

GRIFFIN HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
GRIFFIN HEALTH SERVICES CORPORATION		
1	Affiliate Description	PARENT COMPANY
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
10	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Griffin Health Services Corp.
12	CT Agent Company Street Address	130 DIVISION ST,
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
B. AFFILIATE NAME		
G.H. VENTURES, INC.		
1	Affiliate Description	FOR PROFIT ENTITY CARRIES OUT BIO MED, HOME CARE, SOUTHFORD MEDICAL CENTER, FAMILY HEALTHCARE AND OTHER HEALTH RELATED FUNCTIONS.
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
10	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	G.H Ventures, Inc
12	CT Agent Company Street Address	130 DIVISION ST
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
C. AFFILIATE NAME		
GRIFFIN FACULTY PRACTICE PLAN		
1	Affiliate Description	A NOT-FOR-PROFIT ENTITY FOR THE PURPOSE OF PROVIDING MEDICAL SERVICES AND TO CHARGE FOR SERVICES PERFORMED BY PHYSICIANS AS SUPERVISORS OF INTERNS.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	CEO
10	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Griffin Faculty Practice Plan
12	CT Agent Company Street Address	130 DIVISION ST,
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
D. AFFILIATE NAME		
GRIFFIN HOSPITAL		

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	ACUTE CARE HOSPITAL TO PROVIDE ACUTE CARE SERVICES TO OUR COMMUNITIES WE SERVE.
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	CHIEF EXECUTIVE OFFICER
10	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Griffin Hospital
12	CT Agent Company Street Address	130 DIVISION ST
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
E. AFFILIATE NAME		
AFFILIATE NAME		GRIFFIN HOSPITAL DEVELOPMENT FUND
1	Affiliate Description	FUND RAISING ORGANIZATION FOR THE GRIFFIN HEALTH SERVICES.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
10	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Griffin Hospital Development Fund
12	CT Agent Company Street Address	130 DIVISION ST
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
F. AFFILIATE NAME		
AFFILIATE NAME		GRIFFIN PHARMACY & GIFT SHOP
1	Affiliate Description	SELLING PHARMACEUTICALS AND GIFTS
2	Affiliate type of service	Pharmacy
3	Tax Status	Not for Profit
4	Street Address	130 DIVISION ST
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	CEO
10	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Griffin Pharmacy & Gift Shop
12	CT Agent Company Street Address	130 DIVISION ST,
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
G. AFFILIATE NAME		
AFFILIATE NAME		HEALTHCARE ALLIANCE INSURANCE COMPANY LTD
1	Affiliate Description	A FOR-PROFIT OFF-SHORE CAPTIVE INSURANCE COMPANY WHICH PROVIDES CERTAIN INSURANCE COVERAGE TO GHSC AND ITS SUBSIDIARIES.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	130 DIVISION ST
5	Town	Derby

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AND CORPORATION RELATED TO THE HOSPITAL

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

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

**GRIFFIN HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
A. GRIFFIN HOSPITAL			
1		Unrestricted	(\$16,756,232)
2		Temporarily Restricted by Donor	\$2,260,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,679,095
5		Intercompany Eliminations	(\$5,798,360)
		Total:	(\$14,615,390)
B. GRIFFIN HEALTH SERVICES CORPORATION			
1		Unrestricted	\$3,745,541
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,628,406)
		Total:	\$2,117,135
C. G.H. VENTURES, INC.			
1		Unrestricted	(\$4,764,575)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$4,764,575)
D. GRIFFIN FACULTY PRACTICE PLAN			
1		Unrestricted	\$226,480
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$226,480
E. GRIFFIN HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F. GRIFFIN HOSPITAL DEVELOPMENT FUND			
1		Unrestricted	\$2,137,300
2		Temporarily Restricted by Donor	\$1,691,964
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,742,616
5		Intercompany Eliminations	\$0
		Total:	\$5,571,880
G. GRIFFIN PHARMACY & GIFT SHOP			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$848,270
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$848,270

**GRIFFIN HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

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

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A.	GRIFFIN HEALTH SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,193,775
1		Transfer of Funds	09/30/2009	(\$1,326,815)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,866,960
B.	G.H. VENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$1,899,708)
1		Transfer of Funds	09/30/2009	\$2,220,150
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$320,442
C.	GRIFFIN FACULTY PRACTICE PLAN			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	GRIFFIN HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$942,648
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$942,648
F.	GRIFFIN PHARMACY & GIFT SHOP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,518
1		Transfer of Funds	09/30/2009	\$403,283
2		401K	09/30/2009	(\$300,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$114,801
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,663,205
1		Transfer of Funds	09/30/2009	\$982,717
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,645,922
H.	NUVAL, LLC			

