

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

Form sections B through M: B Check if applicable; C Name of organization (GRIFFIN HOSPITAL); D Employer identification number (06-0647014); E Telephone number (203-732-7528); F Name and address of principal officer (PATRICK S. CHARMEL); G Gross receipts (\$129,508,601); H(a) Is this a group return for affiliates? (No); H(b) Are all affiliates included? (No); I Tax-exempt status (501(c)(3)); J Website (GRIFFINHEALTH.ORG); K Form of organization (Corporation); L Year of formation (1908); M State of legal domicile (CT)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block fields: Sign Here (Signature of officer: PATRICK S. CHARMEL, CEO); Paid Preparer (Name: BETH THURZ, Signature: Beth Thurz, Date: 8/8/13, PTIN: P00346435); Firm's name: SASLOW, LUFKIN & BUGGY, LLP; Firm's address: TEN TOWER LANE, AVON, CT 06001; Firm's EIN: 06-1533253; Phone no.: 860-678-9200

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
GRIFFIN HOSPITAL IS COMMITTED TO PROVIDING PERSONALIZED, HUMANISTIC, CONSUMER-DRIVEN HEALTH CARE IN A HEALING ENVIRONMENT; TO EMPOWERING INDIVIDUALS TO BE ACTIVELY INVOLVED IN DECISIONS AFFECTING THEIR CARE AND WELL-BEING THROUGH ACCESS TO INFORMATION AND EDUCATION; AND TO

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 [X] 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 [X] 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 116,126,636. including grants of \$ ) (Revenue \$ 109,680,301.)
GRIFFIN HOSPITAL IS AN ACUTE CARE HOSPITAL PROVIDING MEDICAL CARE TO PATIENTS IN COMMUNITIES SERVED, INCLUDING SUBSIDIZED CARE, CHARITY CARE, AND EDUCATIONAL SERVICES TO HEALTH PROFESSIONALS TO HELP PREPARE THE NEXT GENERATION OF CAREGIVERS.

4b (Code: ) (Expenses \$ 3,754,826. including grants of \$ ) (Revenue \$ 8,911,560.)
PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY.

4c (Code: ) (Expenses \$ 2,018,059. including grants of \$ ) (Revenue \$ 2,791,088.)
PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 483,799. including grants of \$ ) (Revenue \$ 1,340,938.)

4e Total program service expenses 122,383,320.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
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? .....		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



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

Check if Schedule O contains a response to any question 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 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.		
	1a	22	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	18	
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
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	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	X

**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	X
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	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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	X
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	X

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**JAMES DOWNEY - 203-732-7528**  
**130 DIVISION STREET, DERBY, CT 06418**

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HENDRICKS, DAVID MD/BOARD MEMBER	1.00	X						0.	0.	0.
(2) CHARMEL, PATRICK PRESIDENT/CEO	40.00	X		X				413,379.	0.	58,191.
(3) BORIS, GREGORY MD/BOARD MEMBER	1.00	X						0.	0.	0.
(4) DOBULER, KENNETH MD/BOARD MEMBER	14.00	X						226,511.	0.	47,152.
(5) SCHWARTZ, KENNETH MD/BOARD MEMBER	16.00	X						190,532.	0.	67,325.
(6) STUMPO, BARBARA J. V.P./BOARD MEMBER	40.00	X		X				169,709.	0.	40,922.
(7) ANDREANA, JOSEPH TRUSTEE	1.00	X						0.	0.	0.
(8) BALDYGA, KENNETH TRUSTEE	1.00	X						0.	0.	0.
(9) BETKOSKI, JOHN W. III CHAIRMAN	1.00	X		X				0.	0.	0.
(10) DINARDO, NANCY TRUSTEE	1.00	X						0.	0.	0.
(11) FOX, ROBERT A. TRUSTEE	1.00	X						0.	0.	0.
(12) JONES, JEAN CRUM TRUSTEE	1.00	X						0.	0.	0.
(13) KLARIDES, THEMIS TRUSTEE	1.00	X						0.	0.	0.
(14) LOGAN, GEORGE S. TRUSTEE	1.00	X						0.	0.	0.
(15) OSAK, FRANK M. TRUSTEE	1.00	X						0.	0.	0.
(16) MEZZO, ROBERT TRUSTEE	1.00	X						0.	0.	0.
(17) REISS, ROBERT G. TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WEINER, GERALD T. TRUSTEE	1.00	X						0.	0.	0.
(19) ZAPRZALKA, JOHN J. TRUSTEE	1.00	X						0.	0.	0.
(20) SACZYNSKI, SHELLY TRUSTEE	1.00	X						0.	0.	0.
(21) BINGAMAN, LARRY TRUSTEE	1.00	X						0.	0.	0.
(22) PEARSON, WM. NEIL MD/TRUSTEE	1.00	X						0.	0.	0.
(23) MOYLAN, JAMES J VICE PRESIDENT/CFO	40.00			X				249,920.	0.	39,027.
(24) POWANDA, WILLIAM VICE PRESIDENT	40.00			X				181,708.	0.	48,142.
(25) BERNS, EDWARD VICE PRESIDENT	40.00			X				152,735.	0.	36,514.
(26) MARTIN, KATHLEEN VICE PRESIDENT	40.00			X				149,614.	0.	37,662.
<b>1b Sub-total</b>								1,734,108.	0.	374,935.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,449,792.	274,324.	220,052.
<b>d Total (add lines 1b and 1c)</b>								3,183,900.	274,324.	594,987.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 76

	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		X
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	X	
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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIDINE CORPORATION 75 REMITTANCE DRIVE, CHICAGO, IL 60675	FOOD SERVICE	1,478,271.
F & F MECHANICAL ENTERPRISES 2 DWIGHT STREET, NORTH HAVEN, CT 06473	CONSTRUCTION	418,396.
CONNECTICUT EMERGENCY MEDICINE SPECIALISTS PO BOX 271618, WEST HARTFORD, CT 06127	E.R. PHYSICIAN SERVICES	411,762.
CARDIOLOGY ASSOC OF DERBY 130 DIVISION STREET, DERBY, CT 06418	PHYSICIAN SERVICES	399,621.
NEW MILFORD LAUNDRY 47 COMMONS COURT, WATERBURY, CT 06704	LAUNDRY SERVICE	384,115.

