

Form **990**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

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 \$ 131,995,459.
	130 DIVISION STREET		
City, town, or post office, state, and ZIP code DERBY, CT 06418		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: PATRICK S. CHARMEL SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
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		H(c) Group exemption number ▶	
J Website: ▶ GRIFFINHEALTH.ORG		L Year of formation: 1908 M State of legal domicile: CT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

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 22
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 1453
	6 Total number of volunteers (estimate if necessary) 6 232
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,312,813.
b Net unrelated business taxable income from Form 990-T, line 34 7b -960,068.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	2,234,902.
9 Program service revenue (Part VIII, line 2g)	126,387,570.	128,990,660.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	464,000.	320,617.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	422,129.	452,490.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,508,601.	131,995,459.	
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)	72,639,965.	72,402,078.
	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)	61,258,997.	57,266,011.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	133,898,962.	129,668,089.	
19 Revenue less expenses. Subtract line 18 from line 12	-4,390,361.	2,327,370.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	129,920,217.
21 Total liabilities (Part X, line 26)	159,955,862.	133,564,097.	
22 Net assets or fund balances. Subtract line 21 from line 20	-30,035,645.	-13,707,175.	

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
	BETH THURZ		
	Firm's name ▶ SASLOW LUFKIN & BUGGY, LLP	Firm's EIN ▶ 06-1533253	Check if self-employed <input type="checkbox"/> PTIN P00346435
	Firm's address ▶ 175 POWDER FOREST DRIVE SIMSBURY, CT 06089	Phone no. 860-678-9200	

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 to any question in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 113,144,931. including grants of \$) (Revenue \$ 114,088,796.)
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 \$ 3,542,420. including grants of \$) (Revenue \$ 8,237,606.)
PROVIDE CANCER RELATED RADIOLOGY SERVICES TO THE COMMUNITY.

4c (Code:) (Expenses \$ 1,982,636. including grants of \$) (Revenue \$ 1,876,818.)
PROVIDE PSYCHIATRIC SERVICES TO THE COMMUNITY ON AN OUTPATIENT BASIS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 589,683. including grants of \$) (Revenue \$ 1,508,490.)

4e Total program service expenses 119,259,670.

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 assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (18), 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 to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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	40.00	X		X				487,577.	0.	65,392.
(3) BORIS, GREGORY MD/BOARD MEMBER	1.00	X						0.	0.	0.
(4) DOBULER, KENNETH MD/BOARD MEMBER	14.00	X						232,023.	0.	47,152.
(5) SCHWARTZ, KENNETH MD/BOARD MEMBER	16.00	X						200,262.	0.	67,934.
(6) STUMPO, BARBARA J. V.P./BOARD MEMBER	40.00	X		X				179,979.	0.	48,122.
(7) ANDREANA, JOSEPH TRUSTEE	1.00	X						0.	0.	0.
(8) BALDYGA, KENNETH TRUSTEE	1.00	X						0.	0.	0.
(9) BETKOSKI, JOHN W. III CHAIRMAN	1.00	X		X				0.	0.	0.
(10) DINARDO, NANCY TRUSTEE	1.00	X						0.	0.	0.
(11) FOX, ROBERT A. TRUSTEE	1.00	X						0.	0.	0.
(12) JONES, JEAN CRUM TRUSTEE	1.00	X						0.	0.	0.
(13) KLARIDES, THEMIS TRUSTEE	1.00	X						0.	0.	0.
(14) LOGAN, GEORGE S. TRUSTEE	1.00	X						0.	0.	0.
(15) OSAK, FRANK M. TRUSTEE	1.00	X						0.	0.	0.
(16) MEZZO, ROBERT TRUSTEE	1.00	X						0.	0.	0.
(17) REISS, ROBERT G. TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) WEINER, GERALD T. TRUSTEE	1.00	X					0.	0.	0.	
(19) ZAPRZALKA, JOHN J. TRUSTEE	1.00	X					0.	0.	0.	
(20) SACZYNSKI, SHELLY TRUSTEE	1.00	X					0.	0.	0.	
(21) BINGAMAN, LARRY TRUSTEE	1.00	X					0.	0.	0.	
(22) PEARSON, WM. NEIL MD/TRUSTEE	1.00	X					0.	0.	0.	
(23) MOYLAN, JAMES J VICE PRESIDENT/CFO	40.00			X			248,830.	0.	0.	
(24) POWANDA, WILLIAM VICE PRESIDENT	40.00			X			192,757.	0.	49,769.	
(25) BERNS, EDWARD VICE PRESIDENT	40.00			X			157,815.	0.	52,985.	
(26) MARTIN, KATHLEEN VICE PRESIDENT	40.00			X			155,252.	0.	51,790.	
1b Sub-total							1,854,495.	0.	383,144.	
c Total from continuation sheets to Part VII, Section A							1,682,475.	283,241.	274,734.	
d Total (add lines 1b and 1c)							3,536,970.	283,241.	657,878.	

