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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418
Prepared by	CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2015.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRIFFIN HOSPITAL		D Employer identification number 06-0647014
	Doing Business As		E Telephone number 203-732-7528
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 141,539,678.
	130 DIVISION STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code DERBY, CT 06418		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: PATRICK S. CHARMEL SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ GRIFFINHEALTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1908
M State of legal domicile: CT			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GRIFFIN HOSPITAL IS COMMITTED TO PROVIDING PERSONALIZED, HUMANISTIC, CONSUMER-DRIVEN HEALTH CARE IN A
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 1461
	6 Total number of volunteers (estimate if necessary) 6 450
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,664,269.
b Net unrelated business taxable income from Form 990-T, line 34 7b -596,810.	

Revenue			Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)			2,231,692.	1,883,920.
9 Program service revenue (Part VIII, line 2g)			128,990,660.	138,777,765.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			320,617.	323,608.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			452,490.	554,385.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			131,995,459.	141,539,678.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			72,402,078.	72,464,593.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			57,266,011.	59,780,750.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			129,668,089.	132,245,343.	
19 Revenue less expenses. Subtract line 18 from line 12			2,327,370.	9,294,335.	

Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)			119,856,922.	119,095,066.
	21 Total liabilities (Part X, line 26)			133,564,097.	135,761,625.
22 Net assets or fund balances. Subtract line 21 from line 20			-13,707,175.	-16,666,559.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARK O'NEILL, VP FINANCE/ CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BETH THURZ				P00346435
	Firm's name ▶ CROWE HORWATH, LLP	Firm's EIN ▶ 35-0921680		Phone no. 860-678-9200	
Firm's address ▶ 175 POWDER FOREST DRIVE		SIMSBURY, CT 06089			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 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 \$ 114,783,740. including grants of \$) (Revenue \$ 122,796,073.)
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 \$ 3,630,422. including grants of \$) (Revenue \$ 8,957,280.)
PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY.

4c (Code:) (Expenses \$ 2,079,957. including grants of \$) (Revenue \$ 2,193,968.)
PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 649,588. including grants of \$) (Revenue \$ 1,329,708.)

4e Total program service expenses 121,143,707.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 or other assistance to any domestic organization or government 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 or 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 25a</i>	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	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
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	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
28c	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, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11b 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 or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HENDRICKS, DAVID MD/BOARD MEMBER	1.00	X					0.	0.	0.	
(2) CHARMELE, PATRICK PRESIDENT/CEO/SEC/TREASURER	40.00 5.00	X		X			457,568.	0.	61,107.	
(3) BORIS, GREGORY MD/BOARD MEMBER	1.00	X					0.	0.	0.	
(4) DOBULER, KENNETH MD/BOARD MEMBER	14.00	X					234,903.	0.	47,152.	
(5) SCHWARTZ, KENNETH MD/BOARD MEMBER	16.00	X					173,967.	0.	64,324.	
(6) ANDREANA, JOSEPH TRUSTEE	1.00	X					0.	0.	0.	
(7) BALDYGA, KENNETH TRUSTEE	1.00	X					0.	0.	0.	
(8) BETKOSKI, JOHN W. III TRUSTEE	1.00	X					0.	0.	0.	
(9) DINARDO, NANCY TRUSTEE	1.00	X					0.	0.	0.	
(10) JONES, JEAN CRUM TRUSTEE	1.00	X					0.	0.	0.	
(11) KLARIDES, THEMIS TRUSTEE	1.00	X					0.	0.	0.	
(12) LOGAN, GEORGE S. TRUSTEE	1.00	X					0.	0.	0.	
(13) OSAK, FRANK M. TRUSTEE	1.00	X					0.	0.	0.	
(14) REISS, ROBERT G. TRUSTEE	1.00	X					0.	0.	0.	
(15) WEINER, GERALD T. CHAIRMAN	1.00	X		X			0.	0.	0.	
(16) ZAPRZALKA, JOHN J. TRUSTEE	1.00	X					0.	0.	0.	
(17) BINGAMAN, LARRY 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PEARSON, WM. NEIL MD/TRUSTEE	1.00	X						0.	0.	0.
(19) POWANDA, WILLIAM VICE PRESIDENT	40.00			X				129,095.	0.	42,672.
(20) STUMPO, BARBARA J. V.P.	40.00			X				171,849.	0.	43,838.
(21) BERNS, EDWARD VICE PRESIDENT	40.00			X				136,945.	0.	30,335.
(22) MARTIN, KATHLEEN VICE PRESIDENT	40.00			X				140,345.	0.	30,958.
(23) DEEGAN, MARGARET VICE PRESIDENT	40.00			X				184,438.	0.	34,538.
(24) SHEPARD, SETH VICE PRESIDENT	40.00			X				164,097.	0.	23,008.
(25) O'NEILL, MARK V.P./CFO	40.00			X				245,070.	0.	10,480.
(26) D'SOUSA, SEEMA MD	30.00					X		287,181.	0.	18,980.
1b Sub-total								2,325,458.	0.	407,392.
c Total from continuation sheets to Part VII, Section A								1,022,685.	0.	111,358.
d Total (add lines 1b and 1c)								3,348,143.	0.	518,750.

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 **67**

- | | 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
HURON CONSULTING SERVICE 4795 PAYSHERE CIRCLE, CHICAGO, IL 60674	CONSULTING SERVICE	3,104,216.
CONNECTICUT EMERGENCY MEDICINE SPECIALISTS PO BOX 271618, WEST HARTFORD, CT 06127	E.R. PHYSICIAN SERVICES	1,673,090.
UNIDINE CORPORATION 75 REMITTANCE DRIVE, CHICAGO, IL 60675	FOOD SERVICE	1,529,480.
GRIFFIN PATHOLOGY 1140 FAIRFIELD AVENUE, BRIDGEPORT, CT 06605	PHYSICIAN SERVICES	458,963.
QUEST DIAGNOSTICS 2025 COLLECTION CENTER, CHICAGO, IL 60693	MEDICAL SERVICES	353,946.

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 **22**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like HALSTEAD, EDWARD and PAXTON, HEATHER.

Total to Part VII, Section A, line 1c 1,022,685. 111,358.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,661,116.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	222,804.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,883,920.			
	Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 622110	135,897,993.	132,397,257.	3,500,736.	
b OTHER PROGRAM SERVICES		621500	2,879,772.	2,879,772.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				138,777,765.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		269,076.			269,076.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	390,852.				
		(ii) Personal	0.				
		b Less: rental expenses	0.				
		c Rental income or (loss)	390,852.				
	d Net rental income or (loss)		390,852.			390,852.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	54,532.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	54,532.				
	d Net gain or (loss)		54,532.			54,532.	
	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							
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						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a PARTNERSHIP INCOME		900099	163,533.		163,533.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			163,533.			
12 Total revenue. See instructions.			141,539,678.	135,277,029.	3,664,269.	714,460.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	1,916,339.	1,638,470.	277,869.	
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	53,786,635.	50,320,751.	3,465,884.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,972,123.	2,772,362.	199,761.	
9 Other employee benefits	9,554,311.	8,902,794.	651,517.	
10 Payroll taxes	4,235,185.	3,950,532.	284,653.	
11 Fees for services (non-employees):				
a Management	3,506,241.	2,360,214.	1,146,027.	
b Legal	169,634.		169,634.	
c Accounting	269,004.		269,004.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,725,776.	9,783,028.	942,748.	
12 Advertising and promotion	432,860.	432,860.		
13 Office expenses	353,575.	313,387.	40,188.	
14 Information technology	383,317.	159,324.	223,993.	
15 Royalties				
16 Occupancy	348,388.	288,697.	59,691.	
17 Travel	235,950.	205,496.	30,454.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	386,004.	105,180.	280,824.	
20 Interest	3,531,137.	2,401,173.	1,129,964.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,750,660.	4,767,227.	983,433.	
23 Insurance	2,235,254.	1,609,383.	625,871.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & DRUG SUPPLIES	19,889,030.	19,889,030.		
b RESEARCH GRANT EXPENSES	1,969,557.	1,649,436.	320,121.	
c DIETARY	1,237,808.	1,237,808.		
d				
e All other expenses	8,356,555.	8,356,555.		
25 Total functional expenses. Add lines 1 through 24e	132,245,343.	121,143,707.	11,101,636.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	5,178,405.	1	7,492,599.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	14,419,423.	4	12,651,193.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	804,168.	8	940,022.	
	9 Prepaid expenses and deferred charges	2,669,266.	9	2,653,216.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 152,106,216.			
	b Less: accumulated depreciation	10b 98,968,474.			
		55,610,873.	10c	53,137,742.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	10,227,164.	12	9,337,106.	
	13 Investments - program-related. See Part IV, line 11	16,149,279.	13	18,270,288.	
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	14,798,344.	15	14,612,900.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,856,922.	16	119,095,066.		
Liabilities	17 Accounts payable and accrued expenses	25,957,546.	17	24,399,592.	
	18 Grants payable		18		
	19 Deferred revenue	194,930.	19	39,289.	
	20 Tax-exempt bond liabilities	48,355,712.	20	46,974,634.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	59,055,909.	25	64,348,110.	
	26 Total liabilities. Add lines 17 through 25	133,564,097.	26	135,761,625.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-22,179,759.	27	-26,106,535.	
	28 Temporarily restricted net assets	2,641,381.	28	3,519,544.	
	29 Permanently restricted net assets	5,831,203.	29	5,920,432.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	-13,707,175.	33	-16,666,559.		
34 Total liabilities and net assets/fund balances	119,856,922.	34	119,095,066.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,539,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,245,343.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,294,335.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-13,707,175.
5	Net unrealized gains (losses) on investments	5	263,170.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,516,889.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,666,559.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

2013

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

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 its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization GRIFFIN HOSPITAL	Employer identification number 06-0647014
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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>	<hr/> <hr/> <hr/>	\$ <u>139,987.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>109,302.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>509,982.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>686,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>90,802.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>118,203.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GRIFFIN HOSPITAL	Employer identification number 06-0647014
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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>7</u>	_____ _____ _____	\$ <u>104,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	_____ _____ _____	\$ <u>70,619.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	_____ _____ _____	\$ <u>89,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	_____ _____ _____	\$ <u>197,198.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	_____ _____ _____	\$ <u>45,236.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GRIFFIN HOSPITAL	Employer identification number 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 GRIFFIN HOSPITAL	Employer identification number 06-0647014
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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
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
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

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) 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
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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) 2013

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
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1 a and 1 b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1 c and 1 d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		23,941.
j Total. Add lines 1c through 1i			23,941.
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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; 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 9/30/2014.
 \$23,941 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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
GRIFFIN HOSPITAL	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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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 XIII.

