WHITE TRUSTEE	0 23 0 23	X						0	0	0
JOHN J ZAPRZALKA TRUSTEE	0 23 0 46	X						0	0	0

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			
MARK O'NEILL CFO/VP FINANCE	40 00			X				283,356	0	5,285
MARGARET DEEGAN VP	40 00				X			209,511	0	21,194
TODD LIU VP	40 00				X			194,875	0	20,975
BARBARA STUMPO VP	40 00				X			221,114	0	21,105
KATHLEEN MARTIN VP	40 00				X			174,887	0	20,805
BENJAMIN ZIGUN PHYSICIAN	40 00					X		231,530	0	21,622
EDWARD HALSTEAD PHYSICIAN	40 00					X		200,454	0	21,420
MIHAELA BORAN PHYSICIAN	40 00					X		189,361	0	21,225
SUSAN BOUTON RN	40 00					X		158,686	0	20,008
GEORGE TOMAS DIRECTOR OF IT	40 00					X		160,737	0	7,244

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Griffin Hospital

Employer identification number
06-0647014

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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*	1		
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*	2		

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)*	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	3		

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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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	Parent of Supported Organizations **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)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
Griffin Hospital	06-0647014

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,282
j	Total Add lines 1c through 1i			16,282
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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 9/30/2017, $16,282 OF THE MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization
Griffin Hospital

Employer identification number
06-0647014

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,279,717	3,400,689	3,517,730	3,409,062	3,249,540
b Contributions					
c Net investment earnings, gains, and losses	301,914	252,030	-117,041	134,026	183,001
d Grants or scholarships					
e Other expenditures for facilities and programs	2,500	373,002		25,358	23,479
f Administrative expenses					
g End of year balance	3,579,131	3,279,717	3,400,689	3,517,730	3,409,062

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 60 360 %
- c Temporarily restricted endowment ▶ 39 640 %

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

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" on 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' on 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		4,002,891		4,002,891
b Buildings		79,718,729	42,080,250	37,638,479
c Leasehold improvements				
d Equipment		75,510,957	63,701,168	11,809,789
e Other		5,355,288	1,072,794	4,282,494
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				57,733,653

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,323,980
(2) DUE FROM AFFILIATES	8,054,845
(3) OTHER ASSETS & INSURANCE RECOVERABLE	6,054,116
(4) INTEREST IN NET ASSETS OF AFFILIATES	8,622,736
(5) INVESTMENT IN AFFILIATE	1,807,409
(6) debt issuance costs	745,763
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	26,608,849

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED POSTRETIREMENT BENEFIT LIABILITY	10,751,540
PROFESSIONAL AND GENERAL LIABILITY LOSS RESERVES	5,626,372
ACCRUED PENSION LIABILITY	40,128,884
WORKERS COMPENSATION LOSS RESERVES	1,816,643
ACCRUED INTEREST PAYABLE	146,223
CONDITIONAL ASSET RETIREMENT OBLIGATIONS	95,831
INTEREST RATE SWAP AGREEMENTS	280,696
ESTIMATED THIRD-PARTY SETTLEMENTS	5,516,314
DUE TO AFFILIATES	276,634
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	64,639,137

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	182,949,481
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	537,532		
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	537,532
3	Subtract line **2e** from line **1**			3	182,411,949
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	36,314		
c	Add lines **4a** and **4b**			4c	36,314
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	182,448,263

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	166,554,105
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	166,554,105
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	166,554,105

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0647014
Name: Griffin Hospital

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

1 (a) Description of Liability	(b) Book Value
ACCRUED POSTRETIREMENT BENEFIT LIABILITY	10,751,540
PROFESSIONAL AND GENERAL LIABILITY LOSS RESERVES	5,626,372
ACCRUED PENSION LIABILITY	40,128,884
WORKERS COMPENSATION LOSS RESERVES	1,816,643
ACCRUED INTEREST PAYABLE	146,223
CONDITIONAL ASSET RETIREMENT OBLIGATIONS	95,831
INTEREST RATE SWAP AGREEMENTS	280,696
ESTIMATED THIRD-PARTY SETTLEMENTS	5,516,314
DUE TO AFFILIATES	276,634

Supplemental 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

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Hospital and GFP are not-for-profit organizations, exempt from federal income taxes un der Section 501(c)(3) of the Internal Revenue Code The Hospital and GFP account for uncer tainty in income tax positions by applying a recognition threshold and measurement attribu te 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 conc luded that as of September 30, 2017, there are no uncertain tax positions taken or expecte d to be taken that would require recognition of a liability (or asset) or disclosure in th e financial statements The Hospital and GFP are subject to routine audits by taxing juris dictions, however, there are currently no audits for any tax periods pending or in progres s