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 **72**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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	2,027,291.
UNIDINE CORPORATION 75 REMITTANCE DRIVE, CHICAGO, IL 60675	FOOD SERVICE	1,675,858.
CONNECTICUT EMERGENCY MEDICINE SPECIALISTS PO BOX 271618, WEST HARTFORD, CT 06127	E.R. PHYSICIAN SERVICES	1,357,834.
F & F MECHANICAL ENTERPRISES 2 DWIGHT STREET, NORTH HAVEN, CT 06473	CONSTRUCTION	534,920.
CARDIOLOGY ASSOC OF DERBY 130 DIVISION STREET, DERBY, CT 06418	PHYSICIAN SERVICES	391,306.

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 **24**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	1,802,806.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	428,886.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,231,692.			
	Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 622110	125,805,820.	122,526,870.	3,278,950.
b OTHER PROGRAM SERVICES		621500	3,184,840.	3,184,840.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			128,990,660.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		266,799.		266,799.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	418,627.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	418,627.			
	d Net rental income or (loss)		418,627.		418,627.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	53,818.			
		(ii) Other				
		b Less: cost or other basis and sales expenses		0.		
		c Gain or (loss)	53,818.			
	d Net gain or (loss)		53,818.		53,818.	
	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	33,863.		33,863.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			33,863.		
12 Total revenue. See instructions.			131,995,459.	125,711,710.	3,312,813.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,372,665.	2,225,959.	1,146,706.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	49,865,601.	44,879,041.	4,986,560.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,951,853.	4,456,668.	495,185.	
9 Other employee benefits	10,117,788.	9,106,009.	1,011,779.	
10 Payroll taxes	4,094,171.	3,684,754.	409,417.	
11 Fees for services (non-employees):				
a Management	3,279,143.	2,951,229.	327,914.	
b Legal	259,177.		259,177.	
c Accounting	256,296.		256,296.	
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.)	9,461,837.	8,515,653.	946,184.	
12 Advertising and promotion	397,456.	397,456.		
13 Office expenses	317,785.	286,007.	31,778.	
14 Information technology	371,608.	371,608.		
15 Royalties				
16 Occupancy	329,676.	329,676.		
17 Travel	190,183.	190,183.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,254,018.	4,254,018.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,099,345.	6,099,345.		
23 Insurance	3,082,676.	2,774,408.	308,268.	
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	16,774,433.	16,774,433.		
b RESEARCH GRANT EXPENSES	2,291,549.	2,062,394.	229,155.	
c DIETARY	1,186,475.	1,186,475.		
d _____				
e All other expenses	8,714,354.	8,714,354.		
25 Total functional expenses. Add lines 1 through 24e	129,668,089.	119,259,670.	10,408,419.	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 to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	8,071,213.	1	5,178,405.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	12,754,987.	4	14,419,423.	
	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	852,072.	8	804,168.	
	9 Prepaid expenses and deferred charges	2,258,893.	9	2,669,266.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 149,939,077.			
	b Less: accumulated depreciation	10b 94,328,204.	59,966,718.	10c	55,610,873.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	6,519,819.	12	10,227,164.	
	13 Investments - program-related. See Part IV, line 11	15,213,004.	13	16,149,279.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	24,283,511.	15	14,798,344.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	129,920,217.	16	119,856,922.		
Liabilities	17 Accounts payable and accrued expenses	28,300,556.	17	25,957,546.	
	18 Grants payable		18		
	19 Deferred revenue	40,179.	19	194,930.	
	20 Tax-exempt bond liabilities	51,432,599.	20	48,355,712.	
	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	80,182,528.	25	59,055,909.	
	26 Total liabilities. Add lines 17 through 25	159,955,862.	26	133,564,097.	
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	-38,049,002.	27	-22,179,759.	
	28 Temporarily restricted net assets	2,203,003.	28	2,641,381.	
	29 Permanently restricted net assets	5,810,354.	29	5,831,203.	
	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	-30,035,645.	33	-13,707,175.	
34 Total liabilities and net assets/fund balances	129,920,217.	34	119,856,922.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,995,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,668,089.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,327,370.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-30,035,645.
5	Net unrealized gains (losses) on investments	5	81,689.
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	13,919,411.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-13,707,175.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 (2012)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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>	_____ _____ _____	\$ <u>88,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>264,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>403,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>968,396.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>228,561.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>84,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization 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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>117,249.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>245,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

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
---	---

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) 2012

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 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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) 2009	(b) 2010	(c) 2011	(d) 2012	(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		14,464.
j Total. Add lines 1c through 1i			14,464.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (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 9/30/2013. \$14,464 OF THE MEMBERSHIP DUES PAID WAS USED FOR LOBBYING ON ISSUES RELEVANT TO THE ORGANIZATION'S EXEMPT PURPOSE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