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 20

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(27) DEEGAN, MARGARET VICE PRESIDENT	40.00			X				204,758.	0.	31,516.
(28) SHEPARD, SETH VICE PRESIDENT	40.00			X				183,468.	0.	21,483.
(29) FRAMPTON, SUSAN PRESIDENT/PLANETREE	40.00			X				0.	274,324.	28,232.
(30) D'SOUSA, SEEMA MD	30.00					X		179,424.	0.	21,635.
(31) HALSTEAD, EDWARD MD	40.00					X		199,780.	0.	68,082.
(32) NAWAZ, HAQ MD	40.00					X		240,796.	0.	27,500.
(33) SALABARRIA, JAVIER MD	40.00					X		266,555.	0.	21,604.
(34) HURIBAL, MARSEL MD	40.00					X		175,011.	0.	0.
Total to Part VII, Section A, line 1c								1,449,792.	274,324.	220,052.

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,908,138.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	326,764.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>			2,234,902.			
<b>Program Service Revenue</b>	2 a <b>PATIENT REVENUE</b>	Business Code 621500	121066315.	117402632.	3663683.		
	b <b>OTHER PROGRAM SERVICES</b>	621500	5,321,255.	5,321,255.			
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			126387570.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		351,715.			351,715.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	422,129.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	422,129.				
	d Net rental income or (loss)		422,129.			422,129.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	112,285.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	112,285.				
	d Net gain or (loss)		112,285.			112,285.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e <b>Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions.</b>			129508601.	122723887.	3663683.	886,129.	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,183,757.	2,101,280.	1,082,477.	
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	49,478,334.	44,530,501.	4,947,833.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	5,288,072.	4,759,265.	528,807.	
9 Other employee benefits	10,586,624.	9,527,962.	1,058,662.	
10 Payroll taxes	4,103,178.	3,692,860.	410,318.	
11 Fees for services (non-employees):				
a Management	6,491,127.	5,842,014.	649,113.	
b Legal	237,404.		237,404.	
c Accounting	255,252.		255,252.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	10,081,414.	9,073,273.	1,008,141.	
12 Advertising and promotion	478,606.	478,606.		
13 Office expenses	358,359.	322,523.	35,836.	
14 Information technology	427,133.	427,133.		
15 Royalties				
16 Occupancy	313,890.	313,890.		
17 Travel	348,787.	348,787.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,233,260.	5,233,260.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,913,219.	5,913,219.		
23 Insurance	945,756.	851,180.	94,576.	
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 <b>MEDICAL &amp; DRUG SUPPLIES</b>	15,930,763.	15,930,763.		
b <b>RESEARCH GRANT EXPENSES</b>	2,259,698.	2,033,728.	225,970.	
c <b>FOOD</b>	1,186,176.	1,186,176.		
d <b>BAD DEBT</b>	985,616.	985,616.		
e All other expenses	9,812,537.	8,831,284.	981,253.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	133,898,962.	122,383,320.	11,515,642.	0.
26 <b>Joint costs.</b> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,513,612.	<b>1</b>	8,071,213.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	17,025,431.	<b>4</b>	12,754,987.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	794,648.	<b>8</b>	852,072.
	<b>9</b> Prepaid expenses and deferred charges .....	1,810,064.	<b>9</b>	2,258,893.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 148,245,027.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 88,278,309.	62,082,187.	<b>10c</b> 59,966,718.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,656,773.	<b>12</b>	6,519,819.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	14,181,684.	<b>13</b>	15,213,004.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	12,570,011.	<b>15</b>	24,283,511.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	122,634,410.	<b>16</b>	129,920,217.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	26,635,850.	<b>17</b>	28,300,556.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	33,048.	<b>19</b>	40,179.
	<b>20</b> Tax-exempt bond liabilities .....	53,037,112.	<b>20</b>	51,432,599.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	77,591,032.	<b>25</b>	80,182,528.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	157,297,042.	<b>26</b>	159,955,862.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-42,070,163.	<b>27</b>	-38,049,002.
	<b>28</b> Temporarily restricted net assets .....	1,880,150.	<b>28</b>	2,203,003.
	<b>29</b> Permanently restricted net assets .....	5,527,381.	<b>29</b>	5,810,354.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	-34,662,632.	<b>33</b>	-30,035,645.	
<b>34</b> Total liabilities and net assets/fund balances .....	122,634,410.	<b>34</b>	129,920,217.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,508,601.
2	Total expenses (must equal Part IX, column (A), line 25)	2	133,898,962.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,390,361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-34,662,632.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,017,348.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-30,035,645.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)





**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 .....

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

**GRIFFIN HOSPITAL**

**06-0647014**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>GRIFFIN HOSPITAL</b>	Employer identification number <b>06-0647014</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>67,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>242,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>462,106.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>1,038,781.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>165,467.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>91,784.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GRIFFIN HOSPITAL</b>	Employer identification number <b>06-0647014</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 91,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**GRIFFIN HOSPITAL**

**06-0647014**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>GRIFFIN HOSPITAL</b>	Employer identification number <b>06-0647014</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization **GRIFFIN HOSPITAL** Employer identification number **06-0647014**

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_  
3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,700.
j Total. Add lines 1c through 1i			11,700.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE GRIFFIN HOSPITAL PAID FOR MEMBERSHIP DUES TO THE CONNECTICUT HOSPITAL ASSOCIATION FOR THE FISCAL YEAR ENDED 9/30/2012. \$11,699.62 OF THE MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**GRIFFIN HOSPITAL**

Employer identification number

**06-0647014**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	2,932,333.	2,953,261.	2,773,278.	2,677,652.	
b Contributions					
c Net investment earnings, gains, and losses	322,207.	-1,478.	124,305.	97,031.	
d Grants or scholarships					
e Other expenditures for facilities and programs	5,000.	19,450.	1,337.	1,405.	
f Administrative expenses					
g End of year balance	3,249,540.	2,932,333.	2,896,246.	2,773,278.	