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	TEMPORARILY RESTRICTED INVESTMENT INCOME 36,314

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2016

Open to Public Inspection

Name of the organization
Griffin Hospital

Employer identification number
06-0647014

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		135	999,085	0	999,085	0 610 %
b Medicaid (from Worksheet 3, column a)		16,055	20,640,279	13,484,655	7,155,624	4 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d **Total** Financial Assistance and Means-Tested Government Programs		16,190	21,639,364	13,484,655	8,154,709	4 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		84,537	897,069	155,792	741,277	0 450 %
f Health professions education (from Worksheet 5)		0	8,595,228	7,257,028	1,338,200	0 810 %
g Subsidized health services (from Worksheet 6)		38,285	9,259,153	6,879,939	2,379,214	1 440 %
h Research (from Worksheet 7)		0	1,045,978	789,900	256,078	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		888	66,162	33,160	33,002	0 020 %
j **Total.** Other Benefits		123,710	19,863,590	15,115,819	4,747,771	2 880 %
k **Total.** Add lines 7d and 7j		139,900	41,502,954	28,600,474	12,902,480	7 830 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 434,067			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	56,658,033
6	Enter Medicare allowable costs of care relating to payments on line 5	6	62,563,404
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,905,371
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

	Name, address, primary website address, and state license number (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)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Griffin Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www griffinhealth org			
b	☑ Other website (list url) see Part V, Page 8			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) see Part V, Page 8			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Griffin Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	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)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	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) griffinhealth org/griffin-hospital/billing-insurance/free-care-assistance			
b	☑ The FAP application form was widely available on a website (list url) griffinhealth org/griffin-hospital/billing-insurance/free-care-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) griffinhealth org/griffin-hospital/billing-insurance/free-care-assistance			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Griffin Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	19		No
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

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?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Griffin Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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 Add'l Data	

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	Griffin Hospital constantly updates their website with the most current Community Benefit Reporting Part I, Line 6b Griffin Hospital posts its Community Benefit Report and Information on the hospital website griffinhealth org

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 1,620,258

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	Griffin Hospital and Subsidiary Notes to Consolidated Financial Statements September 30, 2017ALLOWANCE FOR DOUBTFUL ACCOUNTS - Page 17The Hospital's estimation of the allowance for doubtful accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as the charges are recorded On a monthly basis, the Hospital reviews its accounts receivable balances, the effectiveness of the Hospital's reserve policies and various analytics to support the basis for its estimates These efforts primarily consist of reviewing the following - Revenue and volume trends by payor, particularly the self-pay components, - Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients, - Various allowance coverage statistics The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for doubtful accounts Griffin Hospital and Subsidiary Notes to Consolidated Financial Statements September 30, 2017MEASURING CHARITY CARE - Page 17-18The Hospital provides care to patients who meet certain criteria under its free care policy without charge or at amounts less than its established and contractual rates Because the Hospital does not pursue collection of amounts determined to qualify as free care, they are not reported as net patient service revenue 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, 2017 and 2016, the Hospital estimates that its costs of care provided under its charity care programs approximated $1,039,535 and $1,016,129, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	Griffin Hospital believes that all of the $5 905 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 1 7% 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	The traditional approach of reacting to illnesses is shifting towards a proactive approach to overall wellness and general well-being Increasingly, hospitals, physicians, and other healthcare providers are being rewarded for keeping people--and in some cases, entire populations--healthy What is new is that the incentives are being aligned to help achieve the promotion of true population health For many years, Griffin Hospital and other forward-thinking healthcare providers have focused efforts on prevention and wellness because, quite frankly, it was the right thing to do for those we serve Now, we are seeing the state and federal governments (Medicaid and Medicare), as well as private insurers and employers that pay for health coverage, recognize the cost-effective value of those efforts An individual's good health and well-being has a positive ripple effect on his/her family, community, and workplace Facing health challenges, however, can have quite the opposite effect For example, the cost of missing work or missing school for both the patient and the caregiver can be a tremendous physical and economic burden Prevention is no longer just the right thing to do morally and ethically for our citizens, it is also the right thing to do to preserve the community's economic viability Griffin Hospital, as the hub of the Valley's health care system, long ago realized that there are many spokes that reach out to where, from a population health standpoint, the rubber hits the road We have a long and proud history of helping organize and coordinate community resources that identify and address individual and regional health needs and provide support for our most vulnerable residents Working collaboratively with the Naugatuck Valley Health District, the Valley Council for Health and Human Services, the Alliance for Prevention & Wellness (formerly VSAAC), and our Valley Parish Nurses community outreach program, we proactively address issue areas such as childhood obesity, early detection screening for cancer, childhood asthma, and substance abuse prevention To paraphrase Dr David Katz, Director of the Yale-Griffin Prevention Research Center, what we do with our feet (activity/exercise), our forks (what and how much we eat), and our fingers (smoking and drinking, for example) greatly influences our likelihood to develop preventable chronic disease These are the diseases that rob not only years of life, but life from our years As a Valley community, we have always been uniquely connected, with a spirit of cooperation and collective will to make things better Now, by looking at our seven Valley towns through the lens of this report, taking into consideration education, housing, employment, recreation, early childhood development, and aging issues in addition to health and healthier lifestyles, we are seeing a much broader and more comprehensive picture than ever before This Index serves as the aerial view from which we can zoom in on the challenges we face, the issues we hope to address, and the many opportunities we have to leverage our considerable resources over the next three years to effect change and improve the health of our community

