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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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 $ 284,900,571

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:
TO PROVIDE PERSONALIZED, HUMANISTIC, CONSUMER-DRIVEN HEALTH CARE IN A HEALING ENVIRONMENT.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	2,081
6	Total number of volunteers (estimate if necessary)	**6**	114
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,244,735
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,328,232	8,301,220
9	Program service revenue (Part VIII, line 2g)	197,252,412	260,527,521
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-339,701	598,432
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,397,951	2,648,300
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,638,894	272,075,473
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	108,173	401,852
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)	98,804,941	123,673,343
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)	96,609,455	119,313,894
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	195,522,569	243,389,089
19	Revenue less expenses. Subtract line 18 from line 12	13,116,325	28,686,384

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	197,418,922	218,973,633
21	Total liabilities (Part X, line 26)	206,243,197	190,148,490
22	Net assets or fund balances. Subtract line 21 from line 20	-8,824,275	28,825,143

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

****** 2022-08-12
Signature of officer Date

DAVID MURCKO 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
				P00431862

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

Firm's address ▶ 555 LONG WHARF DRIVE
NEW HAVEN, CT 06511 — Phone no. (203) 781-9600

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. (SCH. O)GRIFFIN HOSPITAL IS ALSO COMMITTED 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: See Additional Data)	(Expenses $	183,870,060	including grants of $	401,852)	(Revenue $ 253,946,581)
4b	(Code: See Additional Data)	(Expenses $	3,309,544	including grants of $	)	(Revenue $ 3,100,759)
4c	(Code: See Additional Data)	(Expenses $	1,663,006	including grants of $	)	(Revenue $ 4,638,592)
	(Code:) PROVIDE HOSPICE SERVICES TO THE COMMUNITY.	(Expenses $	143,204	including grants of $	)	(Revenue $ 150,801)
4d	Other program services (Describe in Schedule O.)	(Expenses $	143,204	including grants of $	)	(Revenue $ 150,801)
4e	**Total program service expenses ▶**		188,985,814			

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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	2,081		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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	23		
	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	20		
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-A 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:
▶DAVID MURCKO 130 DIVISION STREET DERBY, CT 06418 (203) 732-1447

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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								3,731,611	420,564	395,403

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 ▶ 167

			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
JACKSON LAB 540 W MADISON 4TH FL CHICAGO, IL 60693	LABORARY SERVICES	31,671,999
UNIDINE CORP P O BOX 102289 ATLANTA, GA 303682289	FOOD SERVICE	2,064,709
QUEST DIAGNOSTICS P O BOX 844217 BOSTON, MA 022844217	LABORARY SERVICES	1,592,227
BISMARK CONSTRUCTION 100 BRIDGEPORT AVE MILFORD, CT 06460	CONSTRUCTION SERVICES	1,196,304
ASCENSION HEALTH ALLIANCE P O BOX 505302 ST LOUIS, MO 631055302	PURCHASING CONSULTANTS	777,429

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 ▶ 27

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	7,910,679			
f All other contributions, gifts, grants, and similar amounts not included above	1f	390,541			
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		8,301,220			
Program Service Revenue	Business Code				
2a PATIENT SERVICE REVENUE	622110	206,283,056	205,088,805	1,194,251	
b OTHER PROGRAM SERVICES	621500	43,549,537	43,549,537		
c STATE SUPPLEMENTAL REVENUE	900099	10,179,631	10,179,631		
d TUITION/EDUCATION REVENUE	900099	515,297	515,297		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f.	260,527,521				
3 Investment income (including dividends, interest, and other similar amounts)		251,375			251,375
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal				
6a Gross rents	6a	420,711					
b Less: rental expenses	6b	0					
c Rental income or (loss)	6c	420,711					
d Net rental income or (loss)				420,711			420,711

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	13,172,155					
b Less: cost or other basis and sales expenses	7b	12,825,098					
c Gain or (loss)	7c	347,057					
d Net gain or (loss)				347,057			347,057
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Other Revenue Miscellaneous Revenue	Business Code						
11a CAFETERIA INCOME	900099	1,015,745					1,015,745
b OTHER INCOME	900099	658,766	608,282	50,484			
c REBATES	900099	553,078	553,078				
d All other revenue							
e **Total.** Add lines 11a–11d		2,227,589					
12 **Total revenue.** See instructions		272,075,473	260,494,630	1,244,735			2,034,888

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	401,852	401,852		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,883,882	635,348	2,248,534	
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	92,902,534	80,712,294	12,190,240	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	439,029	402,950	36,079	
9 Other employee benefits	20,273,902	17,319,119	2,954,783	
10 Payroll taxes	7,173,996	6,091,702	1,082,294	
11 Fees for services (non-employees):				
a Management				
b Legal	307,864		307,864	
c Accounting	275,000		275,000	
d Lobbying	30,078		30,078	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	70,622		70,622	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,191,581	9,019,988	4,171,593	
12 Advertising and promotion	1,091,898	351,681	740,217	
13 Office expenses	6,899,585	5,429,928	1,469,657	
14 Information technology	1,853,158	377,649	1,475,509	
15 Royalties				
16 Occupancy	4,504,420	2,584,492	1,919,928	
17 Travel	394,628	283,319	111,309	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,714,676	2,013,965	700,711	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,428,584	5,004,413	1,424,171	
23 Insurance	5,972,698	4,724,082	1,248,616	
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	40,749,220	40,749,220		
b STATE HOSPITAL TAX EXP	14,292,243		14,292,243	
c PHYSICIAN FEES	4,237,536	2,486,863	1,750,673	
d BAD DEBTS	3,202,399	3,202,399		
e All other expenses	13,097,704	7,194,550	5,903,154	
25 **Total functional expenses.** Add lines 1 through 24e	243,389,089	188,985,814	54,403,275	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		1,458	1	1,464
	2	Savings and temporary cash investments		40,564,544	2	38,230,418
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,350,802	4	16,834,313
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,733,893	8	1,935,446
	9	Prepaid expenses and deferred charges		4,671,085	9	2,324,435
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 184,232,774			
	b	Less: accumulated depreciation	10b 113,449,438	65,407,888	10c	70,783,336
	11	Investments—publicly traded securities		11,315,158	11	31,934,783
	12	Investments—other securities. See Part IV, line 11		3,711,386	12	4,251,435
	13	Investments—program-related. See Part IV, line 11		12,224,829	13	12,658,093
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		43,437,879	15	40,019,910
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		197,418,922	16	218,973,633
Liabilities	17	Accounts payable and accrued expenses		35,029,782	17	39,721,035
	18	Grants payable			18	
	19	Deferred revenue		5,221,242	19	783,020
	20	Tax-exempt bond liabilities		72,233,856	20	71,774,707
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		93,758,317	25	77,869,728
	26	**Total liabilities.** Add lines 17 through 25		206,243,197	26	190,148,490
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-18,062,754	27	19,986,885
	28	Net assets with donor restrictions		9,238,479	28	8,838,258
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-8,824,275	32	28,825,143
	33	Total liabilities and net assets/fund balances		197,418,922	33	218,973,633

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	272,075,473
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,389,089
3	Revenue less expenses. Subtract line 2 from line 1	3	28,686,384
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-8,824,275
5	Net unrealized gains (losses) on investments	5	1,294,746
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	7,668,288
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,825,143

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 (2020)

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 PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS.