06-0647014

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the 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	3,249,540.	2,932,333.	2,953,261.	2,773,278.	2,677,652.
b Contributions					
c Net investment earnings, gains, and losses	183,001.	322,207.	-1,478.	124,305.	97,031.
d Grants or scholarships					
e Other expenditures for facilities and programs	23,479.	5,000.	19,450.	1,337.	1,405.
f Administrative expenses					
g End of year balance	3,409,062.	3,249,540.	2,932,333.	2,896,246.	2,773,278.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 63.40 %
 - c Temporarily restricted endowment 36.60 %
- 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. 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		73,218,689.	36,499,924.	36,718,765.
c Leasehold improvements				
d Equipment		72,365,111.	57,553,954.	14,811,157.
e Other		340,186.	274,326.	65,860.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				55,610,873.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	5,270,018.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE EQUITY		
(C) SECURITIES	4,957,146.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,227,164.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIMITED USE ASSETS -		
(2) CURRENT	710,605.	END-OF-YEAR MARKET VALUE
(3) BOARD DESIGNATED		
(4) INVESTMENTS	43,179.	END-OF-YEAR MARKET VALUE
(5) BENEFICIAL INTEREST IN		
(6) TRUSTS	3,670,942.	END-OF-YEAR MARKET VALUE
(7) UNDER INDENTURE AGREEMENT	4,289,166.	END-OF-YEAR MARKET VALUE
(8) INVESTMENTS OF NET ASSETS		
(9) OF AFFILIATES	7,435,387.	COST
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	16,149,279.	

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,739,959.
(2) DUE FROM AFFILIATES	3,659,921.
(3) OTHER ASSETS & INSURANCE RECOVERABLE	8,840,778.
(4) THIRD PARTY	480,486.
(5) DEFERRED REVENUE	77,200.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,798,344.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT - CURRENT	389,000.
(3) ACCRUED POST RETIREMENT -	
(4) NONCURRENT	7,605,700.
(5) PROFESSIONAL AND GENERAL LIABILITY	908,285.
(6) MINIMUM PENSION LIABILITY	30,640,516.
(7) WORKERS COMPENSATION - LONG TERM	2,317,799.
(8) ACCRUED INTEREST PAYABLE	316,307.
(9) OTHER LIABILITIES	15,431,054.
(10) RETIREMENT OBLIGATION	114,445.
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	59,055,909.

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements	1	132,077,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	81,689.
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	81,689.
3	Subtract line 2e from line 1	3	131,995,459.
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	131,995,459.

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

1	Total expenses and losses per audited financial statements	1	129,668,089.
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	129,668,089.
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	129,668,089.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
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:	X	
<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:	X	
<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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?	X	
b If "Yes," did the organization make it available to the public?	X	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		307	1477742.	0.	1477742.	1.14%
b Medicaid (from Worksheet 3, column a)		11,886	12780807.	8827233.	3953574.	3.05%
c Costs of other means-tested government programs (from Worksheet 3, column b)		110	160,935.	119,507.	41,428.	.03%
d Total Financial Assistance and Means-Tested Government Programs		12,303	14419484.	8946740.	5472744.	4.22%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		46,723	1026737.	7,210.	1019527.	.79%
f Health professions education (from Worksheet 5)		4,539	7256619.	5062395.	2194224.	1.69%
g Subsidized health services (from Worksheet 6)		40,995	21100488.	21303418.	-202,930.	.00%
h Research (from Worksheet 7)			1247810.	0.	1247810.	.96%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		2,186	48,878.	0.	48,878.	.04%
j Total. Other Benefits		94,443	30680532.	26373023.	4307509.	3.48%
k Total. Add lines 7d and 7j		106,746	45100016.	35319763.	9780253.	7.70%

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, and primary website address

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

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, X, X, X, X, X, Other (describe), Facility reporting group.

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

For single facility filers 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 Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		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		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
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 type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI 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 care</i> ?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted care</i> ?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
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"/> Other (describe in Part VI)		
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 Part VI)		

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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
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 patient'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 Part VI)		

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 patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

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 Part VI)
- d Other (describe in Part VI)

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 Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?

If "Yes," explain in Part VI.

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

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

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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 ONE PERCENT (201%) 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

HOSPITAL'S SLIDING FEE SCHEDULE AND POLICIES REGARDING INDIVIDUAL

FINANCIAL CIRCUMSTANCES BASED ON THE BELOW CRITERIA: A. ELIGIBILITY SHALL

BE BASED ON FIANCIAL 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, MAY BE CONSIDERED AS A

Part VI Supplemental Information

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 OR 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 201% 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 YEAR ENDING 2013, WHICH WAS INCLUDED AS 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 WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR COST TO CHARGE RATIO. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND ASSIGNS COSTS TO INDIVIDUAL

Part VI Supplemental Information

SERVICES.

