ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

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14 CT Agent State Connecticut 15 CT Agent Zip Code 06418 -			
15 CT Agent Zip Code 06418 -			Connecticut
D. AFFILIATE NAME GRIFFIN HOSPITAL	15	CT Agent Zip Code	06418 -
D. AFFILIATE NAME GRIFFIN HOSPITAL			
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•	D.	AFFILIATE NAME	GKIFFIN NUSYII AL

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ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

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LINE	DESCRIPTION	AFFILIATE INFORMATION	
		ACUTE CARE HOSPITAL TO PROVIDE ACUTE CARE SERVICES TO OUR	
	Affiliate Description	COMMUNITIES WE SERVE.	
		Hospital	
		Not for Profit	
	Street Address	130 DIVISION ST	
	Town	Derby October 1997	
	State Zip Code	Connecticut 06418 -	
		PATRICK CHARMEL	
		CHIEF EXECUTIVE OFFICER	
		PATRICK CHARMEL	
		Griffin Hospital	
		130 DIVISION ST	
		Derby	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06418 -	
		CDIFFIN HOCDITAL DEVELOPMENT FUND	
_	AFFILIATE NAME	GRIFFIN HOSPITAL DEVELOPMENT FUND	
		FUND RAISING ORGANIZATION FORN THE GRIFFIN HEALTH SERVICES.	
		Fund Raising/Management	
	Tax Status Street Address	Not for Profit 130 DIVISION ST	
5	Town	Derby	
	State	Connecticut	
		06418 -	
		PATRICK CHARMEL	
		PRESIDENT, CHIEF EXECUTIVE OFFICER	
10	CT Agent Name	PATRICK CHARMEL	
	CT Agent Company	Griffin Hospital Development Fund	
		130 DIVISION ST	
		Derby	
		Connecticut	
15	CT Agent Zip Code	06418 -	
F.	AFFILIATE NAME	GRIFFIN PHARMACY & GIFT SHOP	
1	Affiliate Description	SELLING PHARMACEUTICALS AND GIFTS	
		Pharmacy	
3	Tax Status	Not for Profit	
	Street Address	130 DIVISION ST	
		Derby	
	State	Connecticut	
		06418 -	
	CEO Name	PATRICK CHARMEL	
		CEO DATRICK CHARMEL	
10		PATRICK CHARMEL Griffin Pharmagy & Gift Shop	
		Griffin Pharmacy & Gift Shop 130 DIVISION ST.	
	Ŭ i i	Derby	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06418 -	
G.	AFFILIATE NAME	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD	
		A FOR-PROFIT OFF-SHORE CAPTIVE INSURANCE COMPANY WHICH PROVIDES	
1	Affiliate Description	CERTAIN INSURANCE COVERAGE TO GHSC AND ITS SUBSIDIARIES.	
	Affiliate type of service	Insurance	
3		For Profit	
	Street Address	130 DIVISION ST	
5	Town	Derby	

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ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Healthcare Alliance Insurance Co LTD
	CT Agent Company Street Address	130 DIVISION ST
	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
		NUMBER OF THE PROPERTY OF THE
Н.	AFFILIATE NAME	NUVAL, LLC
		For profit limited liability company owned by Griffin Hospital Ventures, INC and TN
		Ventures, LLC for the purpose of pursuing commercial opportunities associated with the
1	Affiliate Description	Overall Nutritional Quality Index.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	1 Rex Drive
5	Town	Braintree
6	State	Massachusetts
	Zip Code	02184 -
8	CEO Name	Nancy Mcdermott
9	CEO Title	President
	CT Agent Name	none designated
	CT Agent Company	none designated
12	CT Agent Company Street Address	1 Rex Drive
13	CT Agent Town	Braintree
	CT Agent State	Massachusetts
15	CT Agent Zip Code	02184 -
ı.	AFFILIATE NAME	PLANETREE INC
1	Affiliate Description	PATIENT FOCUSED CARE PHILOSOPHY
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Planetree
		130 DIVISION ST
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
	CT Agent Zip Code	06418 -
	- 9	