Form 990, Part III, Line 4c:

PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH ANDREANA TRUSTEE	0.23 0.38	X						0	0	0
FREDERICK BROWNE MD TRUSTEE	0.23 40.15	X						0	420,564	34,643
KENNETH BALDYGA TRUSTEE	0.23 0.53	X						0	0	0
JOHN W BETKOWSKI III CHAIRMAN	0.23 0.53	X		X				0	0	0
PATRICK A CHARMEL CEO/PRESIDENT, BOD SECRETARY/TREASURER	45.00 5.15	X		X				689,282	0	34,643
DONNA DIGIANVITTORIO TRUSTEE	0.23 0.15	X						0	0	0
NANCY DINARDO TRUSTEE	0.23 0.53	X						0	0	0
MARIA DAWE MD TRUSTEE/PHYSICIAN (FROM 01/2021)	40.00 0.00	X						379,350	0	34,543
KENNETH J DOBULER MD TRUSTEE/PHYSICIAN (RESIGNED 01/2021)	40.00 0.23	X						317,246	0	8,761
JEAN CRUM JONES MPH RD TRUSTEE	0.23 0.15	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			
THEMIS KLARIDES TRUSTEE	0.23 0.38	X						0	0	0
GEORGE S LOGAN TRUSTEE	0.23 0.38	X						0	0	0
LAURA MARASCO TRUSTEE	0.23 0.15	X						0	0	0
EDWARD J MCCREERY III ESQ TRUSTEE	0.23 0.30	X						0	0	0
GEORGE MITCHELL JR TRUSTEE	0.23 0.15	X						0	0	0
FLOYD MOIR TRUSTEE	0.23 0.15	X						0	0	0
MARK PETERSON TRUSTEE	0.23 0.15	X						0	0	0
ROBERT G REISS TRUSTEE	0.23 0.38	X						0	0	0
HAROLD SCHWARTZ MD TRUSTEE	0.23 0.15	X						0	0	0
JOSEPH SOKOL MD TRUSTEE	0.23 0.15	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			
FREDERICK STANEK ESQ TRUSTEE	0.23 0.30	X						0	0	0
GERALD T WEINER ESQ TRUSTEE	0.23 0.38	X						0	0	0
PHILLIP WHITE TRUSTEE	0.23 0.15	X						0	0	0
JOHN J ZAPRZALKA TRUSTEE	0.23 0.38	X						0	0	0
ALEXANDER S BALKO CFO/VP FINANCE	40.00			X				393,960	0	34,643
TODD LIU VP	40.00				X			255,225	0	32,567
BARBARA STUMPO VP	40.00				X			240,720	0	32,672
KATHLEEN MARTIN VP	40.00				X			164,793	0	23,955
RICHARD DAIGLE CHIEF INFORMATION OFFICER	40.00				X			273,688	0	9,680
ADAM DWORKIN VP	40.00					X		205,024	0	31,733

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			
MYRA ODENWAELDER ASSISTANT VP	40.00					X		204,476	0	31,223
KAREN O'FLYNN MD DIRECTOR	40.00					X		195,047	0	34,643
MIHAELA BORAN MD PHYSICIAN	40.00					X		209,820	0	30,081
KELLY EGAN DIRECTOR	40.00					X		202,980	0	21,616

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 331/3% 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 331/3% 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 *(explain in* ***Part VI****)*. **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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224015922

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
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.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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		30,078
j	Total. Add lines 1c through 1i			30,078
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 9/30/2021, $30,078 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 7/25/06, 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 FASB 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 FASB 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 FASB 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	4,053,978	3,995,669	3,820,586	3,579,131	3,279,717
b Contributions					
c Net investment earnings, gains, and losses	237,256	58,309	179,083	247,455	301,914
d Grants or scholarships					
e Other expenditures for facilities and programs			4,000	6,000	2,500
f Administrative expenses					
g End of year balance	4,291,234	4,053,978	3,995,669	3,820,586	3,579,131

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 ▶ 50.340 %
- c Term endowment ▶ 49.660 %

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

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		5,512,604		5,512,604
b Buildings		87,904,081	47,782,096	40,121,985
c Leasehold improvements				
d Equipment		87,799,856	65,609,837	22,190,019
e Other		3,016,233	57,505	2,958,728
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				70,783,336

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)INTEREST IN NET ASSETS OF AFFILIATE	10,434,640	C
(2)INVESTMENT IN AFFILIATE	2,223,453	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	12,658,093	

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	9,958,253
(2)DUE FROM AFFILIATES	6,518,682
(3)REINSURANCE RECOVERABLE	1,795,634
(4)DEBT ISSUANCE COSTS	1,181,275
(5)OPERATING LEASE RIGHT-OF-USE ASSET	9,219,403
(6)ASSETS LIMITED AS TO USE	6,097,914
(7)UNDER INDENTURE AGREEMENT	4,265,019
(8)SECURITY DEPOSITS	432,520
(9)OTHER CURRENT ASSETS	551,210
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	40,019,910

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	77,869,728

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	270,097,198
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,294,746		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-3,202,399		
e	Add lines **2a** through **2d**			2e	-1,907,653
3	Subtract line **2e** from line **1**			3	272,004,851
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	70,622		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	70,622
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	272,075,473

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	240,116,068
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	240,116,068
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	70,622		
b	Other (Describe in Part XIII.)	4b	3,202,399		
c	Add lines **4a** and **4b**			4c	3,273,021
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	243,389,089

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	10,861,479
PROFESSIONAL AND GENERAL LIABILITY LOSS RESERVES	2,885,366
ACCRUED PENSION LIABILITY	20,696,755
WORKERS COMPENSATION LOSS RESERVES	2,638,669
ACCRUED INTEREST PAYABLE	785,880
CONDITIONAL ASSET RETIREMENT OBLIGATIONS	95,831
ESTIMATED THIRD-PARTY SETTLEMENTS	19,026,745
DUE TO AFFILIATES	276,634
MEDICARE ADVANCES	11,382,966
OPERATING LEASE LIABILITY	9,219,403

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:	BELOW IS AN EXCERPT FROM FOOTNOTE 1 OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR G RIFFIN HEALTH SERVICES CORPORATION AND SUBSIDIARIES. GHSC AND ITS SUBSIDIARIES, WITH THE E XCEPTION OF GHV AND HAIC, ARE NOT-FOR-PROFIT ORGANIZATIONS AND ARE EXEMPT FROM FEDERAL INC OME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. GHSC AND ITS SUBSIDIARIES ACCOUNT FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND ME ASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS ANALYZED THE TAX POSITIONS T AKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2021 AND 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. GHSC AND ITS SUBSIDIARIES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBTS -3,202,399.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBTS 3,202,399.