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 ProcedureThe patient is registered by the Admitting Registrar who will identify the patient as having no medical insurance (self pay) The patient will be given a Financial Assistance Pamphlet that will identify all Griffin Hospital Free Care Assistance programs The pamphlet also i ncludes hospital contacts for patients seeking State welfare, SAGA (City welfare), or othe r State programs Patients who register as having no medical insurance with account balance s over $3,000 will be referred to the hospital Eligibility Worker The patient will be see n within 24 hours of admission If the Eligibility Worker is unable to fulfill this requir ement due to absence, the Financial Advisor will take the necessary steps to fulfill this requirement All accounts under $3,000 will be referred to the hospital Financial Advisors The hospital eligibility worker will complete a financial screening for those patients se eking Title 19 eligibility and for the uninsured status The hospital Eligibility Worker wi ll identify patients meeting the State/SAGA and HUSKY program criteria For patients meeti ng the criteria, the application process will be completed and all paperwork forwarded to the appropriate State department for processing The patients who do not meet the criteria for the State/SAGA/HUSKY programs will be referred to the hospital Financial Advisor The F inancial Advisor will begin a review to determine if the patient meets the uninsured crite ria identified in Public Act 03-266 A letter will be sent to the patient requesting that patient to verify that they do not have medical insurance as identified during their hospi tal registration process The letter will also request additional patient information rega rding the patient's income if necessary The criteria the patient must meet as identified in Public Act 03-266 are as follows Patient's income, based on family size, falls under 25 0% of the poverty income guidelines (poverty income guideline scale available upon request)Hospital has made a full determination as to the status of the State/SAGA/HUSKY programs (if applicable)All Griffin Hospital Free Bed Funds have been reviewed and determined non-a pplicable for the patient in reviewIf the patient responds to the letter sent out by the F inancial Advisor, this will begin the application process for the verification of the unin sured patient status The following information will need to be finalized with the patient in order for the uninsured determination to be made Proof of patient income and family si zeHospital has made a final determination as to the status of the State/SAGA/HUSKY program s (if applicable)Verification of all Free Bed Funds being reviewed with the patientUpon de termination that a patient meets the outlined criteria, the patient will be classified as follows Uninsured Status, the patients account will be taken from total gross charges and reduced to cost by applying factor supplied annually by the Office of Health Care AccessTh e patient will be informed of this decision and will be sent a letter that will reflect th e balance at reduction on all applicable accountsThe patient will be advised of the balanc e that is due and payableThe Financial Advisor will contact the patient to accomplish the following Attempt payment arrangement with the patient on the remaining balanceIf the pati ent identifies to the Financial Advisor that they cannot afford the remaining balance, an application for Free Care Assistance will be completed If a patient applies for Free Care Assistance, the Financial Advisor will make a decision on Free Care eligibility based on t he patient's family size and income Free care will be offered based on the Griffin Hospit al Free Care Assistance sliding scale (sliding scale available upon request) The Financial Advisor will advise the patient of the free care determination that will be applied to th e patients remaining balance The Financial Advisor will complete all appropriate logs with the decisions and amounts 2 Free Care AssistanceAny patient requesting financial assistan ce in paying their Griffin Hospital bill can apply for the Free Care Assistance Program by contacting the hospitals Financial Advisory staff The Financial Advisor will be contact b y the patient to complete the Free Care application process The Financial Advisor will obt ain the following information from the patient in order to complete the Free Care Applicat ion Patient W-2 form (tax statement from previous and current year)Three consecutive pay s tubs from patient's current employmentDependent in

Form and Line Reference	Explanation
Part VI, Line 3	formation (family size)Any or all bank and checking account statementsThe Financial Adviso r will refer to the Griffin Hospital sliding scale This is based on the Federal Poverty I ncome Guidelines (sliding scale available upon request) The Financial Advisor will make a determination of free care eligibility status If the patient qualifies for Free Care Assi stance, the applicable discount percentage will be applied to the patients account balance 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 doe s not maintain the agreed upon payment schedule, the account will be forwarded to an outsi de collection agency at the full remaining balance If a patient does not qualify for Free Care Assistance, the Financial Advisor will attempt to Obtain payment in fullSet up a mont hly payment arrangementIf the patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balanc e In some cases, it is necessary to override the policy guidelines on income due to specia l" circumstance requirements, i e , social admits, maxed out days, deceased patients An o verride can be obtained by the Supervisor and Director or CFO allowing for consideration o f eligibility The Collection Supervisor will maintain all monthly spreadsheets that will i dentify all Free Bed funds, Uninsured, and Free Care Assistance allocated on a monthly bas is 3 FREE BED FUNDS The hospital has the following Free Bed funds available for patients w ho meet the following outlined criteria for each fund The ENO Fund The applicant must be a worthy Protestant woman, 60 years of age or older, and be a resident of Ansonia, Derby 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 All Free Bed Funds granted are processed through the hospital's Financial Advisor staff