PART III, LINE 4: SEE PAGE 11 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

PART III, LINE 2:

GRIFFIN HOSPITAL BAD DEBT EXPENSE IS DETERMINED USING UNCOLLECTED ACCOUNTS NET OF ANY BAD DEBT RECOVERY MULTIPLIED BY THE COST TO CHARGE RATIO.

GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THAT THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY.

CHARITY APPROVAL WILL AFFECT ALL ACCOUNTS FOR WHICH THE APPROVED GUARANTOR IS RESPONSIBLE. THE APPROVED CHARITY PERCENTAGE WILL BE APPLIED TO ALL EXISTING ACCOUNTS WITH DEBIT BALANCES. ACCOUNTS MAY ALSO BE RETURNED FROM BAD DEBT STATUS IF FINANCIAL CIRCUMSTANCES WARRANT AND CHARITY MAY BE APPLIED. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS 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.

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 8: THE \$7.107 MILLION MEDICARE SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD

Part VI Supplemental Information

INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THIS YEAR MEDICARE ACCOUNTED FOR 5.5% 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 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.

Part VI Supplemental Information

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 PARISH NURSE PROGRAM AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ALSO ARE MEMBERS. THE COMMUNITY ADVISORY COUNCIL ENGAGED THE PATIENTS AND THE

Part VI Supplemental Information

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 5C: THE CHNA REPORT IS WIDELY AVAILABLE ON THE GRIFFIN HOSPITAL WEBSITE [HTTP://WWW.GRIFFINHEALTH.ORG/](http://www.griffinhealth.org/) AND THE STATE OF CONNECTICUT'S WEBSITE [HTTP://WWW.CT.GOV/DPH/CWP/](http://www.ct.gov/dph/cwp/). ALSO THE CHNA IS AVAILABLE AT THE FACILITY.

Part VI Supplemental Information

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.

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

Part VI Supplemental Information

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 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

Part VI Supplemental Information

ORGANIZATIONS RELATED TO THE IDENTIFIED PRIORITIES.

THE BOARD ADOPTED STRATEGIC PLAN FOR THE 2010 - 2013 PERIODS, WHICH INCLUDED A PROVISION TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ADOPT A STRATEGY TO MEET COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT. THE PROVISION INCLUDED OBTAINING INPUT FROM A BROADLY DIVERSE CROSS SECTION OF THE COMMUNITY THE HOSPITAL SERVES. IT ALSO INCLUDED THE POSTING OF THE ASSESSMENT ON THE CORPORATE SOCIAL RESPONSIBILITY SECTION OF THE HOSPITAL'S WEBSITE.

PART VI, LINE 3: GRIFFIN HOSPITAL'S BUSINESS SERVICES OFFICE IS AVAILABLE TO HELP YOU UNDERSTAND YOUR BILL AND PAYMENT OPTIONS. IF YOU HAVE A QUESTION ABOUT A BILL YOU RECEIVED, OR YOU WOULD LIKE TO MEET WITH A FINANCIAL ADVISOR, PLEASE CALL THE BUSINESS OFFICE AT (203) 732-7360. GRIFFIN HOSPITAL MAINTAINS A PROFESSIONAL STAFF OF SPECIALISTS TO HELP YOU RESOLVE FINANCIAL PROBLEMS REGARDING YOUR BILL. A REPRESENTATIVE WILL BE ASSIGNED TO YOU WHO WILL HELP OBTAIN BILLING INSTRUCTIONS, ASSIST YOU IN COMPLETING FORMS AND ADVISE YOU OF YOUR FINANCIAL RESPONSIBILITY.

POLICY & PROCEDURE:

ANY PATIENT REQUESTING FINANCIAL ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILL CAN APPLY FOR THE FREE CARE ASSISTANCE PROGRAM BY CONTACTING THE HOSPITAL'S FINANCIAL ADVISORY STAFF. THE FINANCIAL ADVISOR WILL BE CONTACTED BY THE PATIENT TO COMPLETE THE FREE CARE APPLICATION PROCESS. THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION: PATIENT'S W-2 FORM (TAX STATEMENT FROM PREVIOUS AND CURRENT YEAR); THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT; DEPENDENT INFORMATION (FAMILY

Part VI Supplemental Information

SIZE); AND ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS. THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE. THIS IS BASED ON THE FEDERAL POVERTY INCOME GUIDELINES (SLIDING SCALE AVAILABLE UPON REQUEST). THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF FREE CARE ELIGIBILITY STATUS. IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE. IF A PATIENT BALANCE REMAINS, THE FINANCIAL ADVISOR WILL PURSUE ONE OF THE FOLLOWING WITH THE PATIENT: REQUIRE PAYMENT IN FULL OR SET UP A MONTHLY PAYMENT ARRANGEMENT. 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 BALANCE. IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO: OBTAIN PAYMENT IN FULL OR SET UP A MONTHLY PAYMENT ARRANGEMENT. 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 BALANCE. IN SOME CASES, IT IS NECESSARY TO OVERRIDE THE POLICY GUIDELINES ON INCOME DUE TO "SPECIAL" CIRCUMSTANCE REQUIREMENTS, I.E., SOCIAL ADMITS, MAXED OUT DAYS, DECEASED PATIENTS. AN OVERRIDE CAN BE OBTAINED BY THE SUPERVISOR AND DIRECTOR OR CFO ALLOWING FOR CONSIDERATION OF ELIGIBILITY. THE COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS.