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

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

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

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

	Amount
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 XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,409,062.	3,249,540.	2,932,333.	2,953,261.	2,773,278.
b Contributions					
c Net investment earnings, gains, and losses	242,728.	183,001.	322,207.	-1,478.	124,305.
d Grants or scholarships					
e Other expenditures for facilities and programs	25,358.	23,479.	5,000.	19,450.	1,337.
f Administrative expenses					
g End of year balance	3,626,432.	3,409,062.	3,249,540.	2,932,333.	2,896,246.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 59.60 %
- c Temporarily restricted endowment 40.40 %

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?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,015,091.		4,015,091.
b Buildings		73,363,740.	38,051,000.	35,312,740.
c Leasehold improvements				
d Equipment		74,378,178.	60,672,419.	13,705,759.
e Other		349,207.	245,055.	104,152.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				53,137,742.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	4,284,319.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE EQUITY		
(C) SECURITIES	5,052,787.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,337,106.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIMITED USE ASSETS -		
(2) CURRENT	718,521.	END-OF-YEAR MARKET VALUE
(3) BOARD DESIGNATED		
(4) INVESTMENTS	30,866.	END-OF-YEAR MARKET VALUE
(5) BENEFICIAL INTEREST IN		
(6) TRUSTS	3,760,171.	END-OF-YEAR MARKET VALUE
(7) UNDER INDENTURE AGREEMENT	4,289,408.	END-OF-YEAR MARKET VALUE
(8) INVESTMENTS IN NET ASSETS		
(9) OF AFFILIATES	9,471,322.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	18,270,288.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,443,122.
(2) DUE FROM AFFILIATES	6,230,012.
(3) OTHER ASSETS & INSURANCE RECOVERABLE	6,137,382.
(4) THIRD PARTY	765,159.
(5) DEFERRED REVENUE	37,225.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,612,900.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT - CURRENT	447,000.
(3) ACCRUED POST RETIREMENT -	
(4) NONCURRENT	8,517,526.
(5) PROFESSIONAL AND GENERAL LIABILITY	842,593.
(6) MINIMUM PENSION LIABILITY	35,030,915.
(7) WORKERS COMPENSATION - LONG TERM	2,178,810.
(8) ACCRUED INTEREST PAYABLE	295,828.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	64,348,110.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	141,802,848.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	263,170.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	263,170.
3	Subtract line 2e from line 1	3	141,539,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	141,539,678.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	132,245,343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	132,245,343.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	132,245,343.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

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

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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 _____ %		
c If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		278	1077837.	0.	1077837.	.82%
b Medicaid (from Worksheet 3, column a)		13,928	14980475.	11687429.	3293046.	2.49%
c Costs of other means-tested government programs (from Worksheet 3, column b)		85	77,853.	72,569.	5,284.	.00%
d Total Financial Assistance and Means-Tested Government Programs		14,291	16136165.	11759998.	4376167.	3.31%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	44,311	881,535.	54,896.	826,639.	.63%
f Health professions education (from Worksheet 5)	2	212	7300952.	5938278.	1362674.	1.03%
g Subsidized health services (from Worksheet 6)	3	39,626	7723089.	6645147.	1077942.	.82%
h Research (from Worksheet 7)	0	0	1137037.	1130680.	6,357.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,623	32,184.	18,917.	13,267.	.01%
j Total. Other Benefits	23	85,772	17074797.	13787918.	3286879.	2.49%
k Total. Add lines 7d and 7j	23	100,063	33210962.	25547916.	7663046.	5.80%

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

Table with 6 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Section A questions: 1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 2. Enter the amount of the organization's bad debt expense. 3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. 4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense.

Section B. Medicare

Section B questions: 5. Enter total revenue received from Medicare (including DSH and IME). 6. Enter Medicare allowable costs of care relating to payments on line 5. 7. Subtract line 6 from line 5. This is the surplus (or shortfall). 8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

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, address, primary website address, and state license number

1 GRIFFIN HOSPITAL
130 DIVISION STREET
DERBY, CT 06418
GRIFFINHEALTH.ORG
00034

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first six columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group GRIFFIN HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" 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 checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" 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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.GRIFFINHEALTH.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.CT.GOV/DPH/CWP/VIEW</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) GRIFFIN HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	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 Section C)		

Billing and Collections		Yes	No
15	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?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<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 Section C)		
17	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 individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
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 Section C)		

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

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 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?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information (continued)

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

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 3: REGIONAL COOPERATION ON HEALTH ISSUES -

REGIONAL COOPERATION, THE LEADERSHIP OF GRIFFIN HOSPITAL ON COMMUNITY

HEALTH IMPROVEMENT AND THE EFFECTIVENESS OF EFFORTS WAS POSITIVELY NOTED

IN FOCUS GROUPS, FORUMS AND SURVEYS. OF PARTICULAR NOTE WAS THE VALLEY

COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS (VCHHSO). GRIFFIN

HOSPITAL WAS A LEADER IN ESTABLISHING THE VALLEY COUNCIL OF HEALTH AND

HUMAN SERVICE ORGANIZATIONS WHICH HAS BECOME A MODEL FOR OTHER

COMMUNITIES. THE VALLEY COUNCIL IS A COOPERATIVE VENTURE FOUNDED OVER

TWENTY YEARS AGO 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. DECISION MAKERS FROM

EACH OF THE ACTIVE MEMBERS MEET MONTHLY. THE COUNCIL'S OBJECTIVES ARE TO:

1. ENGAGE IN PERIODIC ASSESSMENT AND IDENTIFICATION OF LOCAL SERVICE

NEEDS, INCLUDING CLIENT INPUT. 2. COLLABORATIVELY EVALUATE CURRENT

SERVICES, IDENTIFY GAPS, AND STRATEGIZE ON HOW TO FILL GAPS IN SERVICES.

3. SERVE AS THE PRIMARY PLANNING AND COORDINATING BODY FOR THE REGIONS'

SERVICE PROVISION SYSTEM. 4. PROVIDE A PLACE FOR SUPPORT AND NETWORKING

AMONG THE VALLEY HUMAN SERVICES COMMUNITY. 5. ADVOCATE FOR THE NEEDS OF

LOCAL RESIDENTS AND FOR RESOURCES TO MEET THOSE NEEDS ON A LOCAL, STATE,

AND FEDERAL LEVEL. 6. SEEK TO DEVELOP PARTNERSHIPS WITH OTHER COMMUNITY

SYSTEMS (I.E. SCHOOLS, BUSINESSES, STATE AND LOCAL GOVERNMENTS, PUBLIC

SAFETY) TO ENHANCE SERVICE DELIVERY. GRIFFIN REMAINS AN ACTIVE MEMBER OF

THE COUNCIL. NOT ONLY IS GRIFFIN HOSPITAL A CONTINUING MEMBER, THE VALLEY

Part V Facility Information (continued)

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

PARISH NURSE PROGRAM AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ALSO ARE MEMBERS. THE COMMUNITY ADVISORY COUNCIL ENGAGED THE PATIENTS AND THE COMMUNITY TO GET MEANINGFUL FEEDBACK ABOUT THE HOSPITAL'S SERVICES. THROUGHOUT ITS HISTORY, GRIFFIN'S MOST INNOVATIVE PROGRAMS HAVE BEEN DEVELOPED USING INSIGHTS GLEANED FROM PATIENTS AND FAMILY MEMBER FOCUS GROUPS. THE COMMUNITY ADVISORY COUNCIL WAS A NATURAL NEXT STEP FOR GRIFFIN AS A WAY TO SOLICIT THE PATIENT'S PERSPECTIVE OF CARE, PROGRAMS AND SERVICES AND TO IDENTIFY COMMUNITY NEEDS ON AN ONGOING BASIS.