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  66.50 %
- c Temporarily restricted endowment  33.50 %

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

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,015,091.		4,015,091.
b Buildings		72,926,054.	34,898,661.	38,027,393.
c Leasehold improvements				
d Equipment		70,963,696.	53,127,705.	17,835,991.
e Other		340,186.	251,943.	88,243.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				59,966,718.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>FIXED INCOME SECURITIES</b>	3,611,174.	END-OF-YEAR MARKET VALUE
(B) <b>MARKETABLE EQUITY</b>		
(C) <b>SECURITIES</b>	2,908,645.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	6,519,819.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>LIMITED USE ASSETS -</b>		
(2) <b>CURRENT</b>	700,398.	END-OF-YEAR MARKET VALUE
(3) <b>BOARD DESIGNATED</b>		
(4) <b>INVESTMENTS</b>	10,001.	END-OF-YEAR MARKET VALUE
(5) <b>BENEFICIAL INTEREST IN</b>		
(6) <b>TRUSTS</b>	3,650,093.	END-OF-YEAR MARKET VALUE
(7) <b>UNDER INDENTURE AGREEMENT</b>	4,288,627.	END-OF-YEAR MARKET VALUE
(8) <b>INVESTMENTS OF NET ASSETS</b>		
(9) <b>OF AFFILIATES</b>	6,563,885.	COST
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	15,213,004.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>OTHER RECEIVABLES</b>	2,405,920.
(2) <b>DUE FROM AFFILIATES</b>	7,998,375.
(3) <b>OTHER ASSETS &amp; INSURANCE RECOVERABLE</b>	12,635,039.
(4) <b>THIRD PARTY</b>	1,203,411.
(5) <b>DEFERRED REVENUE</b>	40,766.
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	24,283,511.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED POST RETIREMENT - CURRENT</b>	435,000.
(3) <b>ACCRUED POST RETIREMENT -</b>	
(4) <b>NONCURRENT</b>	8,484,801.
(5) <b>PROFESSIONAL AND GENERAL LIABILITY</b>	876,637.
(6) <b>MINIMUM PENSION LIABILITY</b>	42,429,930.
(7) <b>WORKERS COMPENSATION - LONG TERM</b>	2,108,091.
(8) <b>ACCRUED INTEREST PAYABLE</b>	347,111.
(9) <b>OTHER LIABILITIES</b>	22,138,767.
(10) <b>RETIREMENT OBLIGATION</b>	119,709.
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	80,182,528.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	129,508,601.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	133,898,962.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,390,361.
4	Net unrealized gains (losses) on investments	4	534,665.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	8,482,683.
9	Total adjustments (net). Add lines 4 through 8	9	9,017,348.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,626,987.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	130,043,266.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	534,665.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	534,665.
3	Subtract line 2e from line 1	3	129,508,601.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	129,508,601.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	133,898,962.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	133,898,962.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	133,898,962.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE HOSPITAL'S ENDOWMENT FUNDS CONSIST OF DONOR**

**RESTRICTED FUNDS TO BE INVESTED IN PERPETUITY TO PROVIDE A PERMANENT SOURCE OF INCOME.**

**PART X, LINE 2: THERE IS NO FIN 48 (ASC 740) FOOTNOTE IN THE GRIFFIN HOSPITAL AUDITED FINANCIAL STATEMENTS.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)		275	2150116.	0.	2150116.	1.61%
<b>b</b> Medicaid (from Worksheet 3, column a)		10,197	10577781.	7060403.	3517378.	2.63%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)		145	310,135.	241,706.	68,429.	.05%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		10,617	13038032.	7302109.	5735923.	4.29%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)		46,175	896,911.	6,830.	890,081.	.66%
<b>f</b> Health professions education (from Worksheet 5)		140	5850061.	4797952.	1052109.	.79%
<b>g</b> Subsidized health services (from Worksheet 6)		42,141	21661980.	20149686.	1512294.	1.13%
<b>h</b> Research (from Worksheet 7)			1183995.	0.	1183995.	.88%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)		2,133	38,051.	0.	38,051.	.03%
<b>j Total.</b> Other Benefits		90,589	29630998.	24954468.	4676530.	3.49%
<b>k Total.</b> Add lines 7d and 7j		101,206	42669030.	32256577.	10412453.	7.78%



Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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

Name and address

1 GRIFFIN HOSPITAL
130 DIVISION STREET
DERBY, CT 06418

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks in the first seven columns.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: GRIFFIN HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.....	1	X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? .....	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		



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

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	<b>X</b>	
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	<b>X</b>	
<b>12</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? ..... If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input checked="" type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)	<b>X</b>	

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	<b>X</b>	
<b>15</b> 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 patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? ..... If "Yes," check all actions in which the hospital facility or a third party engaged: a <input checked="" type="checkbox"/> Reporting to credit agency b <input checked="" type="checkbox"/> Lawsuits c <input checked="" type="checkbox"/> Liens on residences d <input checked="" type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	<b>X</b>	
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): ..... a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

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

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

PART I, LINE 3C: N/A

PART II: THE DEPARTMENT OF COMMUNITY OUTREACH AND PARISH

NURSING HAS PROMOTED THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH ITS  
COMMUNITY BUILDING ACTIVITIES. GRIFFIN HOSPITAL SPONSORS AND PROVIDES  
OPERATIONAL LEADERSHIP FOR THE VALLEY PARISH NURSE PROGRAM THROUGH  
COMMUNITY HEALTH IMPROVEMENT ADVOCACY. THE DEPT. OF COMMUNITY OUTREACH HAS  
MADE A SUBSTANTIAL IMPACT ON THE GREATER NAUGATUCK VALLEY. COMMUNITY  
HEALTH IMPROVEMENT ADVOCACY ACTIVITIES COLLABORATE WITH THE COMMUNITY ON  
VARIOUS OUTREACH NEEDS. SOME EXAMPLES OF THE GROUPS AND BOARDS THAT ARE  
INVOLVED ARE: BOYS & GIRLS CLUB BOARD, CT COUNCIL OF PARISH NURSE  
COORDINATORS, VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES, WOMEN MAKING A  
DIFFERENCE, VITALS, VALLEY UNITED WAY, KOMEN FOUNDATION GRANT EXPLORATION,  
ANSONIA COMMUNITY ACTION ADVISORY BOARD, BIRTH TO 9, CT HOSPITAL  
ASSOCIATION, VNA ANNUAL MEETING, NEW HAVEN BUSINESS ASSOCIATION, SPOONER  
HOUSE FOOD DRIVE, VALLEY SUBSTANCE ABUSE ACTION COUNCIL, AMERICAN HEART  
ASSOCIATION, ECC/CPR BOARD, COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, CT  
HOSPITAL ASSOCIATION AND SUB COMMITTEE.