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

Part VI Supplemental Information

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'S 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 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

Part VI Supplemental Information

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- 5 EMPLOYEES WHO SUPPORT THE 75 VOLUNTEER PARISH NURSES AND 320 VOLUNTEERS WHO SERVE ON THE HEALTHCARE CABINETS OF THE CHURCHES.

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

-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 SCREENINGS WHICH CONTRIBUTED TO 14,915 REFERRALS TO NEEDED SERVICES. IN ADDITION, 30,709 PEOPLE ATTEND 1,388 EDUCATIONAL PROGRAMS AND 3,540 PEOPLE WERE TRAINED IN CPR. THE

Part VI Supplemental Information

PROGRAM ALSO PROVIDED AND PLACED AUTOMATED EXTERNAL DEFIBRILLATORS (AED'S) AT COMMUNITY SITES BRINGING THE TOTAL TO 67.

-STARTING 6 YEARS AGO GRIFFIN HOSPITAL'S 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- ESTABLISHED IN MARCH 2005 BY THE VALLEY PARISH NURSE PROGRAM. 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- PROVIDES OUTREACH AND EDUCATION TO WOMEN, INCLUDING THE UNINSURED OR UNDERINSURED, ABOUT THE IMPORTANCE OF BREAST WELLNESS AND EARLY BREAST CANCER DETECTION, AND PROVIDES SCREENING MAMMOGRAMS TO WOMEN WHO MAY 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 AED'S AND HAS PLACED 65 AED'S 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

- THE WIDOW AND WIDOWER SUPPORT GROUP
- COPING WITH LOSS THROUGH THE HOLIDAYS
- CIRCLE OF FRIENDS BREAST CANCER SUPPORT GROUP
- GRIFFIN HOSPITAL DIABETES EDUCATION AND SUPPORT GROUP
- FIBROMYALGIA SUPPORT GROUP
- H.U.G.S (HELP UNLIMITED GRIFFIN SUPPORT)
- MOM 2 MOM
- NURSING MOMS
- SLEEP APNEA SUPPORT GROUP
- MULTIPLE SCLEROSIS SUPPORT GROUP
- ALZHEIMER'S CAREGIVER SUPPORT GROUP
- VALLEY HEART CLUB
- SHARING HEARTS OF GRIFFIN HOSPITAL
- LOOK GOOD...FEEL BETTER
- ALL ABOUT BABY
- BABY & ME FOR SIBLINGS-TO-BE
- BABYSITTER TRAINING
- BREASTFEEDING FOR BEGINNERS
- EARLY PREGNANCY
- GRAND PARENTING 101
- LAMAZE REFRESHER
- PREPARED CHILDBIRTH
- TOT SAVER INFANT SAFETY & CPR
- WEIGHT-LOSS SURGERY SEMINARS
- MEDICATION MANAGEMENT PROGRAM
- PARKINSON'S SUPPORT GROUP
- SKILL TRAINING WORKSHOPS. REIKI, SOFT TOUCH, AND THERAPEUTIC TOUCH
- GRIFFIN HOSPITAL COMMUNITY HEALTH RESOURCE CENTER PROVIDES AN ARRAY OF

Part VI Supplemental Information

OUTREACH SERVICES IN THE COMMUNITY AND MAKES EXTENSIVE HEALTHCARE RESOURCES AVAILABLE TO THE PUBLIC ON THE MAIN CAMPUS. THE GRIFFIN HOSPITAL CHNA IS AVAILABLE FOR REVIEW AT THIS LOCATION IN THE HOSPITAL.

-HEALTHY U PROGRAM/MINI-MED SCHOOL. EDUCATIONAL OFFERINGS AT THE HOSPITAL AND COMMUNITY SITES INCLUDING: ANATOMY, PHYSIOLOGY, PRIMARY CARE, CARDIOLOGY, ENDOCRINOLOGY, ORTHOPEDICS, PULMONARY DISEASE, GASTROENTEROLOGY, NEPHROLOGY, NEUROLOGY, ONCOLOGY, HEMATOLOGY, OTOLARYNGOLOGY, OPHTHALMOLOGY, GYNECOLOGY, UROLOGY, RHEUMATOLOGY, DERMATOLOGY, AND GENERAL SURGERY. HEALTHY U PROGRAMS ARE FREE AND OPEN TO THE PUBLIC, AND FEATURE GRIFFIN HOSPITAL MEDICAL EXPERTS AND COMMUNITY PARTNERS WHO PROVIDE TRUSTED HEALTH INFORMATION AND ANSWERS TO QUESTIONS.