THE VALLEY CARES TASKFORCE BETH PATTON COMERFORD, MS, YALE-GRIFFIN PREVENTION RESEARCH CENTER (TASKFORCE CO-CHAIR) MARY S. NEScott, MPH, BIRMINGHAM GROUP HEALTH SERVICES, INC. (TASKFORCE CO-CHAIR) HEIDI ZAVATONE-VETH, PHD, VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES (VALLEY COUNCIL COORDINATOR) KAREN N. SPARGO, MA, MPH, NAUGATUCK VALLEY HEALTH DISTRICT JESSE REYNOLDS, MS, (CURRENTLY YALE UNIVERSITY) ANN HARRISON, THE WORKPLACE, INC. (CURRENTLY WORKFORCE ALLIANCE). THE MATERIAL IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT WILL DOCUMENT GRIFFIN'S COMMITMENT TO THE SIX TOWN VALLEY COMMUNITIES THAT HAS BEEN ITS PRIMARY SERVICE AREA FOR OVER A CENTURY. MUCH OF THE RESEARCH REFERENCED AND USED IN THE CHNA HAS BEEN DONE OVER A TWO DECADE PERIOD OF TIME AND HAS BEEN A COLLABORATIVE EFFORT BETWEEN THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 4: CHNA WAS NOT CONDUCTED WITH ANY OTHER

Part V Facility Information (continued)

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

HOSPITAL.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 5D: [HTTP://WWW.GRIFFINHEALTH.ORG/PORTALS/0/CHNA/C](http://www.griffinhealth.org/portals/0/chna/c)
[HTTP://WWW.GUIDESTAR.ORG/FINDOCUMENTS/2013](http://www.guidestar.org/finddocuments/2013) - GUIDESTAR

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 7: GRIFFIN'S CHNA IDENTIFIED OUR COMMUNITY NEEDS AS AWARENESS OF HEALTH AND HUMAN SERVICES, TRANSPORTATION, OBESITY, PRIMARY CARE ACCESS, COMMUNITY POPULATION BASED MEDICAL ISSUES, CLINICAL SERVICES, SUBSTANCE ABUSE, PRE-NATAL CARE AND REGIONAL COOPERATION ON HEALTH ISSUES. GRIFFIN PLANS TO ADDRESS PRIORITY AREAS WITH IMPLEMENTATION PLANS ON ALL BUT ONE OF THE SUGGESTED NEEDS. THERE WAS A PERCEPTION THAT PRE-NATAL CARE WAS LOW AND THAT AN INTERVENTION WAS NEEDED. RESEARCH, HOWEVER, REVEALED THAT PRENATAL CARE FOR MOTHERS-TO-BE IN THE VALLEY WAS SIGNIFICANTLY BETTER WHEN COMPARED TO THE STATE AND NEW HAVEN COUNTY AS REPORTED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH. BASED ON THE ACTUAL DATA THERE IS NO ACTION REQUIRED RELATED TO PRE-NATAL CARE. THE INFORMATION WILL BE WIDELY SHARED WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS AND OTHER COMMUNITY LEADERS TO ENSURE THAT THERE IS INCREASED KNOWLEDGE OF THE VALLEY DATA AS COMPARED TO NEW HAVEN COUNTY AND THE STATE OF CONNECTICUT.

GRIFFIN HOSPITAL:

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 20D: THE UNINSURED RATES ARE ESTABLISHED BASED ON THE AVERAGE PAYMENTS RECEIVED FROM OUR LARGEST PARTICIPATING HMO.

Multiple horizontal lines for providing supplemental information.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

GRIFFIN HOSPITAL CRITERIA FOR DETERMINING ELIGIBILITY FOR

FREE CARE OR DISCOUNTED CARE INCLUDE ELIGIBILITY REQUIREMENTS. ALL

GUARANTORS WITH FAMILY INCOME EQUAL TO OR BELOW TWO HUNDRED PERCENT OF THE

FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO

BE INDIGENT PERSONS QUALIFYING FOR CHARITY SPONSORSHIP FOR THE FULL AMOUNT

OF HOSPITAL CHARGES RELATED TO APPROPRIATE HOSPITAL-BASED MEDICAL SERVICES

THAT ARE NOT COVERED BY PRIVATE OR PUBLIC THIRD-PARTY SPONSORSHIP. ALL

GUARANTORS WITH FAMILY INCOME BETWEEN TWO HUNDRED AND FIFTY PERCENT (250%)

AND FOUR HUNDRED PERCENT (400%) OF THE FEDERAL POVERTY STANDARD ADJUSTED

FOR FAMILY SIZE SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR

DISCOUNTS FROM CHARGES RELATED TO APPROPRIATE HOSPITAL BASED MEDICAL

SERVICES IN ACCORDANCE WITH THE SLIDING FEE SCHEDULE AND POLICIES

REGARDING INDIVIDUAL FINANCIAL CIRCUMSTANCES BASED ON THE BELOW CRITERIA:

A. ELIGIBILITY SHALL BE BASED ON FINANCIAL NEED AT THE TIME OF APPLICATION

BY COMPARING TOTAL FAMILY INCOME WITH THE CURRENT FEDERAL POVERTY

GUIDELINES. IF A FAMILY'S TOTAL INCOME IS GREATER THAN 100% OF THE FEDERAL

POVERTY GUIDELINE FAMILY ASSETS, OTHER THAN EXEMPT ASSETS LISTED BELOW,

Part VI Supplemental Information (Continuation)

MAY BE CONSIDERED AS A SOURCE OF PAYMENT. B. EXEMPT ASSETS (BASED ON MEDICARE EXEMPTED ASSETS) LISTED BELOW SHOULD NOT BE ADDED TO FAMILY WORTH FOR CHARITY REVIEW: I. FAMILY PRINCIPAL RESIDENCE, II. NECESSARY MOTOR VEHICLES REQUIRED FOR EMPLOYMENT, REQUIRED FOR ACCESS TO TREATMENT, OR MODIFIED FOR OPERATION FOR TRANSPORT OF A DISABLED PERSON, III. PERSONAL EFFECTS AND HOUSEHOLD GOODS, IV. RESOURCES NECESSARY FOR SELF-SUPPORT. ALL RESOURCES OF BOTH SPOUSES ARE CONSIDERED TOGETHER. C. CHARITY WILL BE ASSIGNED USING THE MOST RECENTLY PUBLISHED FEDERAL POVERTY STANDARDS AND EVALUATED ON THE ADJUSTED FAMILY INCOME AS EXPLAINED ABOVE FOR THOSE ABOVE 250% OF SUCH STANDARDS. D. DOCUMENTATION WILL BE REQUESTED AND IN MOST CASES WILL BE REQUIRED TO ESTABLISH ELIGIBILITY FOR CHARITY CARE. IN THE EVENT THAT THE GUARANTOR IS NOT ABLE TO PROVIDE THE DOCUMENTATION DESCRIBED ABOVE, THE HOSPITAL SHALL RELY UPON WRITTEN AND SIGNED STATEMENTS FROM THE GUARANTOR TO MAKE A FINAL DETERMINATION OF ELIGIBILITY FOR CLASSIFICATION AS AN INDIGENT PERSON.

PART I, LINE 6A:

GRIFFIN HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT FOR THE YEAR ENDING 2014. IT WAS PART OF OUR ANNUAL REPORT.

PART I, LINE 6B:

GRIFFIN HOSPITAL POSTS ITS COMMUNITY BENEFIT REPORT AND INFORMATION ON THE HOSPITAL WEBSITE GRIFFINHEALTH.ORG.

PART I, LINE 7:

CHARITY CARE AND OTHER COMMUNITY BENEFITS TABLES WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR COST TO CHARGE RATIO. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND ASSIGNS COST

Part VI Supplemental Information (Continuation)

TO INDIVIDUAL SERVICES.

PART II, COMMUNITY BUILDING ACTIVITIES:

EXPOSING STUDENTS AND ADULTS TO THE POSSIBILITIES OF A HEALTH CAREER PROFESSION IS A COMMUNITY BUILDING ACTIVITY THAT PROMOTES THE HEALTH OF THE COMMUNITY IT SERVES. EDUCATING AND POTENTIALLY EMPLOYING INDIVIDUALS WOULD LEAD TO FAMILY SUPPORT AND ECONOMIC STABILITY. GRIFFIN HOSPITAL SPONSORED PROGRAMS TO INTRODUCE STUDENTS TO HEALTHCARE CAREERS. THESE PROGRAMS WERE HELD AT VARIOUS CAREER FAIRS AND INFORMATIONAL SESSIONS. FOLLOWING IS A PARTIAL LIST OF THE SCHOOLS INVOLVED. CAREER FAIR DERBY HIGH SCHOOL, INFORMATION SESSION, EMMITT O'BRIEN TECH, INFORMATION SESSION NAUGATUCK, VALLEY PROJECT, CAREER FAIR ANSONIA HIGH SCHOOL, INFORMATION SESSION SHELTON HIGH SCHOOL, CAREER FAIR JONATHAN LAW HIGH SCHOOL, NAUGATUCK VALLEY PROJECT COMMUNITY OUTREACH, VALLEY REGIONAL ADULT ED INFORMATIONAL SESSION, NAUGATUCK VALLEY PROJECT COMMUNITY OUTREACH, NAUGATUCK HIGH SCHOOL CAREER FAIR, JONATHAN LAW HIGH CAREER FAIR, EMMITT O'BRIEN SHADOW PROGRAM, CAREER FAIR EMMITT O'BRIEN TECH, HOSPITAL TOUR EMMITT O'BRIEN TECH, HEALTH FAIR VPN.

PART III, LINE 2:

GRIFFIN HOSPITAL BAD DEBT EXPENSE IS DETERMINED USING UNCOLLECTED ACCOUNTS NET OF ANY BAD DEBT RECOVERY MULTIPLIED BY THE COST TO CHARGE RATIO. GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THAT THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. CHARITY APPROVAL WILL AFFECT ALL ACCOUNTS FOR WHICH THE APPROVED GUARANTOR IS RESPONSIBLE. THE APPROVED CHARITY

Part VI Supplemental Information (Continuation)

PERCENTAGE WILL BE APPLIED TO ALL EXISTING ACCOUNTS WITH DEBIT BALANCES. ACCOUNTS MAY ALSO BE RETURNED FROM BAD DEBT STATUS IF FINANCIAL CIRCUMSTANCES WARRANT AND CHARITY MAY BE APPLIED. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN IT'S ESTABLISHED AND CONTRACTUAL RATES. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS FREE CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE.

PART III, LINE 3:

GRIFFIN HOSPITAL DOES NOT ATTRIBUTE ANY BAD DEBT TO COMMUNITY BENEFIT EXPENSE. UNCOLLECTED BALANCES ARE REVIEWED AT MANY STAGES TO DETERMINE IF THEY FALL UNDER UNINSURED OR FREE CARE ASSISTANCE.

PART III, LINE 4:

GRIFFIN HOSPITAL AND SUBSIDIARY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS SEPTEMBER 30, 2014, PAGE 11.