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
` '		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
Α.	GRIFFIN HOSPITAL		
1	GIGHT IN TIOOF TIAL	Unrestricted	(\$16,756,232)
2		Temporarily Restricted by Donor	\$2,260,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,679,095
5		Intercompany Eliminations	(\$5,798,360)
		Total:	(\$14,615,390)
В.	GRIFFIN HEALTH SERVICES CORPORATION		
1		Unrestricted	\$3,745,541
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,628,406)
		Total:	\$2,117,135
C.	G.H. VENTURES, INC.		
1		Unrestricted	(\$4,764,575)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$4,764,575)
D.	GRIFFIN FACULTY PRACTICE PLAN		
1	CINITIA I AGGETT TRAGTIGET EAR	Unrestricted	\$226,480
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$226,480
E.	GRIFFIN HOSPITAL		
1	CALL THE HOST HAL	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F.	GRIFFIN HOSPITAL DEVELOPMENT FUND		
1	CIAIT IN TIOUS TIAL DEVELOT MIENT 1 GAD	Unrestricted	\$2,137,300
2		Temporarily Restricted by Donor	\$1,691,964
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,742,616
5		Intercompany Eliminations	\$0
		Total:	\$5,571,880
G.	GRIFFIN PHARMACY & GIFT SHOP		
ن. 1	GILL IN FRANKIACT & GIFT SHOP	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$848,270
3		Temporarily Restricted by Board	\$040,270
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$848,270
			_

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GRIFFIN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
Н.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
1		Unrestricted	\$851,391
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$434,394)
		Total:	\$416,997
I.	NUVAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
J.	PLANETREE INC		
1		Unrestricted	\$689,929
2		Temporarily Restricted by Donor	\$92,318
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$782,247
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	(\$1,555,796)
	Intercompany Eliminations		(\$7,861,160)
	Total of all Affiliates	Fund Balance:	(\$9,416,956)

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
l	AFFILIATE MARKE	DECODIDATION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Α.	GRIFFIN HEALTH SERVICES CORPORATION			
	GRIFFIN HEALTH SERVICES CORPORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,193,775
1		Transfer of Funds	09/30/2009	(\$1,326,815)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,866,960
			0/00/2000	+ ,,
В.	G.H. VENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$1,899,708)
1		Transfer of Funds	09/30/2009	\$2,220,150
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$320,442
C.	GRIFFIN FACULTY PRACTICE PLAN			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	GRIFFIN HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	ODIFFIN HOODITAL DEVELOPMENT FUND			
<u> </u>	GRIFFIN HOSPITAL DEVELOPMENT FUND	Deginning Unespecialisted Intercompany Polones	9/30/2008	\$942,648
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2006	\$942,040
-		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$942,648
			0,00,200	. ,
F.	GRIFFIN PHARMACY & GIFT SHOP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,518
1		Transfer of Funds	09/30/2009	\$403,283
2		401K	09/30/2009	(\$300,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$114,801
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD	Desiration Harmon State dust an array State dust an array State dust an array State dust are supplied to the state of the	0/00/0000	\$4.6C2.00F
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,663,205 \$982,717
1		Transfer of Funds Ending Unconsolidated Intercompany Balance:	09/30/2009 9/30/2009	\$982,717 \$2,645,922
		Ending Onconsolidated intercompany balance.	9/30/2009	Ψ2,043,322
Н	NUVAL, LLC			
ı	INOVAL, LLO			

REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
I.	PLANETREE INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$630,181)
1		401K	09/30/2009	(\$2,000,000)
2		Transfer of Funds	09/30/2009	\$2,189,795
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$440,386)
			Grand Total:	\$5,450,387