-YALE-GRIFFIN PREVENTION RESEARCH CENTER (PRC). ESTABLISHED IN 1998, THE YALE-GRIFFIN PRC IS COLLABORATION BETWEEN YALE UNIVERSITY AND GRIFFIN HOSPITAL. ONE OF ONLY 35 SUCH CENTERS ACROSS THE COUNTRY, GRIFFIN'S IS THE ONLY ONE BASED AT A HOSPITAL. FUNDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE NATIONAL INSTITUTES OF HEALTH, FOUNDATIONS, AND PRIVATE INDUSTRY, THE PRC'S RESEARCH PORTFOLIO IS DIVERSE, WITH THE EMPHASIS ON COMMUNITY-BASED ISSUES. ITS MANY AREAS OF FOCUS ARE NUTRITION, PREVENTIVE CARDIOLOGY, AND PHYSICAL ACTIVITY. IT ALSO CONDUCTS RESEARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM), CHRONIC DISEASE MANAGEMENT AND OBESITY PREVENTION. THE WORK OF THE PRC EXTENDS BEYOND THE GRIFFIN HOSPITAL SERVICE AREA TO INCLUDE PROGRAMS AND SERVICES IN BRIDGEPORT, NEW HAVEN AND HARTFORD, THE STATE'S 3 LARGEST CITIES.

-YALE-GRIFFIN PREVENTION RESEARCH CENTER COMMUNITY HEALTH PROFILE. THE YALE-GRIFFIN PRC PRODUCES A BI-ANNUAL COMMUNITY HEALTH PROFILE FOR THE SIX TOWN REGION SERVED BY GRIFFIN HOSPITAL.

-VALLEY COMMUNITY ASSESSMENT, RESEARCH & EDUCATION FOR SOLUTIONS (CARES). GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER SUPPORT A

Part VI Supplemental Information

COLLABORATIVE INITIATIVE "VALLEY CARES", A COMMUNITY ASSESSMENT AND PLANNING EFFORT SPONSORED BY THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS.

-YALE-GRIFFIN PRC NUTRITION PROGRAM DETECTIVES PROGRAM. PROGRAM TO ADDRESS THE INCIDENCE OF CHILDHOOD OBESITY.

-NUVAL NUTRITIONAL FOOD SCORING SYSTEM. INTRODUCED IN THE DERBY SHCOOL DISTRICT'S MIDDLE SCHOOL AND HIGH SCHOOL, SCHOOLS ON THE SAME CAMPUS WITH SIMILAR SNACKS AND MENUS. THE SCORING SYSTEM WILL BE APPLIED TO FOODS SERVED IN THE CAFETERIA AND VENDING MACHINES. THE GOAL IS TO INFORM STUDENTS ABOUT THE VARIATION IN NUTRITIONAL QUALITY AND THE RANGE OF SCORES WITHIN EACH FOOD CATEGORY TO GET THEM THINKING ABOUT THE POWER OF CHOICE, AND TO MAKE HEALTHIER FOOD CHOICES. THE PROJECT WILL BE EVALUATED BY ASSESSING CHANGES IN STUDENT'S ATTITUDES, KNOWLEDGE AND ABILITY TO MAKE POSITIVE CHOICES, ALONG WITH CHANGES IN FOOD PRODUCTS PURCHASED AT SCHOOL.

-SCHOOL-BASED HEALTH CENTER. GRIFFIN HOSPITAL PERSONNEL, THE ANSONIA BOARD OF EDUCATION, AND ANSONIA HIGH SCHOOL STAFF WORKED COLLABORATIVELY TO CREATE THE CHARGER HEALTH CLINIC TO PROVIDE COMPREHENSIVE PHYSICAL AND MENTAL HEALTH SERVICES TO THE SCHOOL'S STUDENTS.

-HEALTHY BEGINNINGS RETURN VISIT PROGRAM. GRIFFIN'S CHILDBIRTH CENTER NURSES ESTABLISHED A POST DISCHARGE FREE RETURN VISIT PROGRAM. PROBLEMS FROM LACTATION ISSUES, BLEEDING, JAUNDICE AND OTHERS ARE IDENTIFIED IN 20-30% OF MOTHERS AND BABIES, AND EDUCATION, CARE AND REFERRAL TO OTHER PRACTITIONERS OF SERVICES IS PROVIDED.

-GO GREEN INITIATIVE. GRIFFIN'S PATIENT CENTERED CARE COUNCIL IN 2009 UNDERTOOK A NUMBER OF INITIATIVES TO PROMOTE SOCIAL RESPONSIBILITY TO THE COMMUNITY.