Part VI Supplemental Information

PART III, LINE 4: GRIFFIN HOSPITAL'S AUDITED FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE. BAD DEBT EXPENSE IS REPORTED ON LINE 2 PER GRIFFIN HOSPITAL'S AUDITED FINANCIAL STATEMENTS, NET OF ANY BAD DEBT RECOVERY, MULTIPLIED BY THE COST TO CHARGE RATIO. GRIFFIN HOSPITAL REQUIRES OUR COLLECTION AGENCIES TO FOLLOW THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THEREFORE THE HOSPITAL DID NOT ATTRIBUTE ANY BAD DEBT EXPENSE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 8: GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE \$7.486 MILLION SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THIS YEAR, MEDICARE ACCOUNTED FOR 5.9% OF HOSPITAL EXPENSES. THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES.

PART III, LINE 9B: GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. GRIFFIN HOSPITAL WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE (NON HOSPITAL) COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES. AT TIME OF BILLING GRIFFIN HOSPITAL WILL PROVIDE TO ALL LOW-INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL. FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR

**Part VI** Supplemental Information

EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM GRIFFIN HOSPITAL WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO A COLLECTION AGENCY.

PART VI, LINE 2: THE GRIFFIN HOSPITAL IS CURRENTLY DEVELOPING AN ACTION PLAN TO ADDRESS IDENTIFIED NEEDS, WHICH WILL BE COMPLETED, FILED AND PUBLISHED ON THE GRIFFIN HOSPITAL WEB SITE.

GRIFFIN HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS. THE HOSPITAL USES RESOURCES THAT ARE CONNECTED AND AFFILIATED WITH THE HOSPITAL OR THE COMMUNITY IT SERVES. EXAMPLES OF THESE ARE: COMMUNITY HEALTH PROFILE DONE BY THE YALE-GRIFFIN PRC AT LEAST BI-ANNUALLY THAT TRACKS MORTALITY AND OTHER DATA BY DISEASE, WHICH PROMPTED LAUNCHING OF THE HIM PROJECT TO ADDRESS MALE PROSTATE AND COLON CANCER RATES. VALLEY COUNCIL'S QUALITY OF LIFE REPORT PUBLISHED LAST YEAR FOR THE FIRST TIME (WWW.VALLEYCOUNCIL.ORG). THE INITIATIVE OF THE VALLEY COUNCIL IS DESIGNED TO TRACK KEY INDICATORS OF QUALITY OF LIFE IN THE VALLEY OVER TIME. OUR GOAL IS TO SEE WHAT ASPECTS OF COMMUNITY LIFE HAVE GOTTEN BETTER OVER TIME AND WHAT AREAS MAY NEED IMPROVEMENT. PRODUCTION OF THE VALLEY CARES REPORT WAS MADE POSSIBLE BY GENEROUS GRANTS FROM: THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, THE VALLEY COMMUNITY FOUNDATION, THE VALLEY UNITED WAY, AND THE KATHARINE MATTHIES FOUNDATION. ADDITIONAL SUPPORT PROVIDED BY: YALE-GRIFFIN PREVENTION RESEARCH CENTER, NAUGATUCK VALLEY HEALTH DISTRICT, GRIFFIN HOSPITAL, BIRMINGHAM GROUP HEALTH SERVICES, INC., THE WORKPLACE, INC. AND THE MEMBER AGENCIES OF THE VALLEY COUNCIL. CLARITAS - DEMOGRAPHIC PROFILE OF THE HOSPITAL'S PRIMARY SERVICE AREA. COMMUNITY PERCEPTION TELEPHONE SURVEY DONE EVERY TWO OR THREE YEARS OF 400 PRIMARY SERVICE AREA RESIDENTS. VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS WHICH IS A COOPERATIVE VENTURE

**Part VI** Supplemental Information

LINKING APPROXIMATELY 50 NON-PROFIT HEALTH & HUMAN SERVICE PROVIDERS THROUGHOUT THE VALLEY. ITS MISSION IS TO IDENTIFY, PLAN, IMPLEMENT, AND COORDINATE A COMPREHENSIVE SYSTEM OF HUMAN SERVICE DELIVERY AND TO ADVOCATE FOR COMMUNITY-WIDE AND CULTURALLY DIVERSE PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY. STRATEGIC PLAN - GREATER VALLEY CHAMBER OF COMMERCE'S HEALTHCARE COUNCIL. THE HEALTHCARE COUNCIL WAS CREATED BASED ON THE PREMISE THAT HEALTH AND WELLNESS ARE INCREASINGLY IMPORTANT ISSUES TO AREA BUSINESSES. FROM PROVIDING INSIGHTS INTO CHRONIC DISEASES TO THE EFFECTS POOR HEALTH HAS ON PRODUCTIVITY AND EMPLOYEE ATTENDANCE, THE COUNCIL IS AN EDUCATIONAL RESOURCE ON HEALTH AND WELLNESS FOR BUSINESSES THROUGHOUT THE GREATER VALLEY REGION. VALLEY UNITED WAY SENIOR NEEDS ASSESSMENT - 2007, VALLEY NEEDS AND OPPORTUNITIES PROJECT - REPORT ON PROGRESS, MOUNT AUBURN ASSOCIATES - 2005, YALE-GRIFFIN PREVENTION RESEARCH CENTER CORPORATE SOCIAL RESPONSIBILITY SECTION OF THE FORTUNE APPLICATION Q.16 GRIFFIN HOSPITAL'S SCHOOL-BASED CHILDHOOD AND ADOLESCENT OBESITY PREVENTION PROJECT, OUR DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING WHICH FOCUSES ON THE UNDERSERVED POPULATIONS. THE PARISH NURSE PROGRAM ITSELF.