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2008	\$0
Α.	GRIFFIN HEALTH SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	G.H. VENTURES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
	ODJETIN FACULTY DD AOTIOF DI ANI				
C.	GRIFFIN FACULTY PRACTICE PLAN		Nothing to Donort		40
-			Nothing to Report	0/00/0000	\$0 \$0
			Total:	9/30/2009	\$0
	GRIFFIN HOSPITAL				
D.	GRIFFIN HUSPITAL		Nothing to Depart		ФО.
-			Nothing to Report Total:	9/30/2009	\$0 \$0
			Total:	9/30/2009	\$ 0
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND				
<u> </u>	GRIFFIN HOSFITAL DEVELOFMENT FOND		Nothing to Report		\$0
-			Total:	9/30/2009	\$0
			Total.	9/30/2009	φυ
F.	GRIFFIN PHARMACY & GIFT SHOP				
- · · ·	STAIT IN THANMAST & SILT SHOT		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			. Otali	0/00/2000	40
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
					, ,
H.	NUVAL, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0 \$0
I.	PLANETREE INC				
			Nothing to Report		\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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GRIFFIN HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
—	AFFILIATE NAME &		(-)	(/
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	GRIFFIN HEALTH SERVICES CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
B.	G.H. VENTURES, INC.			
0	Nothing to Report	T-1-1-	\$0	
		Total:	\$0	9/30/2009
	ODIFFIN FACILITY DDAOTIOF DI ANI			
C .	GRIFFIN FACULTY PRACTICE PLAN Nothing to Report		\$0	
<u> </u>	Nothing to Report	Total:	\$0 \$0	9/30/2009
		ı otalı	40	3/30/2003
D.	GRIFFIN HOSPITAL	_		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
F.	GRIFFIN PHARMACY & GIFT SHOP			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
0	Nothing to Report		\$0	
_		Total:	\$0	9/30/2009
H.	NUVAL, LLC		***	
	Nothing to Report	Total:	\$0 \$0	9/30/2009
		i Otai.	\$0	9/30/2009
I.	PLANETREE INC			
0	Nothing to Report		\$0	
Ě	Housing to Report	Total:	\$ 0	9/30/2009
			40	5,53/2000
		Grand Total:	\$0	9/30/2009
		J. and Total.	ΨΟ	0/03/E003

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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	GRIFFIN HEALTH SERVICES CORPORATION Nothing to Report	0.2	0
0	Total:	\$0 \$0	0
	101111	4 0	
В.	G.H. VENTURES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	GRIFFIN FACULTY PRACTICE PLAN		
0	Nothing to Report	\$0	O
	Total:	\$0	
D.	GRIFFIN HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND		
0	Nothing to Report	\$0	0
	Total:	\$0	
	GRIFFIN PHARMACY & GIFT SHOP		
0	Nothing to Report	\$0	0
	Total:	\$0	
	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NUVAL, LLC	en.	0
U	Nothing to Report Total:	\$0 \$0	0
	l Otal.	20	
	DI AMETREE IMA		
I.	PLANETREE INC Nothing to Report	\$0	C C
	Total:	\$0 \$0	0
	i Otal.	φυ	
	Grand Total:	\$0	
	Grand Totali	Ψ0	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4) FY 2009	(5)	(6)
LINE	DESCRIPTION	FY`2008 ACTUAL	FY 2009 ACTUAL	AMOÚNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$248,808.00	\$182,669.51	(\$66,138.49)	-27%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$12,166.50	\$12,166.50	0%
3	Expenditures	\$13,709.49	\$1,430.50	(\$12,278.99)	-90%
4	Unrealized Gains and Losses	(\$52,429.00)	\$36,733.49	\$89,162.49	-170%
	Ending Balance	\$182,669.51	\$230,139.00	\$47,469.49	26%
5	Projected Interest Income	\$0.00	\$2,500.00	\$2,500.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	GRIFFIN HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hos	spital Bed Funds	1
2. A. Number of Patients receiving	ng Hospital Bed Fund Grants	1
2. B. The Actual Total Dollar Ame	ount provided to all patients from Hospital Bed F	\$1,430.50
1	pine trust	\$1,430.50
	Grand Total	\$1,430.50

		GRIFFIN HOS	PITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEAR	R 2009		
	REPORT 17 - HOSPITAI	L BED FUNDS HELD (OR ADMINISTERED B	Y THE HOSPITAL	
B. BE	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund			Reinvested	Available
(3)	Fair Market Value of the Principal of e	ach individual Hospit	al Bed Fund, or the P	rincipal attributable	to each Hospital
(4)	Total Actual Earnings for each Hospit	al Bed Fund or the Ea	arnings attributable to	o each Hospital Bed	Fund.
(5)	Actual Dallan Amazont of Farmings valu	avented as Drivainal i	4		
(5)	Actual Dollar Amount of Earnings rei	ivested as Frincipal, i	ii ariy.		
(6)	Actual Dollar Amount of Earnings ava	silable for Patient Care	2		
(0)	Actual Dollar Amount of Carmings ava	allable for Fatient Care	J.		
	pine trust	\$91,607.00	\$15,524.00	\$0.00	\$76,319.00
	eno fund	\$56,739.00	\$13,373.00	\$0.00	\$5,474.00
	Total Bed Funds :		\$18,897.00	\$0.00	\$81,793.00
	I Olai Ded Funds :	\$148,346.00	\$18,897.00	\$0.00	\$81,793.UU