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

1. (a) Description of Liability	(b) Book Value
ACCRUED POSTRETIREMENT BENEFIT LIABILITY	10,861,479
PROFESSIONAL AND GENERAL LIABILITY LOSS RESERVES	2,885,366
ACCRUED PENSION LIABILITY	20,696,755
WORKERS COMPENSATION LOSS RESERVES	2,638,669
ACCRUED INTEREST PAYABLE	785,880
CONDITIONAL ASSET RETIREMENT OBLIGATIONS	95,831
ESTIMATED THIRD-PARTY SETTLEMENTS	19,026,745
DUE TO AFFILIATES	276,634
MEDICARE ADVANCES	11,382,966
OPERATING LEASE LIABILITY	9,219,403

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

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		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			2,072,580		2,072,580	0.860 %
b Medicaid (from Worksheet 3, column a)		17,772	29,625,158	17,938,299	11,686,859	4.870 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		29	12,213	1,250	10,963	0 %
d **Total** Financial Assistance and Means-Tested Government Programs		17,801	31,709,951	17,939,549	13,770,402	5.730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	8	32,101	259,858	62,900	196,958	0.080 %
f Health professions education (from Worksheet 5)	1		8,125,895	6,578,807	1,547,088	0.640 %
g Subsidized health services (from Worksheet 6)	3	36,482	38,850,916	31,040,329	7,810,587	3.250 %
h Research (from Worksheet 7)	1		1,694,115	1,425,156	268,959	0.110 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		401,852		401,852	0.170 %
j **Total.** Other Benefits	14	68,583	49,332,636	39,107,192	10,225,444	4.250 %
k **Total.** Add lines 7d and 7j	14	86,384	81,042,587	57,046,741	23,995,846	9.980 %

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 Healthcare 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	862,799		
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	64,631,031		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,814,615		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-24,183,584		
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 18			
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): SEE PART V, PAGE 8			
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 18			
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): SEE PART V, PAGE 8			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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, 20a, 20b, 20c, 20d, 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? **5**

	Name and address	Type of Facility (describe)
1	1 - CANCER CENTER AMBULATRY CARE 350 SEYMOUR AVENUE DERBY, CT 06418	MEDICAL CANCER CENTER
2	2 - IMAGING & RADIOLOGY AT IVY BROOK SHELTO 2 IVY BROOK ROAD SUITE 130 SHELTON, CT 06484	IMAGING CENTER
3	3 - OCCUPATIONAL MEDICINE CENTER 10 PROGRESS DRIVE SHELTON, CT 06484	OCCUPATIONAL MEDICINE
4	4 - GRIFFIN HOSPITAL IMAGING AND DIAGNOSTICS 300 OXFORD ROAD OXFORD, CT 06478	IMAGING AND DIAGNOSTICS
5	5 - GHSC BLOOD DRAWING STATION 22 WESTFIELD AVENUE ANSONIA, CT 06401	BLOOD DRAWING STATION
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:	OTHER CRITERIA BEYOND FPG ARE ALSO CONSIDERED (I.E., AVAILABILITY OF CASH OR OTHER ASSETS THAT MAY BE CONVERTED TO CASH, AND EXCESS MONTHLY NET INCOME RELATIVE TO MONTHLY HOUSEHOLD EXPENDITURES).