NEW ACCOUNTING PRONOUNCEMENT:

THE CORPORATION ADOPTED ACCOUNTING STANDARD UPDATE ("ASU") NO. 2011-7, WHICH REQUIRES HEALTH CARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). ADDITIONALLY THOSE HEALTH CARE ENTITIES ARE REQUIRED TO PROVIDE ENHANCED DISCLOSURES ABOUT THEIR POLICIES FOR RECOGNIZING REVENUE, ASSESSING BAD DEBTS, AND DISCLOSURES OF PATIENT SERVICE REVENUE (NET OF

Part VI Supplemental Information (Continuation)

CONTRACTUAL ALLOWANCES AND DISCOUNTS).

PART III, LINE 8:

GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE \$3.710 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 2.8 % 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 AMOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. GRIFFIN WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES AT TIME OF BILLING. GRIFFIN WILL PROVIDE TO ALL LOW INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL. FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM, GRIFFIN WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO A COLLECTION AGENCY. IF A PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE AMOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING

Part VI Supplemental Information (Continuation)

BALANCE. IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES AN OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES DIRECTOR. THE UNCOLLECTED DEBT WILL BE TRANSFERRED TO UNINSURED OR FREE CARE ASSISTANCE BY THE SUPERVISOR AFTER REVIEW.

THE MEDICARE COSTS WERE OBTAINED FROM THE HOSPITAL'S INTERNAL COST ACCOUNTING SYSTEM.

PART VI, LINE 2:

GRIFFIN HAS A HISTORY OF COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY DATING BACK TO ITS FOUNDING 100 YEARS AGO, AND OF PROVIDING EDUCATIONAL, PREVENTION AND SCREENING PROGRAMS AND SERVICES. IN 1970, FUNDED BY A GRANT FROM THE KELLOGG FOUNDATION, GRIFFIN ESTABLISHED ONE OF THE FIRST HOSPITAL DEPARTMENTS OF COMMUNITY HEALTH IN THE COUNTRY TO FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY IT SERVES. OVER THE PAST FIFTEEN YEARS, GRIFFIN'S REACH HAS BEEN EXPANDING INTO THE COMMUNITY. IN ADDITION TO PROVIDING HEALTH INFORMATION AND SERVICES TO THE PUBLIC AT THE HOSPITAL AND OTHER SATELLITE LOCATIONS, GRIFFIN TAKES THESE ACTIVITIES INTO THE COMMUNITIES WHERE PATIENTS LIVE AND WORK. BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIONS, EDUCATIONAL PROGRAMS, AND OTHER COMMUNITY-BASED RESOURCES AND ACTIVITIES, AND COLLABORATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HAS EXTENDED ITS MISSION FAR BEYOND THE HOSPITAL'S WALLS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF PEOPLE OF ALL AGES.

COMMUNITY LEADERSHIP RECOGNIZED THE NEED TO RESPOND TO THE CHANGING

Part VI Supplemental Information (Continuation)

COMMUNITY DEMOGRAPHICS AND THE DIFFERENT SOCIOECONOMIC AND HEALTH NEEDS AND EXPECTATIONS OF THE MORE DIVERSE POPULATION. THREE MAJOR NEW STRUCTURES WERE CREATED. IN 1993, THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATION (VCHHSO) WAS FOUNDED. MORE THAN 55 ORGANIZATIONS THAT PROVIDE MOST OF THE HEALTH AND HUMAN SERVICES ARE MEMBERS. VCHHSO'S VISION IS A PROVIDER NETWORK THAT WORKS COLLABORATIVELY TO CREATE AN INTEGRATED HUMAN SERVICES DELIVERY SYSTEM THAT MEETS THE NEEDS OF ALL RESIDENTS. "HEALTHY VALLEY 2000", THE STATE'S FIRST HEALTHY COMMUNITY EFFORT, WAS LAUNCHED IN 1994. WITH FOUNDATION GRANT SUPPORT, THE NATIONAL CIVIC LEAGUE WAS ENGAGED TO GUIDE STAKEHOLDERS THROUGH THE PROCESS. THE VISION OF THE BROAD-BASED, VOLUNTEER INSPIRED AND MANAGED EFFORT WAS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY AND ITS RESIDENTS BY MAKING THE COMMUNITY A BETTER PLACE IN WHICH TO LIVE, WORK, SHOP, RAISE A FAMILY AND ENJOY LIFE. BASED ON RESEARCH, INCLUDING USE OF THE NATIONAL CIVIC LEAGUE INDEX, A S.W.O.T ANALYSIS, AND BRAINSTORMING, 175 STAKEHOLDERS IDENTIFIED ARTS & RECREATION, COMMUNITY INVOLVEMENT, ECONOMIC DEVELOPMENT, EDUCATION AND HEALTH AS PRIORITIES. A TASK FORCE DEVELOPED A WORK PLAN FOR EACH OF THE PRIORITIES AND AN HONOR ROLE WAS DEVELOPED TO RECOGNIZE INITIATIVES UNDERTAKEN INDEPENDENTLY BY INDIVIDUALS OR ORGANIZATIONS RELATED TO THE IDENTIFIED PRIORITIES.

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT REQUIRES NON-PROFIT HOSPITALS TO PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS AND TO ADOPT AN IMPLEMENTATION STRATEGY TO MEET OUTSTANDING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT AS A CONDITION OF MAINTAINING THE INSTITUTION'S FEDERAL TAX EXEMPTION. GRIFFIN HOSPITAL'S FIRST CHNA WAS REQUIRED TO BE SUBMITTED NOT LATER THAN SEPTEMBER 30, 2013. IN PREPARING THE GRIFFIN HOSPITAL CHNA, THE HOSPITAL COLLABORATED WITH THE

Part VI Supplemental Information (Continuation)

VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, THE LOWER NAUGATUCK VALLEY HEALTH DISTRICT, THE CONNECTICUT HOSPITAL ASSOCIATION AND THE CONNECTICUT ASSOCIATION OF DIRECTORS OF HEALTH AND NUMEROUS LOCAL COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATIONS THAT PARTICIPATED IN FOCUS GROUPS AND REVIEW OF THE CHNA DOCUMENT. GRIFFIN'S CHNA WAS SHARED WITH THE LOWER NAUGATUCK VALLEY HEALTH DISTRICT FOR USE IN PREPARING ITS COMMUNITY HEALTH IMPROVEMENT PLAN.

PART VI, LINE 3:

A FINANCIAL ASSISTANCE BROCHURE IS POSTED THROUGHOUT THE HOSPITAL (CHILDBIRTH AREA, ER AREA, AND CUSTOMER SERVICE AREA) IN ENGLISH AND SPANISH EXPLAINING THE FINANCIAL ASSISTANCE POLICY AND HOW TO CONTACT THE FINANCIAL COUNSELORS.

THE FOLLOWING POLICY REPRESENTS GRIFFIN HOSPITAL'S PROCEDURES FOR THE UNINSURED PATIENT, FREE CARE ASSISTANCE, AND FREE BED FUNDS AVAILABLE FOR PATIENTS WHO DO NOT HAVE MEDICAL INSURANCE:

1. UNINSURED PATIENT PROCEDURE

A. PATIENTS THAT ARE EITHER SCHEDULED OR REGISTERED WITH NO ACTIVE INSURANCE WILL IMPORT ONTO THE THREE FINANCIAL ADVISORS ONTRAC WORK LIST.

B. PATIENTS THAT ARE REGISTERED WILL RECEIVE A STATE APPLICATION PACKET FROM THE PATIENT ACCESS STAFF. THIS CONSISTS OF THE FINANCIAL ADVISOR'S BUSINESS CARD, STATE APPLICATION, AND LIST OF DOCUMENTS NEEDED TO COMPLETE THE STATE APPLICATION. A LISTING OF THE DSS OFFICES IS INCLUDED IN THE PACKET.

C. ALL PATIENTS IDENTIFIED WILL RECEIVE A CALL OR A DIRECT VISIT, IF

Part VI Supplemental Information (Continuation)

ADMITTED TO THE HOSPITAL, BY A FINANCIAL ADVISOR.

D. THE FINANCIAL ADVISOR WILL SCREEN THE PATIENT FOR ANY CURRENT SPONSORSHIP AND DISCUSS ALL ELIGIBILITY OPTIONS WITH THE PATIENT.

E. IF THE PATIENT MEETS CRITERIA, THE FINANCIAL ADVISORS WILL BEGIN THE HUSKY APPLICATION PROCESS WITH THE PATIENT.

F. A DUE DILIGENCE PROCESS WILL BE FOLLOWED BY THE FINANCIAL ADVISORS TO ENSURE THAT THE PATIENTS ARE PURSUING ACTIVE COVERAGE. THE FINANCIAL ADVISORS WILL MONITOR THE DSS WEBSITE TO TRACK THE PROGRESS OF THE APPLICATION WITH THE STATE.

G. ONCE ELIGIBILITY HAS BEEN DETERMINED, ALL APPROPRIATE ACCOUNTS WILL BE UPDATED TO THE HUSKY INSURANCE AND BILLED ACCORDINGLY.

H. ALL UNINSURED PATIENTS NOT GRANTED STATE/HUSKY COVERAGE WILL HAVE THE CHA UNINSURED RATE APPLIED TO THEIR ACCOUNT. THE UNINSURED RATE WAS DETERMINED BY THE HOSPITAL TO REPRESENT THE CONNECTICUT NOT-FOR-PROFIT HOSPITAL DISCOUNT POLICY AS ADOPTED BY THE CONNECTICUT HOSPITAL ASSOCIATION 4/10/2006.

2. FREE CARE ASSISTANCE

A. ANY PATIENT REQUESTING CONSIDERATION FOR FREE CARE ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILLS OR FINANCIAL RESPONSIBILITY AFTER INSURANCE PAYMENT SHOULD CONTACT THE HOSPITAL'S FINANCIAL ADVISORY STAFF.

B. THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION. THE INFORMATION REQUIRED FROM THE PATIENT TO COMPLETE THE FREE CARE APPLICATION IS AS FOLLOWS:

- PATIENT W-2 FORM OR MOST CURRENT AND COMPLETED TAX RETURN.
- OR THREE CONSECUTIVE PAYSTUBS FROM THE PATIENT'S CURRENT

Part VI Supplemental Information (Continuation)

EMPLOYMENT/PROOF OF SOCIAL SECURITY.

- DEPENDENT INFORMATION (SPOUSE AND MINOR CHILDREN ONLY).

- ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS.

C. THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE.

THIS IS BASED ON THE FEDERAL GOVERNMENT POVERTY INCOME GUIDELINES. THE

FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF THE PATIENT'S FREE CARE

ELIGIBILITY STATUS.

D. IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE

DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE. THEN

A LETTER WILL BE SENT OUT REFLECTING THE PATIENT'S NEW ADJUSTED BALANCE.

E. IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL

ADVISOR WILL ATTEMPT TO:

- OBTAIN PAYMENT IN FULL.

- SEND TO AN OUTSIDE AGENCY TO SET UP A MONTHLY PAYMENT ARRANGEMENT.

F. IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE

ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL

REMAINING BALANCES.

G. IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR A COLLECTION

AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT'S FINANCIAL

CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING

ACCOUNT BALANCES, AN ADMINISTRATIVE OVERRIDE MAY BE APPLIED BY THE

BUSINESS SERVICES COLLECTION SUPERVISOR OR DIRECTOR OF BUSINESS SERVICES.

ALL ADMINISTRATIVE OVERRIDES WILL BE SIGNED OFF BY EACH OF THOSE PARTIES.

H. THE BUSINESS SERVICES COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY

SPREADSHEETS THAT WILL IDENTIFY ALL APPLIED FREE BED FUNDS, UNINSURED, AND

FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS.

3. FREE BED FUNDS

Part VI Supplemental Information (Continuation)

THE HOSPITAL HAS THE FOLLOWING FREE BED FUNDS AVAILABLE FOR PATIENTS WHO MEET THE FOLLOWING OUTLINED CRITERIA FOR EACH FUND:

A. THE ENO FUND: THE APPLICANT MUST BE A WOMAN, 60 YEARS OF AGE OR OLDER, AND BE A RESIDENT OF ANSONIA, DERBY OR SEYMOUR.

B. PINE TRUST: THE FUND IS AVAILABLE TO INDIGENT PATIENTS OF GRIFFIN HOSPITAL WHO RESIDE IN THE CITY OF ANSONIA.

C. DN CLARK: THE FUND IS AVAILABLE TO SHELTON RESIDENTS.

ALL FREE BED FUNDS GRANTED ARE PROCESSED THROUGH THE HOSPITAL'S FINANCIAL ADVISOR STAFF.

PART VI, LINE 4:

GRIFFIN HOSPITAL, LICENSED BY THE STATE OF CONNECTICUT FOR 160 BEDS AND 15 BASSINETS, IS A GENERAL ACUTE CARE HOSPITAL SERVING A PRIMARY SERVICE AREA (PSA) OF SIX TOWNS: ANSONIA, BEACON FALLS, DERBY, OXFORD, SYMOUR AND SHELTON, CONNECTICUT. THE SIX TOWN REGION HAS COME TO BE KNOWN AS THE LOWER NAUGATUCK VALLEY. THE SIX TOWNS, WITH AN AREA OF A LITTLE MORE THAN 100 SQUARE MILES, HAVE A COMBINED POPULATION OF OVER 107,000 BASED ON CURRENT ESTIMATES.

THE VALLEY, GEOGRAPHICALLY LOCATED IN SOUTH CENTRAL CONNECTICUT, IS SURROUNDED BY THREE OF THE STATE'S LARGEST CITIES, NEW HAVEN, TO THE SOUTH, BRIDGEPORT, TO THE SOUTHWEST, AND WATERBURY, TO THE NORTH, EACH BETWEEN 9 AND 15 MILES FROM GRIFFIN HOSPITAL. THERE ARE TWO TERTIARY CARE HOSPITALS IN BRIDGEPORT AND WATERBURY, AND WITH THE MERGER OF THE HOSPITAL OF ST. RAPHAEL WITH YALE NEW HAVEN HOSPITAL, ONE VERY LARGE HOSPITAL IN NEW HAVEN. YALE NEW HAVEN HOSPITAL IS NOW ONE OF THE TEN LARGEST HOSPITALS IN THE COUNTRY. EACH HAS VARYING DEGREES OF MARKET SHARE IN GRIFFIN'S

Part VI Supplemental Information (Continuation)

PRIMARY SERVICE AREA TOWNS DEPENDING ON THE PROXIMITY TO THE THREE CITIES AND THE HOSPITALS LOCATED THERE. GRIFFIN'S LARGER GEOGRAPHIC REGION IS ONE OF THE MOST COMPETITIVE HOSPITAL MARKETS IN THE COUNTRY FOR BOTH PATIENTS AND STAFF.

THE DEMOGRAPHICS IN TERMS OF POPULATION BY AGE GROUP MIRROR THOSE OF THE STATE OF CONNECTICUT. THE VALLEY'S AFRICAN AMERICAN POPULATION IS 4% COMPARED TO 10.1% FOR THE STATE, AND THE HISPANIC POPULATION IS 6% COMPARED TO 13.4% FOR THE STATE. THE AFRICAN AMERICAN POPULATION IS CENTERED PRIMARILY IN ANSONIA (11.6%), AND THE HISPANIC POPULATION IS CENTERED PRIMARILY IN ANSONIA (16.7%) AND DERBY (14.2%). POPULATION BY ETHNIC BACKGROUND REMAINS PRIMARILY ITALIAN - 23%, POLISH/RUSSIAN/UKRAINIAN - 17%, AND IRISH - 11%. THE AGE 65 AND OVER POPULATION IS 14% COMPARED TO THE STATE OF CONNECTICUT ALSO AT 14% IN 2010.

MEDIAN HOUSEHOLD INCOME (2007-2011) IN ALL VALLEY TOWNS HAS BEEN INCREASING, BUT ANSONIA (\$55,259) AND DERBY (\$55,478) REMAIN ALMOST \$15,000 BELOW THE STATE MEDIAN. THE REMAINING TOWNS, SEYMOUR (\$65,036), BEACON FALLS (\$70,228), SHELTON (\$79,176), AND OXFORD (\$95,710), WERE CLOSE TO OR CONSIDERABLY ABOVE THE CONNECTICUT MEDIAN (\$68,055), AN INDICATION OF THE ECONOMIC DISPARITIES WITHIN THE VALLEY. THE NUMBER OF FOOD STAMP RECIPIENTS IN ANSONIA (2,998 - 16%) AND DERBY (1,612 - 12%) WERE HIGHER THAN THE CONNECTICUT RATE (10%). ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE. THE OVERALL POVERTY RATE WAS THE HIGHEST IN THE VALLEY (YEAR 2009) IN DERBY (11.5%) AND ANSONIA (10.7%). ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE (11.9%) WITH OXFORD THE LOWEST (2.1%). ANSONIA AND DERBY EXPERIENCED INSIGNIFICANT POPULATION

Part VI Supplemental Information (Continuation)

DECLINES BETWEEN THE 2000 AND 2010 CENSUS. IN ALL OTHER TOWNS THE POPULATION GREW BETWEEN 4% AND 31% IN OXFORD WHICH WAS THE FASTEST GROWING TOWN IN THE STATE PERCENTAGE WISE. THE TOTAL VALLEY POPULATION IS PROJECTED TO BE 109,510 IN 2017 UP FROM THE CURRENT 107,000.

UNDER 18 YEARS OLD: 23,701 (22%)

ABOVE 65 YEARS OLD: 16,353 (15%)

HISPANIC OR LATINO: 9,227 (9%)

NON-HISPANIC WHITE: 88,855 (83%)

NON-HISPANIC BLACK: 4,412 (4%)

NON-HISPANIC ASIAN: 2,834 (3%)

NON-HISPANIC OTHER: 1,638 (2%)

BACHELOR'S DEGREE OR HIGHER: 20,565 (28%)

NUMBER OF PEOPLE IN POVERTY: 5,831 (6%)

PART VI, LINE 5:

GRIFFIN HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH MANY PROGRAMS AND ASSOCIATIONS INCLUDING: - DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING. GRIFFIN COORDINATES THE PROGRAM OUT OF ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING. THE DEPARTMENT HAS FIVE EMPLOYEES WHO SUPPORT THE 75 VOLUNTEER PARISH NURSES AND 320 VOLUNTEERS WHO SERVE ON THE HEALTHCARE CABINETS OF THE CHURCHES.

THE VALLEY PARISH NURSING PROGRAM (VPN) AT GRIFFIN HOSPITAL WILL CELEBRATE ITS 25TH YEAR WITH A CELEBRATION AT GRIFFIN HOSPITAL. IN HONOR OF THIS IMPRESSIVE MILESTONE, WE OFFER SOME OF THE PROGRAM'S GREATEST ACHIEVEMENTS IN IMPROVING THE HEALTH OF VALLEY COMMUNITIES.

Part VI Supplemental Information (Continuation)

IN KEEPING WITH THE VALLEY PARISH NURSE PHILOSOPHY TO EMPOWER EACH AND EVERY PERSON TO CARE FOR HIS OR HER WHOLE BODY, MIND AND SPIRIT, THE VALLEY PARISH NURSES HAVE EMBARKED ON MANY NEW INITIATIVES IN ITS HISTORY. THE MOST NOTABLE ARE THE WOMEN & HEART DISEASE PROGRAM, CHILDHOOD IDENTIFICATION PROGRAM (CHIP), PUBLIC ACCESS DEFIBRILLATOR (PAD) PROGRAM, CHILDREN'S HEALTH & SAFETY FAIRS, FALLS PREVENTION PROGRAMS, AND BREAST WELLNESS OUTREACH.