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsurred information which is made available at Griffin Hospital.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	currenlty have three outide collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Connecticut Credit
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsurred information which is made available at Griffin Hospital.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	currenlty have three outide collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.00%
	Collection Agent	
1	Collection Agent Name	Attorney Levin
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsurred information which is made available at Griffin Hospital.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	currenlty have three outide collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.00%
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsurred information which is made available at Griffin Hospital.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
		currenlty have three outide collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	26.00%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CHIEF EXECUTIVE OFFICER	\$368,374	\$43,428	\$411,802
2.	CHIEF, EMERGENCY ROOM PHYSICIAN	\$300,019	\$20,913	\$320,932
3.	EMERGENCY ROOM PHYSICIAN	\$297,378	\$12,495	\$309,873
4.	CHIEF, PSYCHIATRIC PHYSICIAN	\$239,289	\$60,501	\$299,790
5.	DIRECTOR, PREVENTATIVE MEDICINE	\$250,653	\$22,380	\$273,033
6.	PSYCHIATRIC PHYSICIAN	\$193,063	\$64,455	\$257,518
7.	CHIEF, PULMONARY PHYSICIAN	\$207,917	\$38,707	\$246,624
8.	CHIEF FINANCIAL OFFICER	\$217,884	\$26,440	\$244,324
9.	EMERGENCY ROOM PHYSICIAN	\$227,594	\$12,399	\$239,993
10.	VICE PRESIDENT COMMUNICATION	\$161,054	\$76,234	\$237,288
	Grand Total:	\$2,463,225	\$377,952	\$2,841,177

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
Α.	GRIFFIN HEALTH SERVICES CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	and by the Floophan to Employees of the Emity Elected Alberta	ψυ	ΨΟ	Ψ
В.	G.H. VENTURES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C.	GRIFFIN FACULTY PRACTICE PLAN			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	GRIFFIN HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	and by the Hospital to Employees of the Emity Listed Above	Ψυ	ΨΟ	ΨΟ
Ε.	GRIFFIN HOSPITAL DEVELOPMENT FUND			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	GRIFFIN PHARMACY & GIFT SHOP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G .	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	C O
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0 \$0	\$0 \$0
	Faid by the mospital to Employees of the Entity Listed Above	φυ	Φυ	Φυ
Н.	NUVAL, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ι.	PLANETREE INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

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A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