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 $ 3,202,399.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	PROMOTION OF COMMUNITY HEALTH:SINCE THE START OF THE COVID-19 PANDEMIC THE TRADITIONAL COM MUNITY OUTREACH CEASED. DURNG THE YEAR STAFF MOVED TO A HYBRID MODEL FOR SCHOOL AGED PROGR AMS WHICH WERE HELD IN PERSON AND ZOOM CALLS. EDUCATION INCLUDED PROGRAMS ON GERMS, SOCIAL /EMOTIONAL HEALTH, EXERICE AND NUTRITION. SPECIFIC PROGRAMS WERE DESIGNED TO TEACH CHILDRE N AND ADULTS ABOUT MASK USE, HAND WASHING, RECOGNIZING WHEN THEY GETTING OVERHEATED OR DEH YDRATED BECAUSE OF MASK WEARING, SOCIAL/EMOTIONAL WELL-BEING AND THE IMPORTANCE OF RECOGNI ZING THE ANXIETY ABOUT THIS VIRUS AND WHO/HOW TO SPEAK WITH SOMEONE. IN ADDITION, SIX VIDE OS WERE MADE TO SHOW KIDS WHAT HE PROCESS IS IF YOU HAVE TO HAVE A COVID 19 SWAB TEST DONE . VIDEOS WERE MADE TO SHOWING KIDS ABOUT MASK USE, HAND WASHING AND RECOGNIZING DEHYDRATIO N AND DEEP BREATHING FOR THEIR EMOTIONAL HEALTH.FOCUS GROUPS WERE HELD WITH MIDDLE AND HIG H SCHOOL STUDENTS ON THE DANGERS OF SOCIAL MEDIA CHALLENGES AND VIDEOS WERE WRITTEN, DIREC TED, AND PRODUCED TO EDUCATED PARENTS AND CHILDREN/TEENS ON THESE DANGERS AND WAYS TO COPE . COVID-19 AND VACCINE VIDEOS WERE ALSO DEVELOPED BY LOCAL STUDENTS TO EDUCATE ON THEIR IM PORTANCE. FOR NEW PARENTS, ONE ON ONE EDUCATION SESSIONS FOR PARENT INFANT SAFE SLEEP, CHI LD PASSENGER SAFETY, HOME SAFETY, MEDICINE SAFET AND LEARNING INFANT/CHILD CPR AND RELIEF OF CHOKING. THESE PROGRAMS WERE ALSO HELD DAILY ON A ONE ON ONE BASIS FOR NEW PARENTS IN O UR CHILDBIRTH CENTER. OVER THREE HUDNERD ADMISSIONS PARTICIPATED. ONE ON ONE CHILD PASSENG ER SAFETY SEAT INSTALLATIONS WERE ALSO HELD ONE ON ONE BY APPOINTMENT. THE SAFE KIDS COALI TION FITTING STATION NEVER CLOSED DURING THE PANDEMIC AND THEREFORE HAD PEOPLE FROM ALL OV ER THE STATE CONTACT STAFF. SAFE KIDS STAFF PARTICIPATED ON A NATIONAL PANEL FOR SAFE KIDS WORLDWIDE ANNUAL CONFERENCE ON WORKING WITH YOUR LOCAL COMMUNITY PARTNERS TO REDUCE CHILD HOOD INJURY AND DEATH & INCREASE OVERALL HEALTH, WELLNESS & SAFETY.THE CPR TRAINING CENTER HAS MAINTAINED CPR TRAINING FOR IN HOSPITAL STAFF AND THE COMMUNITY AT LARGE. OUR COMMUNI TY INSTRUCTORS BEGAN TEACHING SMALL GROUP EDUCATION CLASSES IN LOCAL CHURCHES, COMMUNITY C ENTERS, SENIOR CENTERS, SCHOOLS, SCOUT GROUPS, ETC. TO INCREASE AWARENESS AND REDUCE RISKS OF HEART DISEASE. OUR VOLUNTEER VALLEY PARISH NURSES ALSO MADE WEEKLY PHONE CALLS TO SHUT IN PARISHIONERS, REFERRED THEM TO VIRTUAL SERVICES AND CONNECTEDTHEM UP WITH FOOD BANKS A ND OTHER SERVICES. COMMUNITY COLLABORATIVE MEETINGS WERE HELD VIA ZOOM TO WORK TOGETHER TO PROVIDE SERVICES TO THE VALLEY RESIDENTS. PROGRAMS ARE FOLLOWING AN HYBRID MODEL WITH IN PERSON OR VIRTUALLY MEETINGS DEPENDING ON THE FACILITY. SUPPORT GROUPS FOR DIABETES SELF M ANAGEMENT AND PREVENTION GROUPS, MS GROUPS ARE HELD VIRTUALLY BY ZOOM OR PHONE CALLS. ALZH EIMER GROUPS ARE HELD IN PERSON.AT SENIOR CENTERS AND ASSISTED LIVING OUR NURSES RETURNED TO BIMONTHLY BLOOD PRESSURE AND OXYGEN LEVEL CHECKS, MONTHLY EDUCATION PROGRAMS ON TOPICS SUCH AS COVID-19 VS. FLU, FALL PREVENTION, DEPRESSION, ALZHEIMER'S RESPECT, AGING. STAFF W ERE TRAINED ON CHOICES AND ENROLLING PEOPLE IN NEW INSURANCE. BREAST WELLNESS OUTREACH PRO GRAMS WERE HELD. INPERSON EDUCATION AT LOCAL FARMER MARKETS AND SENIOR FACILITEIS. EXERCIS E PROGRAMS STARTED UP WEEKLY AT LOCAL SENIOR CENTERS. HOME VISISTS MADE ON REGULAR BASIS T O PEIOPE WHO WERE DISCHARED AND NEEDED FOLLW UP SERVICES AND CARE. DURING COVID TESTING EN GAGED IN CONVERSATIONS ABOUT THEIR HEALTH AND WELL-BEING. AS THE PERSON WOULD CHAT, OPPORT UNITIES TO ASK ABOUT "DID YOU GET YOUR MAMMOGRAM OR OTHER SCREENING SERVICES, REFERRALS TO SERVICES WERE MADE. MANY REFERRALS WERE MADE TO LOCAL FOOD BANKS, TEAM, INC., BACK TO THE IR PRIMARY CARE PROVIDERS, OR OTHER HOSPITAL SERVICES.COMMUNITY OUTREACH TEAM MEMBERS TRAV ELED ACROSS THE STATE FROM JANUARY TO SEPTEMBER 2021 PROVIDING COVID-19 VACCINE AT COMMUNI TY CLINICS. THE COMMUNITY OUTREACH TEAM WERE LEADS AT CLINICS IN THE VALLEY REGION AND SUP PORTED ANY EFFORTS TO VACCINATE SENIORS, LOW-INCOME HOUSING COMPLEXES, FAITH COMMUNITIES A ND CHILDREN IN OUR REGION AND OUTSIDE OF OUR REGION. THESE CLINICS CONTRIBUTED TO CONNECTI CUT TO BE A NATIONAL LEADER FOR VACCINE STATUS. NURSES DISTRIBUTED FOOD BASKET AT LOCAL VA CCINE CLINICS, SENIOR HOUSING AND DIRECTLY TO HOMELESS PERSONS IN DERBY AND ANSONIA. FUNDI NG PROVIDED BY GRIFFIN TO ST VINCENT DEPAUL TO PURCHASE FOOD IN BULK ALLOWED THE TEAM TO C REATE HEALTH FOOD BAGS AND WORK WITH ST VINCENT DEPAUL TO DELIVER FOOD TO NEEDY POPULATION S IN OUR AREA. GRIFFIN HAS HIRED A NEW ROLE COMMUNITY HEALTH WORKER WHO WOULD ADDRESS SOCI AL NEED OF OUR COMMUNITY MEMBERS, DURING THE COVID-19 COMMUNITY TESTING SITE AT ION BANK. THIS INITIATIVE ASKED COMMUNITY MEMBERS COMING IN FOR TESTING IF THEY NEEDED FOOD AND OUR COMMUNITY OUTREACH TEAM MEMBERS HANDED OUT FOOD BOXES AND TRACKED THE NUMBER OF BOXES DIST RIBUTED. THIS PROGRAM HANDED OUT OVER 500 BOXES OF NONPERISHABLE FOOD ITEMS TO COMMUNITY M EMBERS IN NEED. THE POPULATION HEALTH TEAM CREATED

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	A WORKFLOW THAT WAS ABLE TO IDENTIFY NOT ONLY MEDICAL/BEHAVIORAL ISSUES THAT SHOULD BE AD DRESSED THROUGH IN PERSON OR VIRTUAL CALLS BY PROVIDERS BUT ALSO IF THEY HAVE ANY SOCIAL N EEDS SUCH AS FOOD INSECURITY, HOUSING ISSUES, PERSONAL SAFETY OR ISSUES PAYING UTILITIES. THIS CREATED AN OPPORTUNITY TO CHECK ON OUR MOST VULNERABLE PATIENTS. WE WERE ABLE TO FACI LITATE A FEW VIRTUAL VISITS WITH PATIENTS THAT WOULD HAVE GONE WITHOUT CARE WITHOUT THIS S IMPLE 'COLD CALLING' INTERVENTION.