-VOLUNTEER SERVICES DEPARTMENTS. WHILE GRIFFIN HOSPITAL'S VOLUNTEER FORCE OF 430 COMMUNITY RESIDENTS IS AN ESSENTIAL COMPONENT OF GRIFFIN'S

Part VI Supplemental Information

CAREGIVER TEAM, THIS PROGRAM ALSO PROVIDES A SOCIAL EXPERIENCE THAT THE VOLUNTEERS ENJOY AND FONDLY LOOK FORWARD TO.

-GRIFFIN HOSPITAL SENIOR MEALS CHOICE PROGRAM. IN PARTNERSHIP WITH TEAM, INC., THE COMMUNITY'S ANTI-POVERTY AGENCY, THE GRIFFIN HOSPITAL "SENIOR MEALS CHOICE" NUTRITION PROGRAM IS AVAILABLE TO INDIVIDUALS 60 YEARS OF AGE OR OLDER, OR THE SPOUSE OF AN ELIGIBLE INDIVIDUAL, REGARDLESS OF AGE.

-VITAHLS (THE VALLEY INITIATIVE TO ADVANCE HEALTH AND LEARNING IN SCHOOLS). MISSION IS TO DEVELOP, IMPLEMENT, EVALUATE AND SUSTAIN A COMPREHENSIVE VALLEY-WIDE SCHOOL-BASED CHILDHOOD AND ADOLESCENT OBESITY PREVENTION PROGRAM THAT FOCUSES ON NUTRITION AND PHYSICAL ACTIVITY TO REDUCE THE PREVALENCE OF OBESITY AND TO PROMOTE HEALTH AND ACADEMIC READINESS IN STUDENTS PRE-K TO GRADE 12.

-HIM (THE HEALTH INITIATIVE FOR MEN). LAUNCHED BY GRIFFIN HOSPITAL IN 2011 TO HELP INSPIRE MEN TO HAVE AN ANNUAL PHYSICAL AND RAISE AWARENESS ABOUT MEN'S HEALTH ISSUES, SUCH AS PROSTATE CANCER AND COLORECTAL CANCER.

-WOMEN AND HEART DISEASE PROGRAM

-WOMEN'S DAY OF HEALTH

-AARP DRIVER SAFETY PROGRAM

-FALL PREVENTIVE PROGRAM

-CLOTHES CLOSET FOR BARIATRIC PATIENTS

-CANCER BASICS 101: EVERYTHING YOU NEED TO KNOW

-PASTORAL CARE & EDUCATION DEPARTMENT. OFFERS EXTENDED UNITS OF CLINICAL PASTORAL EDUCATION (CPE) FOR AREA CLERGY, SEMINARIANS AND LAY PERSONS. THE CPE FOR HEALTHCARE PROGRAM WILL PROVIDE NURSES AND OTHER CLINICAL STAFF WITH CLINICAL AND CLASSROOM TRAINING ON HOW TO INCLUDE SPIRITUALITY INTO THE CARE THEY PROVIDE.

-JUNIOR ACHIEVEMENT (JA). 2 HOSPITAL MANAGEMENT MEMBERS PARTNERED WITH

Part VI Supplemental Information

DERBY HIGH SCHOOL TO BRING THE JA PROGRAM TO AN ENTERPRISE MARKETING CLASS
IN THE 2012-2013 SCHOOL YEAR.

PART VI, LINE 6: N/A

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

CT

PART VI, LINE 7:

STATE FILINGS OF COMMUNITY BENEFIT REPORT

AS PART OF THE ANNUAL REPORTING FILINGS GRIFFIN HOSPITAL SUBMITS THEIR
IRS FORM 990 - COMMUNITY BENEFIT REPORT TO CT STATE OFFICE OF THE
HEALTH CARE ADVOCATE.

[HTTP://WWW.CT.GOV/DPH/CWP/VIEW.ASP?A=3902&Q=538810](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=538810)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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 officers, directors, trustees, and 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	X								
	4b	X								
	4c	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	X								
	5b	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	X								
	6b	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) 2012