GRIFFIN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
1.	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
_		
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	GRIFFIN H				
	ANNUAL R				
	FISCAL Y		DDOWDED DV	THE HOODITAL	
	REPORT 23 - CHARITY CARE AND REDUCED C	OST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2008	FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENC
	<u>DECORIFICA</u>	AMOOITI	AWOUNT	DITTERENCE	DITTERCENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial Sta	atement Notes)			
1.	Number of Applicants	388	376	(12)	
2.	Number of Approved Applicants	359	311	(48)	-1
	Trainise of Approved Approache	333	<u> </u>	(10)	
3.	Total Charges (A)	\$1,748,198	\$5,752,621	\$4,004,423	22
	Average Charges	\$4,870	\$18,497	\$13,628	28
		0.000004	0.055.450	(0.040500)	
4.	Ratio of Cost to Charges (RCC)	0.366034	0.355472	(0.010562)	-
	Total Cost	\$639,900	\$2,044,896 \$6,575	\$1,404,996	22
	Average Cost	\$1,782	\$6,575	\$4,793	26
5.	Charity Care - Inpatient Charges	\$1,018,300	\$3,315,250	\$2,296,950	22
6.	Charity Care - Outpatient Emergency Department Charges	269,553	1,553,336	1,283,783	47
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	460,345	884,035	423,690	9
	Total Charges (A)	\$1,748,198	\$5,752,621	\$4,004,423	22
8.	Charity Care - Number of Patient Days	1,635	4,105	2,470	15
9.	Charity Care - Number of Discharges	174	390	216	1:
•••		000	1,995	1,113	1:
10.	Charity Care - Number of Outpatient ED Visits	882	1,995	1,113	
10.	Charity Care - Number of Outpatient Visits (Excludes ED	882	1,995		
		579	1,720	1,141	19
10.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	579	1,720	1,141	
10.	Charity Care - Number of Outpatient Visits (Excludes ED	579	1,720	1,141	
10.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	579	1,720	1,141	
10.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	579 he Hospital Audi	1,720	1,141	
10. 11. A) Th	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	he Hospital Audi	1,720 ted Financial St	1,141 atement Notes.	1
10. 11. A) Th B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	he Hospital Audi	1,720 ted Financial St	1,141 atement Notes.	-
10. 11. A) Th	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	he Hospital Audi	1,720 ted Financial St	1,141 atement Notes.	-
10. 11. A) Th B. 1. 2.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	he Hospital Audi eport 17) 7	1,720 Ited Financial St	1,141 eatement Notes.	-
10. 11. A) Th B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 813,709	1,720 Ited Financial St 1 1 1 \$1,431	1,141 atement Notes. (6) (6) (8)	-
10. 11. A) Th B. 1. 2.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	he Hospital Audi eport 17) 7	1,720 Ited Financial St	1,141 eatement Notes.	1
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 \$13,709 \$1,958	1,720 Ited Financial St 1 1 1 \$1,431 \$1,431	1,141 catement Notes. (6) (6) (8) (\$12,278) (\$527)	-
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 \$13,709 \$1,958	1,720 Ited Financial St 1 1 1 \$1,431	1,141 catement Notes. (6) (6) (\$12,278) (\$527)	-
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 \$13,709 \$1,958	1,720 Ited Financial St 1 1 1 \$1,431 \$1,431 0.355472	1,141 catement Notes. (6) (6) (8) (\$12,278) (\$527)	-
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 \$13,709 \$1,958 0.366034 \$5,018	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509	1,141 (6) (6) (812,278) (\$527) (0.010562) (\$4,509)	-
10. 11. A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 \$13,709 \$1,958 0.366034 \$5,018	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509	1,141 (6) (6) (812,278) (\$527) (0.010562) (\$4,509)	
10. 11. 11. B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 813,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509	1,141 (6) (6) (8) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158)	-1:
10. 11. A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	\$13,709 \$1,958 0.366034 \$5,018 \$717	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509	(6) (6) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208)	-1 -1
10. 11. 11. B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 813,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509 \$0 1,431	1,141 (6) (6) (8) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158)	-1 -1 -1
10. 11. A) Th B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	579 he Hospital Audi eport 17) 7 7 7 \$13,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589 1,574 \$13,709	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509 \$0 1,431 0 \$1,431	1,141 (6) (6) (812,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158) (1,574) (\$12,278)	-1 -1 -1
10. 11. 11. B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	\$13,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589 1,574 \$13,709	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509 \$0 1,431 0 \$1,431	1,141 (6) (6) (8) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158) (1,574) (\$12,278)	-1 -1 -1
10. 11. 11. 11. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	\$13,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589 1,574 \$13,709	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509 \$0 1,431 0 \$1,431	1,141 (6) (6) (8) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158) (1,574) (\$12,278)	-1 -1 -1 -1
10. 11. A) The B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	\$13,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589 1,574 \$13,709	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509 \$0 1,431 0 \$1,431	1,141 (6) (6) (8) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158) (1,574) (\$12,278)	
10. 11. 11. 11. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the l	\$13,709 \$1,958 0.366034 \$5,018 \$717 \$10,546 1,589 1,574 \$13,709	1,720 ted Financial St 1 1 1 \$1,431 \$1,431 0.355472 \$509 \$509 \$0 1,431 0 \$1,431	1,141 (6) (6) (8) (\$12,278) (\$527) (0.010562) (\$4,509) (\$208) (\$10,546) (158) (1,574) (\$12,278)	-11 -11 -11 -11

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