990 Schedule H, Supplemental Information

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, THAT COMPRISE THE LOWER NAUGATUCK VALLEY INCLUDING ANSONIA, DERBY, SEYMOUR, SHELTON, OXFORD, BEACON FALLS AND SURROUNDING TOWNS INCLUDING BETHANY, MIDDLEBURY, MILFORD, MONROE, NAUGATUCK, ORANGE, PROSPECT, SOUTHBURY, STRATFORD, TRUMBULL, WOODBRIDGE AND WOODBURY IN THE VALLEY, ANSONIA, DERBY, AND NAUGATUCK CONTAIN THE DIVERSE NEIGHBORHOODS AND MANUFACTURING LEGACIES THAT ARE COMMON TO URBAN PERIPHERY TOWNS THROUGHOUT THE STATE BEACON FALLS AND SEYMOUR SHARE SOME OF THE CHARACTERISTICS OF RURAL TOWNS, WHILE OXFORD AND SHELTON ARE MORE TYPICAL OF HIGHER-INCOME SUBURBAN AREAS GIVEN THIS VARIETY, THE REGION IS A MICROCOSM OF CONNECTICUT AS A WHOLE THE VALLEY IS A COMMUNITY OF CONNECTICUT TOWNS LOCATED IN NEW HAVEN AND FAIRFIELD COUNTIES IT LIES ALONG THE HOUSATONIC AND NAUGATUCK RIVERS AND IS CONNECTED TO CITY CENTERS ALONG I-95 BETWEEN NEW YORK AND NEW HAVEN, AS WELL AS ALONG ROUTE 8 TO WATERBURY WE DEFINE THE VALLEY AS THE SEVEN TOWNS THAT COLLABORATED TO WIN THE ALL-AMERICA CITY AWARD IN THE YEAR 2000 ANSONIA, BEACON FALLS, DERBY, NAUGATUCK, OXFORD, SEYMOUR, AND SHELTON THE TOWNS SHARE A SPIRITED COMMUNITY CULTURE AND STRONG INSTITUTIONS, WHICH COLLABORATE ON INITIATIVES IN CIVIC VITALITY, HEALTH AND HUMAN SERVICES, ECONOMIC DEVELOPMENT, AND QUALITY OF LIFE THE COLLABORATIVE WORK IT TOOK BY MANY TO BE RECOGNIZED AS PART OF THE 20-TOWN NAUGATUCK VALLEY CORRIDOR, A FEDERALLY-DESIGNATED ECONOMIC DEVELOPMENT DISTRICT (EDD), IS A PRIME EXAMPLE OF HOW VALLEY LEADERS COME TOGETHER FOR THE GREATER GOOD THE VALLEY HAS A COMMON HISTORY AND IDENTITY, BUT EACH OF ITS TOWNS HAS ITS OWN UNIQUE CHARACTERISTICS THE REGION'S DEMOGRAPHICS AND ECONOMY ARE CONSTANTLY CHANGING IN RESPONSE TO OUTSIDE FORCES, THESE CHANGES AFFECT THE REGION'S NEIGHBORHOODS IN DIFFERENT WAYS TOWN CENTERS OFFER A LARGE SHARE OF RENTAL OR AFFORDABLE HOUSING UNITS, WHICH ARE ATTRACTIVE TO YOUNGER WORKERS, SINGLE ADULTS, AND OTHER HOUSEHOLDS THAT WOULD PREFER TO RENT FOR ECONOMIC OR LIFESTYLE REASONS IN OTHER NEIGHBORHOODS, NEWER HOMES AND LARGER LOTS CONTINUE TO ATTRACT HOMEOWNERS WITH HIGH INCOMES THE VARIETY OF NEIGHBORHOODS AND RESIDENTS WHO CHOOSE TO LIVE THERE HELP MAKE THE VALLEY A RESILIENT COMMUNITY WITH A RICH TRADITION OF IMMIGRATION AND MIGRATION THE VALLEY'S LEGACY OF AGRICULTURAL AND INDUSTRIAL PRODUCTION ARISES FROM ITS LOCATION ALONG TWO MAJOR RIVERS TODAY, THE ECONOMY OF THE VALLEY COMMUNITIES IS SIGNIFICANTLY INFLUENCED BY THE CONTINUED DEVELOPMENT ALONG THE ROUTE 8 CORRIDOR, WHICH HAS RESULTED IN BOTH OPPORTUNITIES AND CHALLENGES SHELTON, IN PARTICULAR, HAS EXPERIENCED NEW COMMERCIAL AND OFFICE DEVELOPMENT BY VIRTUE OF ITS LOCATION AND INFRASTRUCTURE ITS STRONG FINANCIAL BASE, HOWEVER, CAN MASK THE ECONOMIC CHALLENGES THAT OTHER TOWNS FACE LEVELS OF PERSONAL WELL-BEING ARE NOT EVENLY DISTRIBUTED ACROSS THE VALLEY'S POPULATION AN INCREASINGLY DIVERSE POPULATION AND A GROWING NUMBER OF SENIORS PRESENT NEW NEEDS AND OPPORTUNITIES INCOMES VARY BY TOWN, AND MORE PEOPLE, ESPECIALLY CHILDREN, LIVE IN ECONOMIC HARDSHIP CANCER, HEART DISEASE, AND ACCIDENTS ARE LEADING CAUSES OF PREMATURE DEATHS THE OFFICIAL 2015 UNEMPLOYMENT RATE IN THE VALLEY WAS 6 1 PERCENT, THE LOWEST SINCE 2008 CENSUS DATA SHOWS THAT 45 PERCENT OF VALLEY WORKERS EARN LESS THAN $40,000 PER YEAR, A "LIVING WAGE" THAT IS CONSIDERED NECESSARY TO COVER COSTS OF LIVING IN THE REGION