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	(i)	413,851.	72,961.	765.	43,935.	21,457.	552,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOBULER, KENNETH MD/BOARD MEMBER	(i)	232,023.	0.	0.	47,152.	0.	279,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCHWARTZ, KENNETH MD/BOARD MEMBER	(i)	171,712.	27,785.	765.	53,069.	14,865.	268,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STUMPO, BARBARA J. V.P./BOARD MEMBER	(i)	154,917.	24,321.	741.	26,666.	21,456.	228,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MOYLAN, JAMES J VICE PRESIDENT/CFO	(i)	48,808.	35,600.	164,422.	0.	0.	248,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) POWANDA, WILLIAM VICE PRESIDENT	(i)	167,181.	25,350.	226.	34,858.	14,911.	242,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BERNS, EDWARD VICE PRESIDENT	(i)	135,160.	22,274.	381.	35,265.	17,720.	210,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARTIN, KATHLEEN VICE PRESIDENT	(i)	131,983.	22,881.	388.	34,070.	17,720.	207,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEEGAN, MARGARET VICE PRESIDENT	(i)	182,837.	30,023.	765.	17,260.	21,456.	252,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHEPARD, SETH VICE PRESIDENT	(i)	164,706.	28,188.	751.	19,503.	1,980.	215,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FRAMPTON, SUSAN PRESIDENT/PLANETREE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	242,704.	40,537.	0.	28,994.	17,720.	329,955.	0.
(12) D'SOUSA, SEEMA MD	(i)	187,713.	17,119.	345.	7,379.	2,197.	214,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HALSTEAD, EDWARD MD	(i)	218,038.	0.	765.	53,826.	21,456.	294,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NAWAZ, HAQ MD	(i)	209,879.	66,741.	765.	13,244.	14,753.	305,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SALABARRIA, JAVIER MD	(i)	288,087.	0.	765.	8,320.	14,728.	311,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PAXTON, HEATHER MD	(i)	201,165.	0.	663.	0.	21,456.	223,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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	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								
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		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?		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. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CHEFA SERIES C

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION OF NEW CANCER CENTER & RENOVATION OF EMERGENCY DEPARTMENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

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 \$ 589,683. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,508,490.

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR ALL MEMBERS OF THE HOSPITAL BOARD, OFFICERS, DIRECTORS, AND KEY EMPLOYEES RECEIVE, SIGN, AND SUBMIT A CONFLICT OF INTEREST DISCLOSURE. THE DISCLOSURES ARE REVIEWED BY THE HOSPITAL BOARD AND DOCUMENTED IN THE MINUTES. ANY DISCLOSURE OF A

Name of the organization GRIFFIN HOSPITAL	Employer identification number 06-0647014
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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	-3,563,164.
MINIMUM PENSION LIABILITY ADJUSTMENT	14,637,527.
CHANGE IN NET ASSETS OF AFFILIATE	471,884.
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	438,379.
CHANGE IN BENEFICIAL INTEREST IN TRUSTS	20,849.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	1,803,353.
NET ASSETS RELEASED FROM RESTRICTION	110,583.
TOTAL TO FORM 990, PART XI, LINE 9	13,919,411.

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

Related Organizations and Unrelated Partnerships

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

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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)(B)	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)(1)	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.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GRIFFIN HEALTH SERVICES CORP	P	463,062.	ACTUAL CASH
(2) G.H. VENTURES, INC.	P	436,798.	ACTUAL CASH
(3) GRIFFIN HOSPITAL DEVELOPMENT FUND	S	500,000.	ACTUAL CASH
(4) PLANETREE, INC.	P	1,195,401.	ACTUAL CASH
(5) GRIFFIN HOSPITAL DEVELOPMENT FUND	P	589,211.	ACTUAL CASH
(6) GRIFFIN FACULTY PRACTICE PLAN	R	3,471,289.	ACTUAL CASH

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2012

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

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

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
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 GRIFFIN HOSPITAL Number, street, and room or suite no. If a P.O. box, see instructions. 130 DIVISION STREET City or town, state, and ZIP code DERBY, CT 06418	06-0647014 E Unrelated business activity codes (See instructions) 621500
C Book value of all assets at end of year 119856922.	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-subsidiary 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 11,564,239.			
b Less returns and allowances 8,285,289. c Balance ▶	1c 3,278,950.		
2 Cost of goods sold (Schedule A, line 7)	2 3,319,852.		
3 Gross profit. Subtract line 2 from line 1c	3 -40,902.		-40,902.
4 a Capital gain net income (attach 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 33,863.	STMT 1	33,863.
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 statement)	12		
13 Total. Combine lines 3 through 12	13 -7,039.		-7,039.

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	522,316.	
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach statement)	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 statement) SEE STATEMENT 2	28	430,713.	
29 Total deductions. Add lines 14 through 28	29	953,029.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-960,068.	
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	-960,068.	
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	-960,068.	

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations (35), Trusts taxable at trust rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2013 estimated tax (49).

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 4 columns: Line Number, Description, Amount, 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 (SASLOW LUFKIN & BUGGY, LLP), Firm's address (175 POWDER FOREST DRIVE, SIMSBURY, CT 06089), Firm's EIN (06-1533253), 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 statement)
(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 statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	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.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.		

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 statement)	4. Set-asides (attach statement)	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 STATEMENT 1

DESCRIPTION	AMOUNT
YANKEE ALLIANCE SUPPLY CHAIN SOLUTIONS, LLC	33,863.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	33,863.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
PURCHASE SERVICES	286,877.
PROFESSIONAL FEES	66,447.
LEASES	10,555.
GENERAL SUPPLIES & OTHER	33,975.
MEDICAL SUPPLIES	32,859.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	430,713.

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.
NOL CARRYOVER AVAILABLE THIS YEAR			11,511,881.	11,511,881.