PERHAPS THE MOST INFLUENTIAL PROGRAM STARTED BY THE VALLEY PARISH NURSE PROGRAM IS ITS CPR INITIATIVE. BY BRINGING CPR TRAINING AND HELPING SET UP AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) AT PLACES THROUGHOUT THE VALLEY, VPN HAS PLAYED A KEY ROLE IN INCREASING THE CARDIAC SURVIVAL RATE AT GRIFFIN HOSPITAL TO 26 PERCENT - THE NATIONAL SURVIVAL RATE IS 9%. SINCE THE INITIATIVE BEGAN, VALLEY PARISH NURSES HAVE ALSO RECEIVED MANY STORIES OF SURVIVAL RELATING TO CHOKING AND RECOGNIZING THE SIGNS OF HEART ATTACK AND CALLING 9-1-1.

- THE MOBILE HEALTH RESOURCE CENTER - THE MOBILE HEALTH RESOURCE CENTER FOCUSES ON PREVENTIVE HEALTH SERVICES AND PROVIDING HEALTH EDUCATION AND SCREENING SERVICES TO NEIGHBORHOODS, COMMUNITY EVENTS, HEALTH FAIRS, SHOPPING CENTERS AND BUSINESSES/COMPANIES.

- COMMUNITY OUTREACH SERVICES - IN FISCAL YEAR 2013, THE DEPARTMENT OF COMMUNITY OUTREACH AND THE VALLEY PARISH NURSE PROGRAM SERVED 39,054 PEOPLE. SERVICES INCLUDED 4,411 HEALTH SCREENING RECIPIENTS WHICH CONTRIBUTED TO 14,915 REFERRALS TO NEEDED SERVICES. IN ADDITION, 1,388 EDUCATIONAL PROGRAMS WERE PROVIDED ATTENDED BY 30,709 PEOPLE AND 3,540 PEOPLE WERE TRAINED IN CPR. THE PROGRAM ALSO PROVIDED AND PLACED AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) AT COMMUNITY SITES BRINGING THE TOTAL NUMBER OF AED'S PLACED AT COMMUNITY SITES TO 67.

Part VI Supplemental Information (Continuation)

STARTING SIX YEARS AGO GRIFFIN HOSPITAL THROUGH ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING, JOINED WITH ANSONIA COMMUNITY ACTION, THE NON-PROFIT AGENCY PROVIDING SERVICES TO THE AFRICAN AMERICAN COMMUNITY, FOR AN OUTREACH PROGRAM TO PROVIDE FREE CHOLESTEROL, DIABETES, AND HYPERTENSION SCREENING AND HEALTH EDUCATION FOR PEOPLE WHO ARE 60 AND OLDER.

- GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER - IN MARCH 2005 THE VALLEY PARISH NURSE PROGRAM ESTABLISHED THE GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER. GRIFFIN HOSPITAL, THE VALLEY PARISH NURSE PROGRAM, THE VALLEY N.A.A.C.P., THE CITY OF ANSONIA AND THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN SPONSORED THE ANNUAL COMMUNITY HEALTH AND SAFETY.

- CERTIFIED CPR TRAINING CENTER - GRIFFIN HOSPITAL HAS BEEN A CERTIFIED COMMUNITY AMERICAN HEART ASSOCIATION CPR TRAINING CENTER SINCE 2006.

- GRIFFIN BREAST HEALTH INITIATIVE - THE PURPOSE OF THE GRIFFIN BREAST HEALTH INITIATIVE IS TO PROVIDE OUTREACH AND EDUCATION TO WOMEN, INCLUDING THE UNINSURED OR UNDERINSURED, ABOUT THE IMPORTANCE OF BREAST WELLNESS AND EARLY BREAST CANCER DETECTION AND PROVIDE SCREENING MAMMOGRAMS TO WOMEN WHO WOULD OTHERWISE NOT BE ABLE TO AFFORD ONE.

- VALLEY WOMEN'S HEALTH INITIATIVE

- AED PLACEMENT AT PUBLIC SITES - THE GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM COORDINATED OBTAINING FUNDING FOR THE PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) AND HAS PLACED 65 AEDS AT PUBLIC NON-PROFIT PUBLIC ACCESS DEFIBRILLATOR SITES IN THE COMMUNITY.

- HOMELESS SHELTER FOOD BANK DONATIONS

- PATIENT AND COMMUNITY SUPPORT GROUPS AND EDUCATIONAL MEETINGS

- BY YOUR SIDE - CAREGIVER SUPPORT GROUP

- BEREAVEMENT SUPPORT GROUP

- BEREAVEMENT SUPPORT GROUP FOR PARENTS

Part VI Supplemental Information (Continuation)

- THE WIDOW AND WIDOWER SUPPORT GROUP

PART VI, LINE 6:

N/A

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

CT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

06-0647014

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b	4c							
		X	X							
			X							
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b								
			X							
			X							
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b								
			X							
			X							
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		X							
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		X							
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARMEL, PATRICK PRESIDENT/CEO/SEC/TREASURER	(i)	429,942.	27,038.	588.	43,935.	17,172.	518,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOBULER, KENNETH MD/BOARD MEMBER	(i)	234,903.	0.	0.	47,152.	0.	282,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCHWARTZ, KENNETH MD/BOARD MEMBER	(i)	173,379.	0.	588.	47,152.	17,172.	238,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) POWANDA, WILLIAM VICE PRESIDENT	(i)	128,527.	0.	568.	25,500.	17,172.	171,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STUMPO, BARBARA J. V.P.	(i)	171,297.	0.	552.	26,666.	17,172.	215,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BERNS, EDWARD VICE PRESIDENT	(i)	136,468.	0.	477.	13,163.	17,172.	167,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARTIN, KATHLEEN VICE PRESIDENT	(i)	139,855.	0.	490.	13,786.	17,172.	171,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEEGAN, MARGARET VICE PRESIDENT	(i)	183,870.	0.	568.	17,366.	17,172.	218,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHEPARD, SETH VICE PRESIDENT	(i)	163,572.	0.	525.	5,836.	17,172.	187,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) O'NEILL, MARK V.P./CFO	(i)	244,482.	0.	588.	8,500.	1,980.	255,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) D'SOUSA, SEEMA MD	(i)	258,174.	28,419.	588.	17,000.	1,980.	306,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) HALSTEAD, EDWARD MD	(i)	224,562.	0.	588.	19,455.	17,172.	261,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NAWAZ, HAQ MD	(i)	265,200.	64,137.	588.	17,000.	17,172.	364,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SALABARRIA, JAVIER MD	(i)	291,979.	0.	568.	0.	17,172.	309,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PAXTON, HEATHER MD	(i)	174,516.	0.	547.	6,215.	17,172.	198,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

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

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

Name of the organization

GRIFFIN HOSPITAL

Employer identification number
06-0647014

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(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	24800000.	CONSTRUCTION OF NEW WING		X		X		X
B CHEFA SERIES C & D	06-0806186	NONE	05/01/07	23125000.	CONSTRUCTION OF NEW CANCER CENTER		X		X		X
C											
D											

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

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.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 government00 %		.00 %		%		%
6 Total of lines 4 and 500 %		.00 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			WACHOVIA BANK					
c Term of hedge			2,037.0000000					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CHEFA SERIES C & D

(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.

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

OMB No. 1545-0047

2013

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 \$ 649,588. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,329,708.

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,

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

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 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 9, CHANGES IN NET ASSETS:

TRANSFERS BETWEEN AFFILIATES	-6,954,076.
MINIMUM PENSION LIABILITY ADJUSTMENT	-6,052,464.
CHANGE IN NET ASSETS OF AFFILIATE	1,245,634.
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	878,163.
CHANGE IN BENEFICIAL INTEREST IN TRUSTS	89,229.

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

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -1,723,375.

TOTAL TO FORM 990, PART XI, LINE 9 -12,516,889.

FORM 990, PART XI, LINE 2C:

THE BOARD OF TRUSTEES IS RESPONSIBLE FOR SELECTING AN
 INDEPENDENT AUDIT FIRM AND FOR OVERSEEING THE FINANCIAL STATEMENT
 PREPARATION PROCESS. THERE HAVE BEEN NO CHANGES IN THESE PROCEDURES
 SINCE THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

06-0647014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GRIFFIN HEALTH SERVICES CORPORATION - 22-2560257, 130 DIVISION STREET, DERBY, CT 06418	HOLDING COMPANY	CONNECTICUT	501(C)(3)	509(A)(3)(I)	N/A		X
GRIFFIN FACULTY PRACTICE PLAN, INC. - 06-1463147, 130 DIVISION STREET, DERBY, CT 06418	MEDICAL/EDUCATION	CONNECTICUT	501(C)(3)	509(A)(2)	GRIFFIN HOSPITAL	X	
THE GRIFFIN HOSPITAL DEVELOPMENT FUND - 22-2560254, 130 DIVISION STREET, DERBY, CT 06418	FUND RAISING	CONNECTICUT	501(C)(3)	509(A)(3)(I)	GRIFFIN HEALTH SERVICES CORPORATION	X	
PLANETREE, INC. - 06-1505284 130 DIVISION STREET DERBY, CT 06418	EDUCATION	CONNECTICUT	501(C)(3)	509(A)(2)	GRIFFIN HEALTH SERVICES CORPORATION	X	