PART VI, LINE 3: GRIFFIN HOSPITAL SHALL COMMUNICATE TO THE PUBLIC THROUGH APPROPRIATE MEANS REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME UNINSURED PATIENTS. NOTICES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE HOSPITAL SUCH AS ADMITTING, REGISTRATION, BILLING OFFICE, EMERGENCY DEPARTMENT AND OTHER OUTPATIENT SETTINGS. EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE POLICIES SHALL CONTAIN BRIEF INSTRUCTIONS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR A DISCOUNTED PAYMENT. THE NOTICES WILL INCLUDE A CONTACT TELEPHONE NUMBER THAT A PATIENT OR FAMILY MEMBER CAN CALL TO OBTAIN MORE INFORMATION. GRIFFIN

**Part VI** Supplemental Information

HOSPITAL SHALL ENSURE THAT APPROPRIATE STAFF MEMBERS ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES. TRAINING WILL BE PROVIDED TO STAFF MEMBERS WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS. WHEN COMMUNICATING TO PATIENTS REGARDING THEIR FINANCIAL ASSISTANCE POLICIES GRIFFIN HOSPITAL SHALL ATTEMPT TO DO SO IN THE PRIMARY LANGUAGE OF THE PATIENT OR HIS /HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS. GRIFFIN HOSPITAL SHALL SHARE ITS FINANCIAL ASSISTANCE POLICIES WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST SUCH PATIENTS.

PART VI, LINE 4: THE COMBINED POPULATION OF GRIFFIN'S SIX TOWN PRIMARY SERVICE AREA (THE VALLEY) IS 107,269. THE SIX SUBURBAN TOWNS THAT MAKE UP THE HOSPITAL'S PRIMARY SERVICE AREA ARE:

ANSONIA - POPULATION 19,219, SIZE 6.2 SQ. MILES, BEACON FALLS - POPULATION 6,038, SIZE 9.9 SQ. MILES, DERBY - POPULATION 12,882, SIZE 5.4 SQ. MILES, OXFORD - POPULATION 12,662, SIZE 33 SQ. MILES, SEYMOUR - POPULATION 16,514, 15 SQ. MILES, SHELTON - POPULATION 39,954, SIZE 32 SQ. MILES.

THE COMBINED SIZE OF THE SIX TOWN VALLEY REGIONS IS 101.5 SQUARE MILES.

THE VALLEY, GEOGRAPHICALLY LOCATED IN SOUTH CENTRAL CONNECTICUT, IS SURROUNDED BY THREE OF THE STATE'S LARGEST CITIES, NEW HAVEN, TO THE SOUTH, BRIDGEPORT, TO THE SOUTHWEST, AND WATERBURY TO THE NORTH EACH ABOUT 15 MILES FROM GRIFFIN HOSPITAL. THERE ARE TWO TERTIARY CARE HOSPITALS IN EACH OF THE CITIES AND EACH HAS VARYING DEGREES OF MARKET SHARE IN GRIFFIN'S PRIMARY SERVICE AREA TOWNS DEPENDING ON THE PROXIMITY TO THE THREE CITIES AND THE HOSPITALS LOCATED THERE.

THE VALLEY'S POPULATION IS PRIMARILY WHITE AT 91.1%. THE BLACK OR AFRICAN



**Part VI** Supplemental Information

AMERICAN POPULATION IS 2.9% AND THE ASIAN POPULATION IS 2.3%. THE HISPANIC OR LATINO POPULATION IS 5.9%. THE AGE 65 AND OVER POPULATION IS 14% COMPARED TO THE STATE OF CONNECTICUT ALSO AT 14% IN 2010. ENGLISH IS THE PRIMARY LANGUAGE SPOKEN IN 86% OF HOMES. THE ESTIMATED AVERAGE FAMILY HOUSEHOLD INCOME FOR VALLEY RESIDENTS IS \$95,592 AND THE MEDIAN FAMILY HOUSEHOLD INCOME IS \$83,335. IT IS ESTIMATED THAT 1,149 FAMILIES (3.9%) OF VALLEY FAMILIES HAVE INCOMES BELOW THE POVERTY LEVEL.

GRIFFIN HOSPITAL IS A NON-PROFIT, 160 BED, 20 BASSINETTE ACUTE CARE HOSPITAL WITH 6,904 DISCHARGES AND 196,386 OUTPATIENT VISITS IN FISCAL YEAR 2012. WITH 1,325 FULL TIME, PART TIME AND PER DIEM EMPLOYEES IT IS THE VALLEY'S LARGEST EMPLOYER WITH EMPLOYEE COMPENSATION AND BENEFITS LAST YEAR TOTALING \$72.6 MILLION, SIXTY-ONE PERCENT OF GRIFFIN'S EXPENSE BUDGET OF \$120 MILLION. OVER \$46 MILLION IS SPENT ON SUPPLIES AND SERVICES MUCH OF WHICH IS TO AREA VENDORS. WITH 70% OF THE HOSPITAL'S EMPLOYEES RESIDING IN THE HOSPITAL PRIMARY SERVICE AREA, GRIFFIN HOSPITAL IS AN ECONOMIC ENGINE FOR THE COMMUNITY IT SERVES.