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 IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR GRIFFIN HEALTH SERVICE CORPORATION (THE CORPORATION). FOOTNOTE 4 - ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE BEGINS ON PAGE 24 OF THE AUDITED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	RESPONSIBLE INDIVIDUAL WILL BE INFORMED ABOUT THE FINANCIAL ASSISTANCE THAT MAY BE AVAILABLE UNDER THE FAP. AT LEAST THREE SEPARATE SINGLE PATIENT ACCOUNT STATEMENTS FOR COLLECTION OF SELF-PAY ACCOUNTS SHALL BE MAILED TO THE LAST KNOWN ADDRESS OF EACH RESPONSIBLE INDIVIDUAL PRIOR TO THE END OF THE NOTIFICATION PERIOD; PROVIDED, HOWEVER, THAT NO ADDITIONAL SINGLE PATIENT ACCOUNT STATEMENTS NEED BE SENT AFTER A RESPONSIBLE INDIVIDUAL SUBMITS A COMPLETE APPLICATION FOR FINANCIAL ASSISTANCE UNDER THE FAP.AT LEAST 120 DAYS SHALL HAVE ELAPSED BETWEEN THE FIRST AND LAST OF THE REQUIRED THREE MAILINGS. ALL SINGLE PATIENT ACCOUNT STATEMENTS OF SELF-PAY ACCOUNTS WILL INCLUDE:1. AN ACCURATE SUMMARY OF THE HOSPITAL SERVICES COVERED BY THE STATEMENT;2. THE CHARGES FOR SUCH SERVICES; AND3. THE AMOUNT REQUIRED TO BE PAID BY THE RESPONSIBLE INDIVIDUAL (OR, IF SUCH AMOUNT IS NOT KNOWN, A GOOD FAITH ESTIMATE OF SUCH AMOUNT AS OF THE DATE OF THE INITIAL STATEMENT).DETAILED ITEMIZATIONS FOR HOSPITAL CHARGES WILL BE PROVIDED UPON REQUEST.AT LEAST ONE OF THE SINGLE PATIENT ACCOUNT STATEMENTS SENT DURING THE NOTIFICATION PERIOD WILL INCLUDE WRITTEN NOTICE THAT INFORMS THE RESPONSIBLE INDIVIDUAL ABOUT THE ECAS THAT MAY BE TAKEN IF THE RESPONSIBLE INDIVIDUAL DOES NOT APPLY FOR FINANCIAL ASSISTANCE UNDER THE FAP OR PAY THE AMOUNT DUE BY THE BILLING DEADLINE (I.E., THE LAST DAY OF THE NOTIFICATION PERIOD). SUCH STATEMENT MUST BE PROVIDED TO THE RESPONSIBLE INDIVIDUAL AT LEAST 30 DAYS BEFORE THE DEADLINE SPECIFIED IN THE STATEMENT, IF COMMENCING ECAS.A STATEMENT INDICATING INTENT TO TRANSFER THE SINGLE PATIENT ACCOUNT TO A COLLECTION AGENCY SHALL BE MAILED TO THE LAST KNOWN ADDRESS OF EACH RESPONSIBLE INDIVIDUAL AT LEAST 30 DAYS PRIOR TO THE TRANSFER OF A SELF-PAY ACCOUNT TO A COLLECTION AGENCY OR THE INITIATION OF ANY ECA. A REASONABLE EFFORT TO ORALLY NOTIFY THE RESPONSIBLE INDIVIDUALS BY TELEPHONE AT THE LAST KNOWN TELEPHONE NUMBER MUST ALSO BE MADE. DURING ALL CONVERSATIONS, THE RESPONSIBLE INDIVIDUAL WILL BE INFORMED ABOUT THE FINANCIAL ASSISTANCE THAT MAY BE AVAILABLE UNDER THE FAP. A COPY OF THE BILLING AND COLLECTION POLICY IS AVAILABLE AT WWW.GRIFFINHEALTH.ORG/PORTALS/0/DOCUMENTS/FINANCIAL%20ASSISTANCE/THE-GRIFFIN-HOSPITAL-BILLING-AND-COLLECTIONS-POLICY.PDF

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	GRIFFIN HOSPITAL, REALIZED THAT THERE ARE MANY DIRECTIONS THAT REACH OUT TO WHERE, FROM A POPULATION HEALTH STANDPOINT, NEED TO BE ADDRESSED. 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. 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 THROUGHOUT 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	GRIFFIN'S COMMUNITY OUTREACH OFFICE COORDINATOR WOULD ASSIST MEMBERS WITH INSURANCE ELIGIBILITY. THE POPULATION HEALTH STAFF ALONG WITH THE ACCOUNTABLE HEALTH COMMUNITIES SCREENERS ALSO ASSIST IN IDENTIFING IF SOMEONE NEEDS ASSISTANCE WITH INSURANCE ELIGIBILITY AND SOCIAL NEEDS. THEY WERE OFTEN REFERRED TO TEAM OR OTHER COMMUNITY ACTION AGENCY ORGANIZATIONS AS NEEDED TO ADDRESS SOCIAL NEEDS AND ELIGIBILITY REQUIREMENTS.DURING THE YEAR, A COMMUNITY HEALTH WORKER POSITION WAS CREATED TO ACCUMULATE INFORMATION AND FIND RESOURCES FOR INDIVIDUALS IN NEED. FINANCIAL ASSISTANCE BROCHURE AND POSTERS ARE LOCATED THROUGHOUT THE HOSPITAL (CHILDBIRTH AREA, ER AREA, CUSTOMER SERVICE AREA) IN ENGLISH AND SPANISH EXPLAINING THE FINANCIAL ASSISTANCE POLICY AND HOW TO CONTACT THE FINANCIAL COUNSELORS. BROCHURES ARE ALSO DISTRIBUTED AT COMMUNITY EVENTS. AT REGISTRATION 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 FINANCIAL ASSISTANCE PROGRAMS. THE PAMPHLET ALSO INCLUDES HOSPITAL CONTACTS FOR PATIENTS SEEKING STATE WELFARE OR OTHER STATE PROGRAMS.

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 IN THE AREA 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. ALMOST HALF OF VALLEY WORKERS EARN LESS WHAT IS CONSIDERED NECESSARY TO COVER COSTS OF LIVING IN THE REGION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	THE BOARD OF DIRECTORS IS A VOLUNTEER BOARD OF PROMINENT MEMBERS OF THE COMMUNITY.THE HOSPITAL HAS AN OPEN MEDICAL STAFF.SEE THE DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES FOR ADDITIONAL COMMUNITY SERVICES PROVIDED FREE OR WITH MINIMAL CHARGE TO THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	THE GRIFFIN HOSPITAL IS PART OF AN INTEGRATED HEALTH SYSTEM WHICH INCLUDES THE FOLLOWING ENTITIES:GRIFFIN HEALTH SERVICES CORPORATION - HOLDING COMPANYGRIFFIN FACULTY PHYSICIANS, INC. - MEDICAL/EDUCATIONGRIFFIN HOSPITAL DEVELOPMENT FUND - FUNDRAISINGPLANETREE INTERNATIONAL, INC. - EDUCATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7:	GRIFFIN HOSPITAL OPERATES IN THE STATE OF CONNECTICUT WHICH DOES NOT REQUIRE FILING OF A COMMUNITY BENEFIT REPORT. IF FILING WAS REQUIRED, THE HOSPITAL WOULD COMPLY.