Form and Line Reference	Explanation
Part VI, Line 5	As a patient-centered health care system, Griffin Hospital is committed to partnering with our community to promote wellness through a wide variety of programs and services Griffin -Sponsored Events As a proud member of the Naugatuck Valley community, Griffin Hospital wo rks in tandem with other community organizations to strengthen our citizens, encourage pos itive relationships, facilitate ongoing wellness and provide ongoing support to those in n eeds Valley Parish Nurse Program Valley Parish Nurses serve as coordinators between the cl ergy, parish and resources in the community, such as hospitals and other social service ag encies Mobile Health Resource Center- The Griffin Hospital Mobile Health Resource Van is a custom built Winnebago that travels to various locations throughout the Lower Naugatuck V alley, such as senior centers, shopping centers, neighborhoods, companies and community ev ents and fairs Advance Care Planning Plan now to ensure that your wishes for end-of-life d ecisions are understood, respected, and honored by loved ones and healthcare providers Hea lth Initiative for Men (HIM)- The goal of the HIM is to influence men to see their physici an annually, and to be screened for various diseases that respond better to treatment if d etected early Valley Women's Health Initiative The Valley Women's Health Initiative (WHI) is comprised of members of the community working toward a common goal of addressing and im proving women's health issues including breast cancer awareness and heart disease Women's Heart Wellness Committee A community initiative focused on education, outreach, and preven tion Health Resource Center The Community Health Resource Center (HRC) at Griffin Hospital is a traditional free lending library that provides an array of medical and health inform ation Healthy U Educational Series Healthy U is a series of wellness talks featuring Griff in Hospital medical experts and community partners providing trusted health information an d answers to questions on a wide range of topics All talks are free and open to the publi c Mini Med School Free program for the layperson with little or no medical background, pro viding a unique opportunity to gain a greater understanding of how the human body works, i nsight into common disorders of the various organ systems, as well as information about di sease prevention Personal Emergency Preparedness Griffin Hospital Department of Emergency Management (EM) helps to prepare the community in case of a disaster or emergency situatio n This page provides safety and preparedness tips as well as important local and governme ntal contacts Planetree Wellness Education Series Griffin Hospital's Planetree Education i s proud to offer this free health empowerment series of fun and educational talks for memb ers of our community Safe Kids Griffin Hospital's Safe Kids Greater Naugatuck Valley Coali tion is available to educate children and adults on variety of health and safety programs to reduce unintentional injuries among children We offer programs at the hospital or at y our facility VITAHLS Valley Initiative to Advance Health & Learning in Schools Griffin Hos pital has been expanding its reach into the community like never before In addition to pro viding health information and services to the public at the hospital and other satellite l ocations, Griffin takes these activities into the communities where patients live, work, a nd worship By offering a variety of support groups, training sessions, educational progra ms, and other community-based resources and activities, and collaborating with other non-p rofit organizations and government entities, Griffin has extended its mission "to provide leadership to improve the health of the community served" far beyond the hospital's walls 367 Special Programs held on the following topics at local churches, libraries, hospital, senior centers and private companies Monthly ACP -Accountable Care Planning, Access Healt h Assistance, Breast Wellness, Diabetes Education Fall Prevention, Transporting Children w ith Special Needs Instructor class, AARP safe driving, Child Passenger Safety conference, Liver disease Education, Volunteer Parish Nurses from 20 different parishes affiliated wit h the VPNP at Griffin Hospital participated for the program year Contacts included office hour visits, home, hospital and nursing home visits, phone calls, and bulletin deliveries , 334 Health and Wellness programs were hosted at the various churches with 8526 participa nts, Healthy Hints in Weekly bulletins at 3 churches Approximately 30,000 people read ove r the year, Chronic Disease Self-Management Program Griffin Hospital Community Van visited 223 community sites consisting of local churches, food banks, shelters and shopping areas The Valley Parish Nurse Program completed a total of 7052 screenings on individuals thru programs 162 Community Outreach meetings held with local board of directors, health depts , health care councils, parish nursing, safe kids