PART VI, LINE 5: GRIFFIN HOSPITAL IS AN ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT MEDICAL CARE AND RELATED SERVICES FOR OBSTETRICS, SURGERY AND ACUTE MEDICAL CONDITIONS OR INJURIES USUALLY FOR A SHORT DURATION. GRIFFIN PROVIDES PSYCHIATRIC AND MENTAL HEALTH SERVICES INCLUDING AN INPATIENT UNIT. GRIFFIN OFFERS A NUMBER OF INNOVATIVE PROGRAMS DESIGNED TO PROVIDE ENHANCED COMMUNITY ACCESS TO A BROAD RANGE OF SERVICES AND MEET COMMUNITY NEEDS. THESE INCLUDE: A WOUND TREATMENT CENTER, INTEGRATIVE MEDICINE CENTER, MULTIPLE SCLEROSIS CENTER, PAIN AND HEADACHE TREATMENT CENTER, SLEEP WELLNESS CENTER, JOINT REPLACEMENT CENTER, OCCUPATIONAL MEDICINE CENTER, INPATIENT HOSPICE SERVICE, CENTER FOR CANCER CARE WITH RADIATION THERAPY SERVICE, CENTER FOR BREAST

**Part VI** Supplemental Information

WELLNESS, BARIATRICS SERVICE, MEDI-WEIGHT LOSS SERVICE, GRIFFIN RETAIL PHARMACY, CHEMICAL DEPENDENCY AND ADDICTION SERVICE, ENHANCED EXTERNAL COUNTER PULSATION SERVICE, ANTI-COAGULATION SERVICE AND AN INFUSION CENTER.

CONSISTENT WITH GRIFFIN HOSPITAL'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES, THE DEPARTMENT OF COMMUNITY OUTREACH AND VALLEY PARISH NURSE (VPN) PROGRAM CONTINUED TO EXTEND THE HOSPITAL'S REACH WELL BEYOND ITS WALLS IN 2012.

ACCOUNTING FOR MORE THAN 50,000 COMMUNITY CONTACTS IN 2012, THIS OUTREACH INCLUDED EVERYTHING FROM FITTING BIKE HELMETS TO TRAINING ADULTS AND CHILDREN IN CPR TO PROVIDING HEALTH EDUCATION AND SCREENINGS AT SENIOR CENTERS, SHOPPING CENTERS, NEIGHBORHOODS, COMPANIES, AND COMMUNITY EVENTS AND HEALTH FAIRS. THESE COMMUNITY CONTACTS INCLUDED MORE THAN 8,300 HEALTH SCREENINGS - WHICH CAN HELP IDENTIFY PROBLEMS WHEN THEY ARE MOST TREATABLE - AND NEARLY 22,000 REFERRALS FOR FOLLOW UP CARE. (SOME OF GRIFFIN HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES ARE SUMMARIZED ON THE OUTREACH AND SCREENING STATISTICS PAGE OF THIS REPORT.)

AS PART OF THE HOSPITAL'S COMMITMENT TO PROMOTING COMMUNITY HEALTH AND WELLNESS WHILE CLOSING RACIAL, ETHNIC, GENDER, AND SOCIOECONOMIC GAPS IN HEALTH STATUS, GRIFFIN CONTINUED ITS COLLABORATION WITH COMMUNITY PARTNERS ON INITIATIVES SUCH AS THE VALLEY INITIATIVE TO ADVANCE HEALTH & LEARNING IN SCHOOLS AND THE HEALTH INITIATIVE FOR MEN.

THE VALLEY INITIATIVE TO ADVANCE HEALTH & LEARNING IN SCHOOLS (VITAHLS), WHICH GRIFFIN LAUNCHED IN PARTNERSHIP WITH VALLEY SCHOOL DISTRICTS AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER (PRC) IN 2011 CONTINUED ITS EFFORTS TO REDUCE OBESITY AND PROMOTE HEALTH AND ACADEMIC READINESS IN STUDENTS. THE SCHOOL-BASED PROGRAM, WHICH HAS INTRODUCED A VARIETY OF NUTRITION AND PHYSICAL ACTIVITY PROGRAMS TO REDUCE OBESITY AND PROMOTE

**Part VI** Supplemental Information

HEALTH AND ACADEMIC READINESS IN STUDENTS IN PRE-K TO GRADE 12, KICKED OFF ITS SECOND YEAR BY HOSTING A FAMILY FUN DAY ON SUNDAY, OCTOBER 21 AT EMMETT O'BRIEN TECHNICAL HIGH SCHOOL IN ANSONIA. THE FREE EVENT FEATURED A FESTIVAL FEEL WITH MANY BOOTHS FEATURING GAMES, NUTRITIONAL AND FITNESS ACTIVITIES, FREE HEALTHY SNACKS AND A FARMER'S MARKET.

OTHER NOTABLE VITALS ACTIVITIES INCLUDED THE INTRODUCTION OF THE NUVAL NUTRITIONAL SCORING SYSTEM BY DERBY MIDDLE SCHOOL AND DERBY HIGH SCHOOL.

BOTH SCHOOLS' CAFETERIAS AND VENDING MACHINES NOW FEATURE FOOD LABELED WITH A "NUVAL SCORE." A NUMBER BETWEEN 1-100 THAT DETERMINES THE NUTRITIONAL VALUE OF THE FOOD (THE HIGHER THE SCORE, THE BETTER THE OVERALL NUTRITION). NUVAL SCORES CAN NOW BE FOUND ON A LA CARTE ITEMS IN THE CAFETERIAS AND ON FOOD IN ALL VENDING MACHINES, ENCOURAGING STUDENTS TO MAKE MORE INFORMED, AND HEALTHIER, FOOD CHOICES.