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 34	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 5: IN ORDER TO GATHER INPUT FROM PUBLIC HEALTH AND THE GENERAL PUBLIC, GRIFFIN HOSPITAL PARTICIPATED IN THE CREATION OF THE 2019 VALLEY COMMUNITY INDEX. THE 2019 VALLEY COMMUNITY INDEX WAS CREATED IN PARTNERSHIP WITH DATA HAVEN. THIS REPORT REFLECTS THE MOST RECENT DATA COLLECTION EFFORTS TO EXAMINE THE SOCIAL, ECONOMIC, AND PHYSICAL HEALTH OF THE VALLEY AND CONTINUES WHERE THE 2016 COMMUNITY INDEX REPORT LEFT OFF. REGIONAL LEADERS FROM A RANGE OF MULTIDISCIPLINARY ORGANIZATIONS HAVE COME TOGETHER TO EXAMINE WHAT HAS OCCURRED IN THE VALLEY IN THE LAST THREE YEARS. GRIFFIN HEALTH HAS STRONG AND LONGSTANDING PARTNERSHIPS WITH OTHER ORGANIZATIONS AND SOCIAL SERVICE AGENCIES IN THE REGION, INCLUDING THE NAUGATUCK VALLEY HEALTH DISTRICT, THE COMMUNITY BASED VALLEY COUNCIL FOR HEALTH AND HUMAN SERVICES, THE ALLIANCE FOR PREVENTION & WELLNESS, THE VALLEY UNITED WAY, TEAM, INC. ("TEAM"), AND THE VALLEY COMMUNITY FOUNDATION. THE CHNA HELPED INFORM THE COMMUNITY HEALTH IMPROVEMENT PLAN, WHICH WAS DEVELOPED JOINTLY BY GRIFFIN AND THE NAUGATUCK VALLEY HEALTH DEPARTMENT TO OUTLINE THE KEY HEALTH IMPROVEMENT INITIATIVES ADOPTED BY BOTH ORGANIZATIONS FOR THE UPCOMING THREE-YEAR PERIOD.GRIFFIN HEALTH IS COMMITTED TO DEVELOPING COMPREHENSIVE POPULATION HEALTH MANAGEMENT CAPABILITIES INCLUDING A COMMITMENT TO IDENTIFY SOCIAL NEEDS THAT IMPACT THE WELLBEING OF INDIVIDUALS WHO ACCESS THE HEALTHCARE SYSTEM. SCREENING ACTIVITIES IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND OUTPATIENT PHYSICIAN OFFICES HAVE PROMPTED GRIFFIN TO WORK WITH TEAM AND OTHER COMMUNITY BASED ORGANIZATIONS TO DEVELOP STRATEGIES TO ADDRESS FOOD INSECURITY, HOUSING ISSUES, AND TRANSPORTATION NEEDS THAT SIGNIFICANTLY AFFECT THE HEALTH OF INDIVIDUALS. GRIFFIN AND TEAM ARE LEADING EFFORTS TO ELIMINATE HUNGER IN THE REGION AND EDUCATE PEOPLE, PARTICULARLY THOSE WITH CHRONIC DISEASE BURDEN, ABOUT THE ADVERSE IMPACT THAT POOR NUTRITION CAN HAVE ON HEALTH. AS PART OF THAT EFFORT, GRIFFIN HAS PLEDGED $50,000 PER YEAR TO SUBSIDIZE THE COST OF PURCHASING FOOD THAT WILL SUPPLEMENT THE DONATIONS RECEIVED BY LOCAL FOOD PANTRIES THAT SERVE THE REGION.
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 6B: GRIFFINS CHNA WAS CONDUCTED WITH MANY DIFFERENT ORGANIZATIONS. TO UNDERSTAND THE VALLEY REGION, THE 2019 VALLEY COMMUNITY INDEX WAS PRODUCED BY THE VALLEY COMMUNITY FOUNDATION AND DATA HAVEN, OCTOBER 2019.THIS REPORT REFLECTS THE MOST RECENT DATA COLLECTION EFFORTS TO EXAMINE THE SOCIAL, ECONOMIC, AND PHYSICAL HEALTH OF THE VALLEY AND CONTINUES WHERE THE 2016 COMMUNITY INDEX REPORT LEFT OFF. LISTED BELOW ARE THE REGIONAL LEADERS FROM A RANGE OF MULTIDISCIPLINARY ORGANIZATIONS WHICH HAVE COME TOGETHER TO EXAMINE WHAT HAS OCCURRED PRIOR TO THE CHNA:- DATAHAVEN- VALLEY COMMUNITY FOUNDATION, INC.- BASSETT FAMILY FUNDGRIFFIN HEALTH SERVICES, INC- CONNECTICUT COMMUNITY FOUNDATION- KATHARINE MATTHIES FOUNDATION- THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN- VALLEY UNITED WAY- NAUGATUCK VALLEY COUNCIL OF GOVERNMENTS- VALLEY COMMUNITY INDEX ADVISORY COMMITTEE- ALLIANCE FOR PREVENTION & WELLNESS- THE VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES- ANSONIA YOUTH SERVICES BUREAU- MUNICIPAL GOVERNMENTS AND SCHOOL DISTRICTS THROUGHOUT THE VALLEY- AREA CONGREGATIONS-ACT-SPOONER HOUSE- BH CARE- BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY- CENTER STAGE THEATRE- DERBY NECK LIBRARY- DERBY PUBLIC LIBRARY- DERBY YOUTH SERVICES BUREAU- GREATER VALLEY CHAMBER OF COMMERCE- VALLEY COMMUNITY- HOUSATONIC COUNCIL- NAUGATUCK ECONOMIC DEVELOPMENT CORPORATION- NAUGATUCK VALLEY COUNCIL OF GOVERNMENTS- NAUGATUCK VALLEY HEALTH DISTRICT-NAUGATUCK YMCA- PARENT CHILD RESOURCE CENTER- SHELTON ECONOMIC DEVELOPMENT CORPORATION- TEAM, INC.- VALLEY PARISH NURSE PROGRAM- VALLEY UNITED WAY- THE WORKPLACE, INC.- YALE-GRIFFIN PREVENTION RESEARCH CENTERPART V, SECTION B, LINE 7A: HTTPS://WWW.GRIFFINHEALTH.ORG/PORTALS/0/DOCUMENTS/2019-VALLEY-COMMUNITY-INDEX.PDFPART V, SECTION B, LINE 7B: HTTPS://WWW.CTDATAHAVEN.ORG/REPORTS/2019-VALLEY-COMMUNITY-INDEX-UNDERSTANDING-VALLEY-REGIONPART V, SECTION B, LINE 10A: HTTPS://WWW.GRIFFINHEALTH.ORG/PORTALS/0/DOCUMENTS/2019-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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 11: GRIFFIN HOSPITAL HAS THREE MAIN FOCUS AREAS: BEHAVIORAL HEALTH; HEART HEALTH; AND MATERAL AND INFANT HEALTH. GRIFFIN HOSPITAL HAS DEVELOPED SPECIFIC GOALS FOR EACH FOCUS AREA. THE HOSPITAL REALIZES THAT THERE ARE OTHER NEEDS IN THE COMMUNITY BUT THEY ARE NOT ABLE TO MEET ALL THE NEEDS DUE TO FINANCIAL AND TIME CONSTRAINTS.FOCUS AREA 1 BEHAVIORAL HEALTH:BEHAVIORAL HEALTH DISORDERS INCLUDE BOTH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS. THIS FOCUS IS ALIGNED WITH TWO SECTIONS OF HEALTHY CT 2020, THE STATE HEALTH IMPROVEMENT PLAN: INJURY AND VIOLENCE PREVENTION AND MENTAL HEALTH, ALCOHOL, AND SUBSTANCE ABUSE. GOAL 1: TO INCREASE BEHAVIORAL HEALTH EDUCATION AND AWARENESS WHILE EMPHASIZING THE IMPORTANCE OF SOCIAL AND EMOTIONAL WELLNESS AND REDUCING STIGMA.GOAL 2: TO REDUCE STRESS, ANXIETY, AND TRAUMA, ESPECIALLY IN YOUNG PEOPLE.GOAL 3: TO REDUCE SUBSTANCE USE DISORDERS IN THE REGION AND PROMOTE A RECOVERY COMMUNITY FOR THOSE WITH SUBSTANCE USE DISORDERS IN THEIR FAMILIES THROUGH EDUCATION ANDAWARENESS. ALIGNMENT WITH THE STATE HEALTH IMPROVEMENT PLAN.FOCUS AREA 2 HEART HEALTH:DATA FROM THE 2019 COMMUNITY INDEX SHOW THAT HEART DISEASE CONTINUES TO BE A LEADING CAUSE OF PREMATURE DEATH IN THE VALLEY. THIS AREA HAS CURRENTLY BEEN PUT ON HOLD DUE TO COVID-19 CONCERNS.GOAL 1: TO REDUCE PREMATURE DEATH RATES DUE TO HEART DISEASE IN THE NAUGATUCK VALLEY ALIGNMENT WITH THE STATE HEALTH IMPROVEMENT PLAN THE CHIP HEART DISEASE PRIORITY AREA IS ALIGNED WITH THE CHIP'S CHRONIC DISEASE PREVENTION AND CONTROL SECTION OF HEALTHY CT 2020, WHICH AIMS TO REDUCE THE PREVALENCE AND BURDEN OF CHRONIC DISEASE THROUGH SUSTAINABLE, EVIDENCE-BASED EFFORTS AT RISK REDUCTION AND EARLY INTERVENTION.FOCUS AREA 3 MATERNAL AND INFANT:THE COMBINED FETAL AND INFANT MORTALITY RATE IN LOWER NAUGATUCK VALLEY (LNV) IS TRENDING UP, THOUGH THE TREND IS DECREASING IN CT OVERALL MATERNAL AND INFANT HEALTH RISKS CONTRIBUTE TO THE INCIDENCE OF MANY CHRONIC DISEASES IN CHILDHOOD AND ADULTHOOD. ALIGNMENT WITH THE STATE HEALTH IMPROVEMENT PLAN THIS FOCUS IS ALIGNED WITH THE MATERNAL CHILD AND INFANT SECTION OF HEALTHY CT 2020, THE STATE HEALTH IMPROVEMENT PLAN. IT RELATES TO THE FOLLOWING SPECIFIC STATE OBJECTIVES: MICH-2 (PRECONCEPTION HEALTH), MICH-3 (1ST TRIMESTER CARE), MICH-4 (ADEQUATE PRENATAL CARE), MICH-5 (LOW BIRTH WEIGHT), MICH-7 (INFANT MORTALITY), MICH-8 (INFANT MORTALITY DISPARITIES).GOAL 1: TO DECREASE LOW BIRTH WEIGHT AND FETAL/INFANT MORTALITY BY IMPROVING HEALTH BEHAVIORS AMONG PREGNANT AND NON-PREGNANT WOMEN OF CHILDBEARING AGE.GOAL 2: TO INCREASE ADEQUACY OF PRENATAL CARE RECEIVED BY PREGNANT WOMEN BY EMPOWERING WOMEN OF CHILDBEARING AGE TO HAVE PLANNED, HEALTHY PREGNANCIES.GOAL 3: TO REDUCE DISPARITIES IN ADEQUACY OF PRENATAL CARE, LOW BIRTH WEIGHT, AND FETAL/INFANT MORTALITY EXPERIENCED BY RACIAL, ETHNIC, AND SOCIOECONOMIC GROUPS.
GRIFFIN HOSPITAL	PART V, SECTION B, LINE 13B: OTHER CRITERIA BEYOND FPG ARE ALSO CONSIDERED (I.E., AVAILABILITY OF CASH OR OTHER ASSETS THAT MAY BE CONVERTED TO CASH, AND EXCESS MONTHLY NET INCOME RELATIVE TO MONTHLY HOUSEHOLD EXPENDITURES), WHICH MAY RESULT IN EXCEPTIONS TO THE PRECEDING.