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

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

GRIFFIN HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2008	\$0
A.	GRIFFIN HEALTH SERVICES CORPORATION		Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	G.H. VENTURES, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	GRIFFIN FACULTY PRACTICE PLAN		Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	GRIFFIN HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND		Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	GRIFFIN PHARMACY & GIFT SHOP		Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		Nothing to Report		\$0
			Total:	9/30/2009	\$0
H.	NUVAL, LLC		Nothing to Report		\$0
			Total:	9/30/2009	\$0
I.	PLANETREE INC		Nothing to Report		\$0

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 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

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

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. GRIFFIN HEALTH SERVICES CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B. G.H. VENTURES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C. GRIFFIN FACULTY PRACTICE PLAN			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D. GRIFFIN HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
E. GRIFFIN HOSPITAL DEVELOPMENT FUND			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F. GRIFFIN PHARMACY & GIFT SHOP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
H. NUVAL, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
I. PLANETREE INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	GRIFFIN HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	G.H. VENTURES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	GRIFFIN FACULTY PRACTICE PLAN		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	GRIFFIN HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	GRIFFIN PHARMACY & GIFT SHOP		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NUVAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	PLANETREE INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

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

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		1
2. A. Number of Patients receiving Hospital Bed Fund Grants		1
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$1,430.50
1	pine trust	\$1,430.50
Grand Total		\$1,430.50

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	pine trust	\$91,607.00	\$15,524.00	\$0.00	\$76,319.00
	eno fund	\$56,739.00	\$3,373.00	\$0.00	\$5,474.00
	Total Bed Funds :	\$148,346.00	\$18,897.00	\$0.00	\$81,793.00

**GRIFFIN HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

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

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

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

**GRIFFIN HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	currently have three outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	26.00%

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

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

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . GRIFFIN HEALTH SERVICES CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . G.H. VENTURES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . GRIFFIN FACULTY PRACTICE PLAN				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . GRIFFIN HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . GRIFFIN HOSPITAL DEVELOPMENT FUND				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . GRIFFIN PHARMACY & GIFT SHOP				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . HEALTHCARE ALLIANCE INSURANCE COMPANY LTD				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . NUVAL, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . PLANETREE INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**GRIFFIN HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

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

GRIFFIN HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	388	376	(12)	-3%
2.	Number of Approved Applicants	359	311	(48)	-13%
3.	Total Charges (A)	\$1,748,198	\$5,752,621	\$4,004,423	229%
	Average Charges	\$4,870	\$18,497	\$13,628	280%
4.	Ratio of Cost to Charges (RCC)	0.366034	0.355472	(0.010562)	-3%
	Total Cost	\$639,900	\$2,044,896	\$1,404,996	220%
	Average Cost	\$1,782	\$6,575	\$4,793	269%
5.	Charity Care - Inpatient Charges	\$1,018,300	\$3,315,250	\$2,296,950	226%
6.	Charity Care - Outpatient Emergency Department Charges	269,553	1,553,336	1,283,783	476%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	460,345	884,035	423,690	92%
	Total Charges (A)	\$1,748,198	\$5,752,621	\$4,004,423	229%
8.	Charity Care - Number of Patient Days	1,635	4,105	2,470	151%
9.	Charity Care - Number of Discharges	174	390	216	124%
10.	Charity Care - Number of Outpatient ED Visits	882	1,995	1,113	126%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	579	1,720	1,141	197%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	7	1	(6)	-86%
2.	Number of Approved Applicants	7	1	(6)	-86%
3.	Total Charges (B)	\$13,709	\$1,431	(\$12,278)	-90%
	Average Charges	\$1,958	\$1,431	(\$527)	-27%
4.	Ratio of Cost to Charges (RCC)	0.366034	0.355472	(0.010562)	-3%
	Total Cost	\$5,018	\$509	(\$4,509)	-90%
	Average Cost	\$717	\$509	(\$208)	-29%
5.	Bed Funds - Inpatient Charges	\$10,546	\$0	(\$10,546)	-100%
6.	Bed Funds - Outpatient Emergency Department Charges	1,589	1,431	(158)	-10%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	1,574	0	(1,574)	-100%
	Total Charges (B)	\$13,709	\$1,431	(\$12,278)	-90%
8.	Bed Funds - Number of Patient Days	7	0	(7)	-100%
9.	Bed Funds - Number of Discharges	7	0	(7)	-100%
10.	Bed Funds - Number of Outpatient ED Visits	24	2	(22)	-92%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	21	0	(21)	-100%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					