AS PART OF THE HEALTH INITIATIVE FOR MEN (HIM), THE HOSPITAL ONCE AGAIN TEAMED WITH LOCAL SCHOOLS TO DISTRIBUTE FATHER'S DAY CARDS TO STUDENT'S DADS ENCOURAGING THEM TO "GET TO THE DOCTOR" FOR THEIR ANNUAL CHECK-UPS. MORE THAN 20,000 OF THESE FREE CARDS, WHICH INCLUDED MEN'S HEALTH SCREENING GUIDELINES AND CHECKLISTS, WERE DISTRIBUTED AT AREA SCHOOLS AND AT GRIFFIN HOSPITAL. THE EFFORT WAS MADE POSSIBLE BY THE "HEALTH INITIATIVE FOR MEN FUND," ESTABLISHED BY ANSONIA BUSINESSMAN FRANK MICHAUD AND HIS WIFE, JUDY, TO HELP INSPIRE MEN TO HAVE AN ANNUAL PHYSICAL AND RAISE AWARENESS ABOUT MEN'S HEALTH ISSUES, SUCH AS PROSTATE CANCER AND COLORECTAL CANCER. GRIFFIN ALSO BEGAN OFFERING FREE PROSTATE-SPECIFIC ANTIGEN (PSA) TESTS AND OTHER HEALTH SCREENINGS TO MEN AT VARIOUS COMMUNITY EVENTS.

THE GRIFFIN HOSPITAL MINI MED SCHOOL CELEBRATED ITS SEVENTH YEAR IN 2012, GRADUATING MORE THAN 50 STUDENTS FROM ITS FALL SESSION. THE 10-WEEK COURSE WAS TAUGHT BY MEMBERS OF THE GRIFFIN HOSPITAL MEDICAL STAFF WHO

**Part VI** Supplemental Information

VOLUNTEERED THEIR TIME AS FACULTY FOR THE COURSE, EXEMPLIFYING THE HOSPITAL'S COMMITMENT TO HEALTH EDUCATION AND ACCESS TO INFORMATION FOR PATIENTS, THEIR FAMILIES, AND MEMBERS OF THE COMMUNITY.

ANOTHER KEY COMPONENT OF THIS COMMITMENT, GRIFFIN'S ONGOING SERIES OF FREE COMMUNITY HEALTH LECTURES, CONTINUED WITH THE INTRODUCTION OF THE "HEALTHY U" TUESDAY TALK SERIES. GRIFFIN EXPERTS PROVIDED HEALTH AND WELLNESS INFORMATION AND ENCOURAGED COMMUNITY RESIDENTS TO TAKE A MORE ACTIVE ROLE IN THEIR HEALTH AND THEIR HEALTHCARE IN A SERIES OF TALKS HELD AT GRIFFIN AND IN VARIOUS COMMUNITY SETTINGS, INCLUDING RESIDENTIAL COMMUNITIES, PUBLIC LIBRARIES, AND SENIOR AND COMMUNITY CENTERS.

THE HOSPITAL'S HEALTH RESOURCE CENTER, WHICH IS OPEN SIX DAYS A WEEK AND STAFFED BY PROFESSIONAL LIBRARIANS, PROVIDED SUPPORT FOR ALL OF GRIFFIN'S HEALTH EMPOWERMENT ACTIVITIES, OFFERING RESOURCES AND ASSISTANCE TO PATIENTS, STAFF, AND COMMUNITY MEMBERS. THE CENTER FEATURES A VAST COLLECTION OF CONSUMER HEALTH BOOKS, PERIODICALS, AND VIDEO RESOURCES, AS WELL AS ACCESS TO A NUMBER OF PEER-REVIEWED ELECTRONIC DATABASES. SINCE THE CENTER OPENED IN 1994, MORE THAN 10,000 COMMUNITY MEMBERS HAVE SIGNED UP FOR LIBRARY CARDS THAT ALLOW THEM TO CHECK OUT MATERIALS AS THEY WOULD AT A PUBLIC LIBRARY.

THESE ACTIVITIES AND MORE COMPRISED THE MORE THAN \$18 MILLION IN COMMUNITY BENEFIT THAT GRIFFIN HOSPITAL CONTRIBUTED TO ITS COMMUNITY. THAT AMOUNT INCLUDED THE PROVISION OF NEARLY \$2.8 MILLION IN CHARITY CARE, APPROXIMATELY \$12.6 MILLION IN SUBSIDIZED CARE TO PATIENTS COVERED BY MEDICARE, MEDICAID, AND OTHER PUBLIC PROGRAMS, MORE THAN \$1 MILLION WORTH OF HEALTH PROFESSIONS EDUCATION TO HELP PREPARE THE NEXT GENERATION OF CAREGIVERS, AND NEARLY \$1.9 MILLION WORTH OF OTHER COMMUNITY BENEFIT ACTIVITIES AND HEALTH SERVICES SUBSIDIES.

**Part VI** Supplemental Information

PART VI, LINE 6: N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**GRIFFIN HOSPITAL**

Employer identification number

**06-0647014**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b>	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. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	<b>X</b>
<b>b</b>	Any related organization?	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	<b>X</b>
<b>b</b>	Any related organization?	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARMEL, PATRICK	(i) 373,073.	(ii) 39,541.	(iii) 765.	43,935.	14,256.	471,570.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 DOBULER, KENNETH	(i) 226,511.	0.	0.	47,152.	0.	273,663.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 SCHWARTZ, KENNETH	(i) 166,971.	22,796.	765.	53,069.	14,256.	257,857.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 STUMPO, BARBARA J.	(i) 152,020.	16,948.	741.	26,666.	14,256.	210,631.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 MOYLAN, JAMES J	(i) 219,160.	29,995.	765.	37,047.	1,980.	288,947.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 POWANDA, WILLIAM	(i) 163,711.	17,664.	333.	34,858.	13,284.	229,850.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 BERNES, EDWARD	(i) 133,289.	18,768.	678.	22,258.	14,256.	189,249.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 MARTIN, KATHLEEN	(i) 130,520.	18,427.	667.	23,406.	14,256.	187,276.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 DEEGAN, MARGARET	(i) 178,696.	25,297.	765.	17,260.	14,256.	236,274.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 SHEPARD, SETH	(i) 160,485.	22,232.	751.	19,503.	1,980.	204,951.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 FRAMPTON, SUSAN	(i) 235,966.	37,803.	555.	22,234.	5,998.	302,556.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 D'SOUSA, SEEMA	(i) 179,079.	0.	345.	7,379.	14,256.	201,059.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 HALSTEAD, EDWARD	(i) 199,015.	0.	765.	53,826.	14,256.	267,862.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 NAWAZ, HAQ	(i) 240,031.	0.	765.	13,244.	14,256.	268,296.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 SALABARRIA, JAVIER	(i) 265,790.	0.	765.	8,320.	13,284.	288,159.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 HURIBAL, MARSEL	(i) 175,011.	0.	0.	0.	0.	175,011.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

**SCHEDULE K**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 Attach to Form 990. See separate instructions.

2011  
 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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A CHEFA SERIES B	06-0806186	NONE		02/01/05	2480000.	CONSTRUCTION OF NEW WING		X		X		X
B CHEFA SERIES C	06-0806186	NONE		05/01/07	23125000.	CONSTRUCTION OF NEW CANCER CENTER		X		X		X
C												
D												

Part II Proceeds	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		25,769,812.		22,982,209.				
4 Gross proceeds in reserve funds				1,406,958.				
5 Capitalized interest from proceeds		24,573,303.						
6 Proceeds in refunding escrows		435,721.		234,306.				
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds		760,791.		1,133,492.				
10 Capital expenditures from proceeds				20,207,453.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		1996		2010				
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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



**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00		.00		%		%
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		.00		.00		%		%
6 Total of lines 4 and 5		.00		.00		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2 Is the bond issue a variable rate issue?	X		X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	WACHOVIA BANK							
c Term of hedge	2,037.000000							
d Was the hedge superintergrated?			X					
e Was the hedge terminated?			X					
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X					
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?	X		X					
6 Did the bond issue qualify for an exception to rebate?	X		X					

**Part V Procedures To Undertake Corrective Action**

Check the box if 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  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SEE PART VI SUPPLEMENTAL EXPLANATION SHEET**

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CHEFA SERIES C

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION OF NEW CANCER CENTER & RENOVATION OF EMERGENCY DEPARTMENT

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.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

06-0647014

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALING ENVIRONMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING LEADERSHIP TO IMPROVE THE HEALTH OF THE COMMUNITY WE SERVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDE HOSPICE SERVICES TO THE COMMUNITY.

EXPENSES \$ 483,799. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,340,938.

FORM 990, PART VI, SECTION A, LINE 6: GRIFFIN HOSPITAL IS A NON-STOCK CORPORATION THAT DOES NOT HAVE STOCKHOLDERS OR MEMBERS, BUT WHICH DOES HAVE A BOARD OF INCORPORATORS WHO SERVE AS REPRESENTATIVES OF THE COMMUNITY TO CARRY OUT THE EXEMPT AND CHARITABLE PURPOSES OF THE HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES MAKES RECOMMENDATIONS TO THE INCORPORATORS OF THE HOSPITAL REGARDING NOMINATIONS OF MEMBERS OF THE COMMUNITY TO SERVE AS TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR ALL MEMBERS OF THE HOSPITAL BOARD, OFFICERS, DIRECTORS, AND KEY EMPLOYEES RECEIVE, 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

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

06-0647014

CONFLICT PREVENTS THE INDIVIDUAL FROM INVOLVEMENT WITH OR PARTICIPATION IN SUBJECT MATTER THAT MIGHT AFFECT THE DISCLOSED CONFLICT. SUCH ACTIONS ARE DOCUMENTED IN BOARD MINUTES. ALL CONFLICTS ARE DISCLOSED TO BOARD MEMBERS AND CORPORATORS AT THE ANNUAL MEETING OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE WHICH IS A SUBCOMMITTEE OF THE HOSPITAL BOARD. THIS COMMITTEE SETS THE COMPENSATION FOR THE CEO BASED ON INDUSTRY DATA. COMPENSATION OF OTHER OFFICERS AND DIRECTORS IS SET BY THE CEO IN CONJUNCTION WITH THE HUMAN RESOURCE DEPARTMENT. AGAIN INDUSTRY COMPENSATION DATA IS THE BASIS FOR DETERMINING THE APPROPRIATENESS OF COMPENSATION. THE CEO REVIEWS WITH THE COMPENSATION COMMITTEE ALL OFFICERS AND DIRECTORS IN THE FIRST QUARTER OF THE CALENDAR YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE FILED WITH THE OFFICE OF HEALTH CARE ACCESS AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	534,665.
TRANSFERS BETWEEN AFFILIATES	-2,731,233.
MINIMUM PENSION LIABILITY ADJUSTMENT	10,040,391.
CHANGE IN NET ASSETS OF AFFILIATE	567,699.
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	322,853.
CHANGE IN BENEFICIAL INTEREST IN TRUSTS	282,973.
TOTAL TO FORM 990, PART XI, LINE 5	9,017,348.







**GRIFFIN HOSPITAL**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s)

**f** Sale of assets to related organization(s)

**g** Purchase of assets from related organization(s)

**h** Exchange of assets with related organization(s)

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

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

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

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

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

**n** Sharing of paid employees with related organization(s)

**o** Reimbursement paid to related organization(s) for expenses

**p** Reimbursement paid by related organization(s) for expenses

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

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

**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.

	Yes/No		(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
	Yes	No				
	1a	X				
	1b	X				
	1c	X				
	1d	X				
	1e	X				
	1f					X
	1g					X
	1h					X
	1i					X
	1j					X
	1k					X
	1l					X
	1m					X
	1n					X
	1o					X
	1p					X
	1q					X
	1r					X
(1)	GRIFFIN HEALTH SERVICES CORP			0	387,977.ACTUAL CASH	
(2)	G.H. VENTURES, INC.			0	383,280.ACTUAL CASH	
(3)	GRIFFIN DEVELOPMENT FUND			0	546,936.ACTUAL CASH	
(4)	PLANETREE, INC.			0	2,685,450.ACTUAL CASH	
(5)	GRIFFIN HOSPITAL DEVELOPMENT FUND			R	885,000.ACTUAL CASH	
(6)	GRIFFIN HEALTH SERVICES CORP			R	120,000.ACTUAL CASH	



**GRIFFIN HOSPITAL**

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) GRIFFIN FACULTY PRACTICE PLAN	Q	3,066,634	ACTUAL CASH
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