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
G.H. VENTURES, INC. - 22-2560247 130 DIVISION STREET DERBY, CT 06418	RENTAL REAL ESTATE	CT	N/A	C CORP	N/A	N/A	N/A	X	
HEALTHCARE ALLIANCE INSURANCE COMPANY, LTD. 171 ELGIN AVENUE GEORGETOWN, CAYMAN ISLANDS	OFFSHORE CAPTIVE INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
CT PRACTICE MANAGEMENT, INC. - 06-1152819 130 DIVISION STREET DERBY, CT 06418	INACTIVE	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) G.H. VENTURES, INC.	P	976,444.	ACTUAL CASH
(2) GRIFFIN HOSPITAL DEVELOPMENT FUND	R	498,897.	ACTUAL CASH
(3) PLANETREE, INC.	P	984,412.	ACTUAL CASH
(4) GRIFFIN HEALTH SERVICES CORPORATION	P	581,511.	ACTUAL CASH
(5) GRIFFIN FACULTY PRACTICE PLAN	R	5,501,071.	ACTUAL CASH
(6) GRIFFIN HEALTH SERVICES CORPORATION	Q	497,598.	ACTUAL CASH

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)HAIC	P	2,235,254.	ACTUAL CASH
(8)PLANETREE, INC.	Q	375,766.	ACTUAL CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418
Prepared by	CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 17, 2015
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GRIFFIN HOSPITAL Number, street, and room or suite no. If a P.O. box, see instructions. 130 DIVISION STREET City or town, state or province, country, and ZIP or foreign postal code DERBY, CT 06418	D Employer identification number (Employees' trust, see instructions.) 06-0647014 E Unrelated business activity codes (See instructions.) 621500
---	---------------------	---	---

C Book value of all assets at end of year 119095066.	F Group exemption number (See instructions.) G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---

H Describe the organization's primary unrelated business activity. ▶ **NON-HOSPITAL LABORATORY SERVICES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JAMES DOWNEY** Telephone number ▶ **203-732-7528**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>12,439,909.</u>			
b Less returns and allowances <u>8,939,173.</u> c Balance ▶	1c 3,500,736.		
2 Cost of goods sold (Schedule A, line 7)	2 3,355,858.		
3 Gross profit. Subtract line 2 from line 1c	3 144,878.		144,878.
4 a Capital gain net income (attach Form 8949 and Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 163,533.	STMT 1	163,533.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 308,411.		308,411.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages		15 391,025.
16 Repairs and maintenance		16
17 Bad debts		17
18 Interest (attach schedule)		18
19 Taxes and licenses		19
20 Charitable contributions (See instructions for limitation rules.)		20
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule) SEE STATEMENT 2		28 514,196.
29 Total deductions. Add lines 14 through 28		29 905,221.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 -596,810.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3		31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 -596,810.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 -596,810.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2012 overpayment credited to 2013
44b 2013 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 8 columns: Line number, Description, Sub-column, Amount, and Yes/No. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, and Total.

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.

Sign Here: Signature of officer, Date, Title (VP FINANCE/ CFO), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (BETH THURZ), Preparer's signature, Date, Check self-employed, PTIN (P00346435), Firm's name (CROWE HORWATH, LLP), Firm's address (175 POWDER FOREST DRIVE, SIMSBURY, CT 06089), Firm's EIN (35-0921680), and Phone no. (860-678-9200).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		(b) Total deductions.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		Enter here and on page 1, Part I, line 6, column (B) ...
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
YANKEE ALLIANCE SUPPLY CHAIN SOLUTIONS, LLC	163,533.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	163,533.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
PURCHASE SERVICES	213,798.
PROFESSIONAL FEES	47,139.
LEASES	8,086.
GENERAL SUPPLIES & OTHER	19,771.
MEDICAL SUPPLIES	225,402.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	514,196.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/01	377,855.	0.	377,855.	377,855.
09/30/02	487,664.	0.	487,664.	487,664.
09/30/03	669,900.	0.	669,900.	669,900.
09/30/04	605,506.	0.	605,506.	605,506.
09/30/05	813,622.	0.	813,622.	813,622.
09/30/06	795,939.	0.	795,939.	795,939.
09/30/07	1,102,936.	0.	1,102,936.	1,102,936.
09/30/08	1,226,270.	0.	1,226,270.	1,226,270.
09/30/09	827,756.	0.	827,756.	827,756.
09/30/10	1,762,445.	0.	1,762,445.	1,762,445.
09/30/11	1,399,637.	0.	1,399,637.	1,399,637.
09/30/12	1,442,351.	0.	1,442,351.	1,442,351.
09/30/13	960,068.	0.	960,068.	960,068.
NOL CARRYOVER AVAILABLE THIS YEAR			12,471,949.	12,471,949.

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

DESCRIPTION

AMOUNT

PROFESSIONAL FEES

174,745.

PURCHASE SERVICES

792,537.

LEASES

29,983.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

997,265.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GRIFFIN HOSPITAL	Employer identification number (EIN) or 06-0647014
	Number, street, and room or suite no. If a P.O. box, see instructions. 130 DIVISION STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DERBY, CT 06418	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JAMES DOWNEY

• The books are in the care of **130 DIVISION STREET - DERBY, CT 06418**
Telephone No. **203-732-7528** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title Date

Form CT-990T EXT
Application for Extension of Time to File
Unrelated Business Income Tax Return

2013

See instructions. Complete this return in blue or black ink only.

Enter Income Year Beginning ▶ OCT 1, 2013, and **Ending** ▶ SEP 30, 2014

Taxpayer <small>(Please type or print)</small>	Organization name <i>(please type or print)</i> GRIFFIN HOSPITAL	CT Tax Registration Number 4988994-000
	Address Number and street PO Box 130 DIVISION STREET	DRS use only - - 20
	City or town State ZIP code DERBY, CT 06418	Federal Employer ID Number (FEIN) 06-0647014

Request for six-month extension of time to file Form CT-990T only

Enter above the beginning and ending dates of the organization's income year, Connecticut Tax Registration Number, and FEIN.

Check type of organization: Corporation Domestic trust Foreign trust Other

An application for an extension to file **Form CT-990T**, with payment of tax tentatively believed to be due, must be submitted whether or not an application for federal extension has been approved.

I request a **six-month extension** of time to file **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*, for calendar year 2013, or until 08/17/15 for fiscal year ending 09/30/14.

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2013, or fiscal year beginning OCTOBER 1, 2013, and ending SEPTEMBER 30, 2014. Yes No

If **No**, the reason for the Connecticut extension is _____

Notification will be sent only if extension request is denied

Tentative Return

Computation	1. Tentative amount of tax due for this income year, including surtax if applicable. See instr. ...	1.		00
	2. <i>Reserved for future use</i>	2.		
	3. Total amount of tax due for this income year: Enter amount from Line 1	3.		00
	4a. Tax credits	4a		00
	4b. Payments of estimated tax	4b		00
	4c. Overpayment from prior year	4c		00
	4. Total tax credits and payments: Add Lines 4a, 4b, and 4c	4.		00
	5. Balance due with this return: Subtract Line 4 from Line 3	5.		0 00

Make check payable to **Commissioner of Revenue Services**. Write the organization's Connecticut Tax Registration Number and "2013 Form CT-990T EXT" on the check and attach it to the return.

Mail this return to: Department of Revenue Services
 State of Connecticut
 PO Box 5014
 Hartford CT 06102-5014

Visit the DRS www.ct.gov/DRS
Taxpayer Service TSC
Center (TSC) Taxpayer Service Center
 at www.ct.gov/TSC to pay
 this return electronically.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Name of officer or fiduciary <i>(print)</i> MARK O'NEILL	Signature of officer or fiduciary	Date
--	-----------------------------------	------

Officer's email address *(print)*

Title VP FINANCE/ CFO	Telephone number 203-732-7528
Paid preparer's signature	Date
Firm's name and address SASLOW LUFKIN & BUGGY, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089	Preparer's SSN or PTIN P00346435 FEIN 06-1533253 Telephone number 860-678-9200

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418
Prepared by	CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT PO BOX 5014 HARTFORD, CT 06102-5014
Return must be mailed on or before	AUGUST 17, 2015
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

Form CT-990T

Connecticut Unrelated Business Income Tax Return

2013

Complete this return in blue or black ink only.

Enter Income Year Beginning **▶** OCTOBER 1, 2013, and Ending **▶** SEPTEMBER 30, 2014

Taxpayer (Please type or print)	Organization name <i>(please type or print)</i> GRIFFIN HOSPITAL	CT Tax Registration Number 4988994-000
	Address Number and street PO Box 130 DIVISION STREET	DRS use only - -20
	City or town State ZIP code DERBY, CT 06418	Federal Employer ID Number (FEIN) 06-0647014

Check and Complete All Applicable Boxes If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) **Return status:** Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: _____

2. Nature of unrelated trade or business income activity: **NON-HOSPITAL LABORATORY SERVICES**

3. **Corporation only:** Enter state of incorporation: **CONNECTICUT** Date of organization: **01/01/1908**

Date qualified in Connecticut if not incorporated in Connecticut: _____

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income		
1. Federal unrelated business taxable income from 2013 federal Form 990-T, Part II, Line 34	▶ 1	-596,810 00
2. Federal net operating loss deduction from 2013 federal Form 990-T, Part II, Line 31	▶ 2	00
3. Federal deduction for Connecticut tax on unrelated business taxable income	▶ 3	00
4. Total: Add Lines 1, 2, and 3	▶ 4	-596,810 00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	▶ 5	00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	▶ 6	-596,810 00

Computation of Tax		
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	▶ 1	-596,810 00
2. Apportionment fraction from <i>Schedule A</i> , Line 5, page 2. Carry to six places	▶ 2	.976900
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	▶ 3	-583,024 00
4. Operating loss carryover from <i>Schedule B</i> , Line 14 on page 2	▶ 4	00
5. Income subject to tax: Subtract Line 4 from Line 3	▶ 5	-583,024 00
6. Tax: Multiply Line 5 by 7.5% (.075)	▶ 6	00