Form and Line Reference	Explanation
Part VI, Line 5	, cancer committees, and women making a difference ACO Steering ACP, Quarterly AHA, Anson ia Early Childhood Council, Boys & Girls Club Board- Shelton, Cancer Committee, CHA- Commu nity Health Group, CT Coalition of Diabetes Educator, CT Council of Parish Nurse, Komen, D erby Diabetes Prevention Task Force, Early Childhood Council Coordinator, CT Diabetes Part nership, Pastoral Care, Safe Kids, State Dept Health Improvement, Plan Valley Cares, Alli ance Valley Care, Givers Valley Council, Health/Human Services, Valley Healthcare Council, Valley Parish Nurses, Valley Council YOUTH Committee, VITAHLS, VSAAC Women Heart Wellness , Women Making A Difference, Early Childhood Council 320 CPR classes at various locations Griffin had 420 Children's Programs throughout the year Children's Education Programs inc luded CPR Education, Poison education, Halloween Home, Fire 911,Germs, Winter, Pets, Nutri tion, Exercise, Sports, Summer, Water and Pedestrian crossing 214 Support Groups offered t hrough Griffin Hospital Valley Parish Nurse, Cancer Center and Pastoral Care Support grou ps included Alzheimer Caregivers, Diabetes, Heal, Multiple Sclerosis, Fibromyalgia, Valley Heart Club, Pastoral Care Bereavement Group, Voices of Hope, Look GoodFeel Better, and Ci rcle of Friends Griffin Hospital Supplied Community assistance thru the Walk Run 5K fundra ising event that supplied the funds to assist Our Community Cancer Programs such as Look G oodFeel Better, Voices of Hope and assistance for Wigs and supplies, Treatment, Transporta tion, Seymour Pink Exercise Trainor, After the Storm Massage Therapy Services and Circle o f FriendsGriffin Hospital Hosts Wonderland of Trees Program which supports employees time to raise money in the hospital with a Christmas Tree Raffles and Easter Raffles were the m oney is donated to Spooner house Food shelter in Shelton, CT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	N/A

990 Schedule H, Supplemental Information

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 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Griffin Hospital 130 Division Street Derby, CT 06418 www griffinhealth org	X	X		X		X	X			

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Griffin Hospital	Part V, Section B, Line 5 The 2016 Valley Community Index was created in partnership with DataHaven, this 2016 Valley Community Index is the first single-source report of its kind that provides timely, comprehensive socioeconomic, education, health, and well-being data shaping our region Community leaders who have a firm pulse on the needs and opportunitie s of the Valley came together as an advisory committee sharing a common agenda to provide the direction for data research, which will ultimately lead to measurable outcomes This r eport is also completed to meet Griffin Hospital's IRS requirements in Form 990 Schedule H and Notice 2011-52 that discuss the creation of a Community Health Needs Assessment, whic h all tax-exempt hospitals complete as a result of the Patient Protection and Affordable C are Act This Index will be used to convene community conversations, foster engagement, al ign current efforts and investments, and collaborate on strategic endeavors to build, sust ain, and enhance the quality of life in the Valley -Valley community FoundationThe Index also went into the community MEASURING DIFFERENCES IN PERSONAL WELL-BEING IN THE VALLEY T he United Nations has identified measuring local well-being as a global priority 4 The 20 15 DataHaven Community Wellbeing Survey (CWS) represented a first step toward achieving th at goal in Connecticut More than 16,000 randomly-selected adults living throughout the st ate, including 1,051 in the Valley region, participated in live, in-depth interviews Desi gned by a panel of local and national experts and drawn from well-known surveys in the Uni ted States and United Kingdom, the CWS included a series of questions that are regularly u sed to evaluate personal well-being UNDERSTANDING THE VALLEY REGION 2016 VALLEY COMMUNITY INDEXProduced by the Valley Community Foundation and DataHaven, September 2016LEAD AUTHOR S Mary Buchanan, Project Manager, DataHaven, Mark Abraham, Executive Director, DataHaven, VALLEY COMMUNITY FOUNDATION STAFF Sharon Closius, President and CEO, Beth Colette, Valerie Knight-DiGangi, John Ready, Laura Downs, Morrison Downs Associates, Project ConsultantLEA D SPONSORS Valley Community Foundation, Inc , Bassett Family Fund, Griffin Health Services , Inc , Katharine Matthies Foundation, Bank of America, N A , Trustee, Valley United Way C ONTRIBUTING SPONSORS Connecticut Community Foundation, Liberty Bank FoundationSPECIAL THAN KS The Community Foundation for Greater New Haven, our partner in philanthropy, Naugatuck Valley Council of Governments, VALLEY COMMUNITY INDEX ADVISORY COMMITTEE, Alliance for Pre vention & Wellness (formerly VSAAC), Ansonia School Readiness, BH care, Boys & Girls Club of the Lower Naugatuck Valley, Celebrate Shelton, Center Stage Theatre, The Community Foun dation for Greater New Haven, Connecticut Community Foundation, Derby Early Childhood Coun cil, Derby Neck Library, Derby Youth Services Bureau, Down to Earth Consulting Solutions, Greater Valley Chamber of Comm

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Griffin Hospital	erce, Griffin Hospital, Housatonic Council, BSA, Literacy Volunteers of Greater New Haven, MIECHV/TEAM Early Head Start, Naugatuck Valley Council of Governments, Naugatuck Valley H ealth District, Naugatuck YMCA, Parent Child Resource Center, Shelton Economic Development Corporation, TEAM, Inc , Valley Parish Nurse Program, Valley Regional Adult Education, Va lley Shakespeare Festival, Valley United Way, The Valley Voice, Valley YMCA, VNA of South Central CT, The WorkPlace, Inc , Howard Whittemore Memorial Library, Yale-Griffin Preventi on Research CenterCommunity volunteers Marilyn Cormack, Ed Kisluk, and Richard KnollRepres entatives from the Valley Council for Health & Human Services, with special thanks to the members of the Senior Services subcommitteeRepresentatives from each of the municipal gove rnments and school districts in the ValleyUNDERSTANDING THE VALLEY REGION 2016 VALLEY COM MUNITY INDEXProduced by the Valley Community Foundation and DataHaven, September 2016VALLE Y COMMUNITY INDEX ADVISORY COMMITTEE Buchanan, Mary, and Mark Abraham (2016) Understandi ng the Valley Region 2016 Valley Community Index Derby, CT Valley Community Foundation a nd DataHaven

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Griffin Hospital	Part V, Section B, Line 6b - Naugatuck Valley Health District- Valley Community Foundation- Data Haven- Valley Community Index Advisory Committee- Griffin Health Services, Inc - Katharine Matthies Foundation- Connecticut Community Foundation- The Community Foundation for Greater New Haven- Naugatuck Valley Council of Governments- Valley Community Index Advisory Committee Alliance for Prevention & Wellness (formerly VSAAC)- Ansonia School Readiness- BH care- Boys & Girls Club of the Lower Naugatuck Valley- Celebrate Shelton- Connecticut Community Foundation Derby Early Childhood Council- Derby Neck Library- Derby Youth Services Bureau Down to Earth Consulting Solutions- Greater Valley Chamber of Commerce- Griffin Hospital Housatonic Council, BSA- Literacy Volunteers of Greater New Haven- MIECHV/TEAM Early Head Start Naugatuck Valley Council of Governments- Naugatuck Valley Health District- Naugatuck YMCA Parent Child Resource Center- Shelton Economic Development Corporation- TEAM, Inc - Griffin Hospital Valley Parish Nurse Program- Valley Regional Adult Education- Valley Shakespeare Festival Valley United Way- The Valley Voice- Valley YMCA- VNA of South Central CT- The Workplace, Inc - Howard Whitmore Memorial Library- Yale-Griffin Prevention Research Center Community- Valley Council for Health & Human ServicesGriffin Hospital Part V, Section B, Line 7b https //portal ct gov/DPH/Office-of-Health-Care-Access/Community-Needs-Assessments/Community-Needs-AssessmentsGriffin Hospital Part V, Section B, Line 10a http //www griffinhealth org/Portals/0/Documents/CHNA/2016-2018-CHIP pdf

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Griffin Hospital	Part V, Section B, Line 11 This document is derived from the 2016 Valley Community Index, and attributable to Buchanan, Mary, and Mark Abraham (2016) Understanding the Valley Region 2016 Valley Community Index Derby, CT Valley Community Foundation and DataHaven Development of the Valley Community Health Improvement Plan for 2016-2018 As a result of the community conversations utilizing data from the Valley Community Index (which served as Griffin Hospital's Community Health Needs Assessment), seven (7) critical population health Focus Areas emerged In November 2016, a Lead was identified for each Focus Area These Leads first met as a CHIP Steering Committee co-chaired by Naugatuck Valley Health District and Griffin Hospital in December 2016 The Leads were each charged with forming a team drawn from partner agencies deemed key stakeholders for the particular health concern Each team developed a Team Charter and Aim Statement, these have subsequently been rolled into an Action Plan for each Focus Area, each containing key Goals, Indicators and associated Objectives/Strategies and Actions/Activities, as the foundation for successful implementation A key element in each Action Plan is a statement of Alignment with Connecticut's State Health Improvement Plan (SHIP), if applicable, and a description of how Community Involvement is being facilitated Vision The Vision embodied in this CHIP a slight modification from the 2013-2015 Plan reads We strive to be a caring community that nurtures the overall health and quality of life of all its residents by promoting healthy living and equitable access to health services Community Health Improvement Plan (CHIP) Primary Focus AreasTo be finalized with goals, objectives and strategies developed for each in conjunction with Naugatuck Valley Health District and other community partners 1 Creation of Behavioral Health/Substance Abuse Community Action Team (Middlesex Hospital model) 2 Chronic Disease Management (Diabetes, CHF, COPD, etc) 3 Opiate/Addiction Prevention & Treatment 4 Childhood Obesity Prevention (VITAHLS) 5 Early Detection of Lung Cancer & Smoking Cessation 6 Asthma Prevention & Self-Management (part of statewide CHA Asthma initiative) 7 Healthy Homes

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Griffin Hospital	Part V, Section B, Line 13b Investment, IRA, Checking Acct, Real Estate

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Gnffin Hospital

Employer identification number
06-0647014

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0647014
Name: Griffin Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
1FREDERICK BROWNE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	321,404	43,344	0	7,950	- 11,141	- 383,839	0
1PATRICK A CHARMEL CEO/PRESIDENT	(i)	460,659	65,089	0	5,328	17,729	548,805	0
	(ii)	0	0	0	0	- 0	- 0	0
2KENNETH J DOBULER MD TRUSTEE/PHYSICIAN	(i)	268,297	0	0	9,083	23,873	301,253	0
	(ii)	0	0	0	0	- 0	- 0	0
3MARK O'NEILL CFO/VP FINANCE	(i)	241,354	42,002	0	3,140	2,145	288,641	0
	(ii)	0	0	0	0	- 0	- 0	0
4MARGARET DEEGANVP	(i)	177,125	32,386	0	2,421	18,773	230,705	0
	(ii)	0	0	0	0	- 0	- 0	0
5TODD LIUVP	(i)	165,781	29,094	0	2,202	18,773	215,850	0
	(ii)	0	0	0	0	- 0	- 0	0
6BARBARA STUMPOVP	(i)	189,918	31,196	0	2,332	18,773	242,219	0
	(ii)	0	0	0	0	- 0	- 0	0
7KATHLEEN MARTINVP	(i)	149,625	25,262	0	2,032	18,773	195,692	0
	(ii)	0	0	0	0	- 0	- 0	0
8BENJAMIN ZIGUNPHYSICIAN	(i)	231,530	0	0	2,849	18,773	253,152	0
	(ii)	0	0	0	0	- 0	- 0	0
9EDWARD HALSTEAD PHYSICIAN	(i)	200,454	0	0	2,698	18,722	221,874	0
	(ii)	0	0	0	0	- 0	- 0	0
10MIHAELA BORAN PHYSICIAN	(i)	189,361	0	0	2,453	18,772	210,586	0
	(ii)	0	0	0	0	- 0	- 0	0
11SUSAN BOUTONRN	(i)	158,686	0	0	1,431	18,577	178,694	0
	(ii)	0	0	0	0	- 0	- 0	0
12GEORGE TOMAS DIRECTOR OF IT	(i)	160,737	0	0	736	6,508	167,981	0
	(ii)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in 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

2016

Open to Public Inspection

Name of the organization
Griffin Hospital

Employer identification number
06-0647014

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA SERIES E	06-0806186		01-20-2017	40,652,000	Retirement of existing debt		X		X		X
B	CHEFA SERIES F	06-0806186		01-20-2017	7,930,000	Retirement of existing debt		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	40,652,000	7,930,000		
4	Gross proceeds in reserve funds	3,957,357	849,611		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	36,768,665	5,268,889		
7	Issuance costs from proceeds	739,602	144,274		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	2,500,000			
10	Capital expenditures from proceeds				
11	Other spent proceeds	4,601,000	3,366,000		
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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).

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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? Yes	No

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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	224,434	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

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

2016

Open to Public Inspection

Name of the organization
Griffin Hospital

Employer identification number
06-0647014

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFERS BETWEEN AFFILIATES -7,577,632 MINIMUM PENSION LIABILITY ADJUSTMENT 6,258,886 C HANGE IN NET ASSETS OF AFFILIATE 863,838 CHANGE IN BENEFICIAL INTEREST IN TRUSTS 168,215 CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS 1,750,663 Net loss on termination of interes t rate swap -1,387,829 Loss on refinancing of debt -1,446,022

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Griffin Hospital

Employer identification number
06-0647014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1)GRIFFIN HEALTH SERVICES CORPORATION 130 DIVISION STREET DERBY, CT 06418 22-2560257	HOLDING COMPANY	CT	501(c)(3)	Line 12a, 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 10	GRIFFIN HOSPITAL	Yes	
(3)GRIFFIN HOSPITAL DEVELOPMENT FUND 130 DIVISION STREET DERBY, CT 06418 22-2560254	FUNDRAISING	CT	501(c)(3)	Line 12a, I	GRIFFIN HEALTH SERVICES CORPORATION		No
(4)PLANETREE INC 130 DIVISION STREET DERBY, CT 06418 06-1505284	EDUCATION	CT	501(c)(3)	Line 10	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GRIFFIN FACULTY PRACTICE PLAN INC	R	6,710,512	

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

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

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

Part VII **Supplemental Information**

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