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

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

Form and Line Reference	Explanation
PART V, LINE 16A, FAP WEBSITE:	HTTPS://WWW.GRIFFINHEALTH.ORG/GRIFFIN-HOSPITAL/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM
PART V, LINE 16B, FAP APPLICATION WEBSITE:	HTTPS://WWW.GRIFFINHEALTH.ORG/GRIFFIN-HOSPITAL/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

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

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

Form and Line Reference	Explanation
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:	HTTPS://WWW.GRIFFINHEALTH.ORG/GRIFFIN-HOSPITAL/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE HOSPITAL IS NOT A GRANT MAKING ORGANIZATION BUT DOES MAKE DONATIONS TO LOCAL TAX-EXEMPT AND GOVERNMENTAL ORGANIZATIONS FOR USE IN THEIR EXEMPT PURPOSE.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM INC 30 ELIZABETH STREET DERBY, CT 06418	06-0835182	501(C)(3)	60,000				COMMUNITY ASSISTANCE
MASTER'S TABLE COMMUNITY MEALS PO BOX 175 ANSONIA, CT 06401	90-0742371	501(C)(3)	12,000				COMMUNITY ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALLEY UNITED WAY INCORPORATED 54 GROVE STREET SHELTON, CT 064844106	06-0847098	501(C)(3)	75,000				COMMUNITY ASSISTANCE
CITY OF ANSONIA 5 STATE STREET ANSONIA, CT 06401		ANSONIA	247,852				ARMORY REFURBISHMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DERBY FIRE DEPARTMENT 1 ELIZABETH STREET DERBY, CT 06418		DERBY		7,000	BOOK VALUE	GENERATOR	COMMUNITY ASSISTANCE