Computation of Amount Payable		
1. Tax: Include surtax if applicable. See instructions	▶ 1	00
2. <i>Reserved for future use</i>	▶ 2	00
3. Total Tax: Enter the amount from Line 1	▶ 3	00
4. Tax credits from Form CT-1120K , Part III, Line 9. Do not exceed amount on Line 1	▶ 4	00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	▶ 5	0 00
6a. Paid with application for extension from Form CT-990T EXT	▶ 6a	00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	▶ 6b	00
6c. Overpayment from prior year	▶ 6c	00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	▶ 6	00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	▶ 7	0 00
8. Add Penalty ▶ (8a) _____ Interest ▶ (8b) _____ CT-1120I Interest ▶ (8c) _____	▶ 8	00
9. Amount to be credited to 2014 estimated tax ▶ (9a) _____ Refunded ▶ (9b) _____	▶ 9	00

For a faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking Savings 9d. Routing number

9e. Account number 9f. Will this refund go to a bank account outside the U.S.? Yes

10. **Balance due with this return:** Add Line 7 and Line 8 ▶ 10 **0 00**

Visit the DRS website at www.ct.gov/DRS or www.ct.gov/TSC to pay electronically. Taxpayer Service Center

Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014

Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Name of officer or fiduciary <i>(print)</i> MARK O'NEILL	Signature of officer or fiduciary	Date
	Officer's email address <i>(print)</i>		
Keep a copy of this return for your records.	Title VP FINANCE/ CFO	Telephone number 203-732-7528	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid preparer's signature	Date	
	Firm's name and address CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089	FEIN 35-0921680	Telephone number 860-678-9200

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1. (a) Inventories		00	
	(b) Tangible property		00	
	(c) Real property		00	
	(d) Capitalized rent		00	
	1. Total		00	00
Receipts	2. (a) Sales of tangibles		00	
	(b) Services	3,579,624	00	3,664,269
	(c) Rentals		00	00
	(d) Other		00	00
	2. Total	3,579,624	00	3,664,269
Wages, salaries, and other compensation	3. Total		00	00
4. Total: Add Lines 1, 2, and 3 in Column C.				.976900
5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and also on front page, <i>Computation of Tax</i> , Line 2.				.976900

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013

1. 2000 Connecticut net operating loss available for use in 2013	1.	377,855	00
2. 2001 Connecticut net operating loss available for use in 2013	2.	487,664	00
3. 2002 Connecticut net operating loss available for use in 2013	3.	669,900	00
4. 2003 Connecticut net operating loss available for use in 2013	4.	605,506	00
5. 2004 Connecticut net operating loss available for use in 2013	5.	813,622	00
6. 2005 Connecticut net operating loss available for use in 2013	6.	795,939	00
7. 2006 Connecticut net operating loss available for use in 2013	7.	1,102,936	00
8. 2007 Connecticut net operating loss available for use in 2013	8.	1,226,270	00
9. 2008 Connecticut net operating loss available for use in 2013	9.	827,756	00
10. 2009 Connecticut net operating loss available for use in 2013	10.	1,762,445	00
11. 2010 Connecticut net operating loss available for use in 2013	11.	1,398,637	00
12. 2011 Connecticut net operating loss available for use in 2013	12.	1,441,351	00
13. 2012 Connecticut net operating loss available for use in 2013	13.	960,068	00
14. Total: Add Lines 1 through 13. Enter here and on <i>Computation of Tax</i> , Line 4.	14.	12,469,949	00

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero	1.	-596,810	00
2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33	2.		00
3. Subtotal: Add Line 1 and Line 2	3.	-596,810	00
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.	.976900	
5. 2013 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	-583,024	00

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418
Prepared by	CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	MASS. DEPARTMENT OF REVENUE PO BOX 7067 BOSTON, MA 02204
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

Form M-990T Unrelated Business Income Tax Return

2013
Massachusetts
Department of
Revenue

378031 12-16-13

For calendar year 2013 or taxable year beginning **10/01/2013** 2013 and ending **09/30/2014**

Name of company **GRIFFIN HOSPITAL** Federal Identification number **06-0647014**

Mailing address **130 DIVISION STREET** City/Town **DERBY** State **CT** ZIP **06418**

Name of treasurer _____ Is a Taxpayer Disclosure Statement enclosed? Yes No

Excise Calculation

		<i>Use whole dollar method</i>
1	Unrelated business taxable income (from U.S. Form 990T, line 34)	-596,810.
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	
3	Section 168(k) "bonus" depreciation adjustment	
4	Section 311 and 31K intangible expense add back adjustment	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	
6	Loss carryover deduction (from Schedule NOL)	
7	Section 31J and 31K interest expense add back adjustment	
8	Federal production activity add back adjustment	
9	Abandoned building renovation deduction Total cost <input type="checkbox"/> \$ _____ X .10	
10	Other adjustments, including research and development expenses (enclose explanation)	
11	Income subject to apportionment. See instructions	-596,810.
12	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	.021511
13	Multiply line 11 by line 12	-12,838.
14	Income not subject to apportionment	
15	Add lines 13 and 14	-12,838.
16	Certified Massachusetts solar or wind power deduction	
17	Taxable income. Subtract line 16 from line 15	-12,838.
18	Multiply line 17 by .08	
19	Credit recapture (enclose Schedule(s) H and/or H-2) and/or additional tax on installment sales. See instructions	
20	Excise due before credits. Add lines 18 and 19	

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Economic Opportunity Area Credit (from Schedule EOAC)	
22	Economic Development Incentive Program Credit. Certificate number <input type="checkbox"/> _____	
23	Investment Tax Credit (from Schedule H)	
24	Vanpool Credit (from Schedule VP)	
25	Research Credit (from Schedule RC)	
26	Harbor Maintenance Tax Credit (from Schedule HM, line 22)	
27	Brownfields Credit. Certificate number <input type="checkbox"/> _____	
28	Low-Income Housing Credit. Building identification number <input type="checkbox"/> _____	
29	Historic Rehabilitation Credit. Certificate number <input type="checkbox"/> _____	
30	Film Incentive Credit. Certificate number <input type="checkbox"/> _____	
31	Medical Device Credit. Certificate number <input type="checkbox"/> _____	
32	Employer Wellness Program Credit. Certificate number <input type="checkbox"/> _____	
33	Life Science Company Tax Credit	
34	Total credits. Add lines 21 through 33	

Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer _____ Social Security number _____ Telephone number _____ Date _____

Signature of paid preparer _____ Employer Identification number _____ Address _____ Date _____

BETH THURZ 35-0921680 175 POWDER FOREST DRIVE
SIMSBURY, CT 06089

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**

Excise After Credits

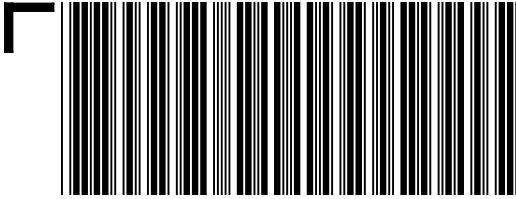
35	Excise due before voluntary contribution. Subtract line 34 from line 20. Not less than "0"	35	0.
36	Voluntary contribution for endangered wildlife conservation	36	
37	Total excise plus voluntary contribution. Add lines 35 and 36	37	0.

Payments

38	2012 overpayment applied to 2013 estimated tax	38	
39	2013 Massachusetts estimated tax payments (do not include amount in line 38)	39	
40	Payment made with extension	40	
41	Pass-through entity withholding. Payer identification number ▶ _____	41	
42	Refundable film credit	42	
43	Refundable dairy credit. Certificate number ▶ _____	43	
44	Refundable life science credit	44	
45	Refundable economic development incentive program credit	45	
46	Refundable conservation land credit. Certificate number ▶ _____	46	
47	Total payments. Add lines 38 through 46	47	

Refund or Balance Due

48	Amount overpaid. Subtract line 37 from line 47	48	
49	Amount overpaid to be credited to 2014 estimated tax	49	
50	Amount overpaid to be refunded. Subtract line 48 from line 47	50	
51	Balance due. Subtract line 47 from line 37	51	
52	M-2220 penalty ▶ \$ _____ ; Other penalties ▶ \$ _____ Total penalty	52	
53	Interest on unpaid balance	53	
54	Total payment due at time of filing	54	



2013 Schedule F
Income Apportionment

GRIFFIN HOSPITAL

06-0647014

Fill in: Section 38 manufacturer
 Mutual fund service corporation reporting sales of mutual funds only
 Mutual fund service corporation reporting sales of non-mutual funds
 Other
 Enclosing additional copies of Schedule F

LOCATION	STATE	FACILITY TYPE	ACCEPTS ORDERS	REG. IN STATE	FILES IN STATE
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Apportionment Factors

1. Tangible property					
a. Property owned	▶ Massachusetts	0	▶ Worldwide		0
b. Property rented	▶ Massachusetts	0	▶ Worldwide		0
c. Total property owned and rented	Massachusetts	0	▶ Worldwide		
d. Tangible property apportionment percentage				1d	
2. Payroll					
a. Total payroll	▶ Massachusetts	0	▶ Worldwide		391025
b. Payroll apportionment percentage				2b	.000000
3. Sales					
a. Tangible (destination)	▶ Massachusetts				
b. Tangible (throw back)	▶ Massachusetts		▶ Worldwide		
c. Services	▶ Massachusetts		▶ Worldwide		3664269
d. Rents and royalties	▶ Massachusetts		▶ Worldwide		
e. Other sales factors	▶ Massachusetts	157645	▶ Worldwide		
f. Total sales factors	Massachusetts	157645	Worldwide		3664269
g. Sales apportionment percentage				3g	.043022
4. Apportionment percentage				4	.086044
5. Massachusetts apportionment percentage				5	.021511

357691
12-03-13

08/11/2015 14:05:42