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 on 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 on 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
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
PART I, LINE 7	FOR ALL INDIVIDUALS PAID DIRECTLY BY THE HOSPITAL, AT THE END OF THE YEAR, THE COMPENSATION COMMITTEE REVIEWS PERFORMANCE OF EACH INDIVIDUAL IN LINE WITH CERTAIN CRITERIA. BASED ON AN OVERALL REVIEW OF THEIR PERFORMANCE AND THEIR COMPENSATION, THE COMMITTEE RECOMMENDS A BONUS AMOUNT WHICH IS APPROVED BY THE BOARD OF DIRECTORS.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PATRICK A CHARMEL CEO/PRESIDENT, BOD SECRETARY/TREASUR	(i)	553,607	133,921	1,754	8,550	26,093	723,925	0
	(ii)	0	0	0	0	0	0	0
1FREDERICK BROWNE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	371,051	47,843	1,670	8,550	26,093	455,207	0
2ALEXANDER S BALKO CFO/VP FINANCE	(i)	335,168	57,038	1,754	8,550	26,093	428,603	0
	(ii)	0	0	0	0	0	0	0
3MARIA DAWE MD TRUSTEE/PHYSICIAN (FROM 01/2021)	(i)	377,596	0	1,754	8,450	26,093	413,893	0
	(ii)	0	0	0	0	0	0	0
4KENNETH J DOBULER MD TRUSTEE/PHYSICIAN (RESIGNED 01/2021)	(i)	317,246	0	0	8,761	0	326,007	0
	(ii)	0	0	0	0	0	0	0
5TODD LIU VP	(i)	215,689	37,893	1,643	6,474	26,093	287,792	0
	(ii)	0	0	0	0	0	0	0
6RICHARD DAIGLE CHIEF INFORMATION OFFICER	(i)	267,266	4,688	1,734	7,494	2,186	283,368	0
	(ii)	0	0	0	0	0	0	0
7BARBARA STUMPO VP	(i)	207,142	32,033	1,545	6,579	26,093	273,392	0
	(ii)	0	0	0	0	0	0	0
8MIHAELA BORAN MD PHYSICIAN	(i)	208,150	0	1,670	7,108	22,973	239,901	0
	(ii)	0	0	0	0	0	0	0
9ADAM DWORKIN VP	(i)	176,229	27,459	1,336	5,640	26,093	236,757	0
	(ii)	0	0	0	0	0	0	0
10MYRA ODENWAELDER ASSISTANT VP	(i)	172,901	30,311	1,264	5,130	26,093	235,699	0
	(ii)	0	0	0	0	0	0	0
11KAREN O'FLYNN MD DIRECTOR	(i)	193,293	0	1,754	8,550	26,093	229,690	0
	(ii)	0	0	0	0	0	0	0
12KELLY EGAN DIRECTOR	(i)	183,433	18,213	1,334	5,192	16,424	224,596	0
	(ii)	0	0	0	0	0	0	0
13KATHLEEN MARTIN VP	(i)	133,277	30,503	1,013	3,842	20,113	188,748	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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 G-1	06-0806186	20775DEL2	01-08-2020	67,523,219	REFINANCE & CONSTRUCTION		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	67,523,219			
4	Gross proceeds in reserve funds	3,925,756			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	18,023,335			
11	Other spent proceeds	41,061,855			
12	Other unspent proceeds	4,512,273			
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 of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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							
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?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		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						
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						
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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

Return Reference	Explanation
LINE 11 - OTHER SPENT PROCEEDS	OF THE OTHER SPENT PROCEEDS ON LINE 11: -$40,679,975 WAS USED TO REFUND PRIOR TAX-EXEMPT BONDS DATED JANUARY 20, 2017. -$315,000 WAS USED TO REFUND PRIOR TAXABLE BONDS DATED DECEMBER 19, 2019. -$66,880 WAS USED TO PAY INTEREST ON THE BONDS.

Return Reference	Explanation
PART III, LINES 3B & 3C	MANAGEMENT AND SERVICE CONTRACTS IN THE BOND FINANCED SPACE FALL UNDER THE SAFE HARBOR PROVIDED BY REVENUE PROCEDURE 2016-44 AND WILL NOT RESULT IN PRIVATE BUSINESS USE.

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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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

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	THE COMPENSATION COMMITTEE WHICH IS A SUBCOMMITTEE OF THE BOARD OF DIRECTORS REVIEWS INDIV IDUAL COMPENSATION OF THE CEO, OFFICERS, AND OTHER MEMBERS OF SENIOR STAFF, WHOSE COMPENSA TION IS REPORTABLE ON FORM 990 ON AN ANNUAL BASIS. COMPENSATION OF OTHER MEMBERS OF THE OR GANIZATION ARE APPROVED AS A PART OF THE ANNUAL BUDGET PROCESS. THE PROCESS INCLUDES THE P ROCUREMENT OF COMPARABILITY DATA FROM EXTERNAL INDEPENDENT SOURCES AND OTHER INDUSTRY SPEC IFIC COMPENSATION DATA. THE COMPENSATION COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOAR D OF DIRECTORS FOR THEIR REVIEW AND ACTION.

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 -8,767,741. MINIMUM PENSION LIABILITY ADJUSTMENT 13,014,486. CHANGE IN INTEREST IN NET ASSETS OF AFFILIATE 433,265. CHANGE IN BENEFICIAL INTEREST IN TR USTS 540,049. NONOPERATING PENSION AND OTHER POSTRETIREMENT NET PERIODIC BENEFIT COST 487, 205. NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 1,961,024.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE BOARD OF TRUSTEES OF GRIFFIN HOSPITAL IS RESPONSIBLE FOR SELECTING AN INDEPENDENT AUDI T FIRM AND FOR OVERSEEING THE FINANCIAL STATEMENT PREPARATION PROCESS. THERE HAVE BEEN NO CHANGES IN THESE PROCEDURES 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 PHYSICIANS 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 INTERNATIONAL 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) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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) Section 512(b)(13) controlled entity? 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 PHYSICIANS INC	R	6,759,816	ACTUAL
(2)GRIFFIN FACULTY PHYSICIANS INC	M	2,351,338	ACTUAL

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation