CONSOLIDATED FINANCIAL STATEMENTS AND CONSOLIDATING INFORMATION

SEPTEMBER 30, 2015 AND 2014

CONTENTS

Independent Auditors' Report	1-2
Consolidated Financial Statements	
Consolidated Balance Sheets	3-4
Consolidated Statements of Operations	
Consolidated Statements of Changes in Net Assets	
Consolidated Statements of Cash Flows	7-8
Notes to the Consolidated Financial Statements	9-46
Independent Auditors' Report on Accompanying Consolidating Information	47
Consolidating Information	
Consolidating Balance Sheets	48-53
Consolidating Statements of Operations	



INDEPENDENT AUDITORS' REPORT

To the Board of Trustees **Griffin Hospital**

We have audited the accompanying consolidated financial statements of Griffin Hospital and its Subsidiary (the Hospital), which comprise the consolidated balance sheet as of September 30, 2015, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting polices used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Griffin Hospital and its Subsidiary as of September 30, 2015, and the results of their operations and changes in net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The consolidated financial statements of Griffin Hospital and its Subsidary for the year ended September 30, 2014, were audited by other auditors whose report dated February 6, 2015, expressed an unmodified opinion on those consolidated financial statements.

Hartford, CT

February 2, 2016

Marcun LLP

CONSOLIDATED BALANCE SHEETS

SEPTEMBER 30, 2015 AND 2014

	2015			2014	
Assets					
Current Assets					
Cash and cash equivalents	\$	6,845,485	\$	7,743,894	
Investments		7,914,147		8,062,643	
Assets limited as to use		724,768		718,522	
Patient accounts receivable, less allowance for doubtful accounts of approximately					
\$4,773,000 and \$4,339,000, respectively		13,863,865		13,166,233	
Other current assets		4,802,369		5,215,469	
Total Current Assets		34,150,634		34,906,761	
Total Cultent Assets		31,130,031		31,700,701	
Assets Limited as to Use					
Board-designated investments		23,986		30,866	
Under indenture agreement		4,289,023		4,289,408	
Total Assets Limited as to Use		4,313,009		4,320,274	
Other Assets					
Long-term investments		1,233,522		1,274,463	
Property, plant and equipment, net		53,228,409		54,730,046	
Interest in net assets of affiliate		8,800,729		8,188,186	
Due from affiliates		6,348,704		6,230,012	
Beneficial interest in trusts		3,450,227		3,760,171	
Estimated third-party settlements				765,169	
Other long-term assets and		7.007.1 05		< 10 7 000	
insurance recoverable		5,335,406		6,137,382	
Total Other Assets		78,396,997		81,085,429	
Total Assets	\$	116,860,640	\$	120,312,464	

CONSOLIDATED BALANCE SHEETS (CONTINUED)

SEPTEMBER 30, 2015 AND 2014

	2015	2014
Liabilities and Net Deficit		
Current Liabilities		
Current portion of long-term debt and		
capital lease obligations	\$ 5,013,100	\$ 6,170,364
Accounts payable	16,475,015	16,322,401
Accrued expenses	9,143,833	9,255,798
Estimated third-party settlements	1,153,146	
Accrued interest payable	280,977	295,828
Accrued postretirement benefit liability	496,000	447,000
Deferred revenue	157,449	39,289
Due to affiliates	311,783	38,792
Total Current Liabilities	33,031,303	32,569,472
Other Liabilities		
Estimated third-party settlements	5,664,953	5,697,567
Professional and general liability loss reserves	3,172,632	4,048,289
Workers compensation loss reserves	1,827,843	2,178,810
Accrued pension liability	45,060,464	35,030,914
Accrued postretirement benefit liability,		
net of current portion	8,770,609	8,517,526
Conditional asset retirement obligation	104,600	109,412
Long-term debt, net of current portion	41,160,778	42,390,534
Interest rate swap agreements	7,643,841	6,436,499
Total Other Liabilities	113,405,720	104,409,551
Total Liabilities	146,437,023	136,979,023
Net Deficit		
Unrestricted operating net assets	16,891,260	17,997,763
Cumulative unrecognized pension charges	(56,145,702)	(44,104,298)
Total unrestricted	(39,254,442)	(26,106,535)
Temporarily restricted net assets	4,067,571	3,519,544
Permanently restricted net assets	5,610,488	5,920,432
Total Net Deficit	(29,576,383)	(16,666,559)
Total Liabilities and Net Deficit	\$ 116,860,640	\$ 120,312,464

The accompanying notes are an integral part of these consolidated financial statements.

CONSOLIDATED STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
Operating Revenues		
Net patient service revenue	\$ 153,616,747	\$ 141,890,715
Provision for doubtful accounts, net of recoveries	(1,951,079)	(1,107,461)
Net patient service revenue less		
provision for doubtful accounts	151,665,668	140,783,254
State supplemental revenue	1,899,613	4,711,208
Other operating revenues	3,589,047	3,769,748
Total Operating Revenues	157,154,328	149,264,210
Operating Expenses		
Employee compensation and related expenses	89,545,101	79,777,259
Supplies and other expenses	52,602,047	50,402,324
State hospital tax expense	6,283,833	5,423,892
Depreciation and amortization	4,682,072	5,920,339
Interest	2,123,883	3,531,142
Total Operating Expenses	155,236,936	145,054,956
Income from Operations	1,917,392	4,209,254
Nonoperating Gains (Losses)		
Investment income	180,955	750,312
Net realized and unrealized losses on interest		
rate swaps	(2,480,754)	(1,723,375)
Grant revenues	1,942,304	1,883,920
Grant expenses	(2,039,194)	(1,969,857)
Total Nonoperating Losses	(2,396,689)	(1,059,000)
(Deficiency) Excess of Revenues Over Expenses	(479,297)	3,150,254
Other Changes in Unrestricted Net Assets		
Change in interest in net assets of affiliate	23,586	428,439
Transfers to affiliates	(650,792)	(1,453,005)
Pension and other postretirement related		
charges other than net periodic benefit cost	(12,041,404)	(6,052,464)
Decrease in Unrestricted Net Assets	\$ (13,147,907)	\$ (3,926,776)

The accompanying notes are an integral part of these consolidated financial statements.

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
	2013	2014
Unrestricted Net Assets		
(Deficiency) excess of revenues over expenses	\$ (479,297)	\$ 3,150,254
Change in interest in net assets of affiliate	23,586	428,439
Transfers to affiliates	(650,792)	(1,453,005)
Pension and other postretirement related		
charges other than net periodic benefit cost	(12,041,404)	(6,052,464)
Decrease in Unrestricted Net Assets	(13,147,907)	(3,926,776)
Temporarily Restricted Net Assets		
Change in interest in net assets of affiliate	588,957	790,300
Investment income	30,858	32,751
Unrealized (loss) gain on investments	(71,788)	40,437
Net assets released from restrictions		
used for operations		14,675
Increase in Temporarily Restricted Net Assets	548,027	878,163
Permanently Restricted Net Assets		
Change in beneficial interest in trusts	(309,944)	89,229
(Decrease) Increase in		
Permanently Restricted Net Assets	(309,944)	89,229
Decrease in Net Assets	(12,909,824)	(2,959,384)
Net Deficit - Beginning	(16,666,559)	(13,707,175)
Net Deficit - End	\$ (29,576,383)	\$ (16,666,559)

CONSOLIDATED STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015		2014
Cash Flows from Operating Activities			
Change in net assets	\$ (12,909,824)	\$	(2,959,384)
Adjustments to reconcile change in net assets			
to net cash provided by operating activities:			
Non-cash correction of an error			1,157,727
Pension and other postretirement changes			
other than net periodic benefit cost	12,041,404		6,052,464
Depreciation and amortization	4,818,832		5,853,483
Change in unrealized and realized gains			
and losses on investments	(434,592)		317,703
Change in beneficial interest in trusts	309,944		(89,229)
Change in fair value of interest rate swap	1,207,342		414,492
Provision for doubtful accounts, net of recoveries	1,951,079		1,107,461
Transfers to affiliates	650,792		1,453,005
Change in interest in net assets of affiliate	(612,543)		(1,218,739)
Changes in assets and liabilities:			
Patient accounts receivable	(2,648,711)		469,880
Other current and long-term assets	1,006,980		154,025
Due from affiliates, net	154,299		(2,545,591)
Accounts payable, accrued expenses and other	(696,580)		(2,702,486)
Estimated third-party settlements	1,885,701		1,988,400
Deferred revenue	118,160		(155,641)
Accrued pension and postretirement benefit liabilities	(1,709,771)		(692,240)
Net Cash Provided by Operating Activities	5,132,512	_	8,605,330
Cash Flows from Investing Activities			
Purchases of property, plant and equipment, net	(3,689,493)		(2,938,172)
Purchases of investments	(6,889,072)		(9,786,114)
Proceeds from sales and maturities of investments	7,514,120		10,362,623
Transfers to affiliates	(650,792)		(1,453,005)
Net Cash Used in Investing Activities	(3,715,237)		(3,814,668)

The accompanying notes are an integral part of these consolidated financial statements.

CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
Cash Flows from Financing Activities Proceeds from borrowing Principal payments on debt Principal payments on capital lease obligations	\$ 1,820,000 (2,549,420) (1,586,264)	\$ 735,000 (2,040,000) (1,050,879)
Net Cash Used in Financing Activities	(2,315,684)	(2,355,879)
Net (Decrease) Increase in Cash and Cash Equivalents	(898,409)	2,434,783
Cash and Cash Equivalents - Beginning	7,743,894	5,309,111
Cash and Cash Equivalents - End	\$ 6,845,485	\$ 7,743,894
Supplemental Cash Flow Information Cash paid during the year:		
Interest	\$ 3,412,146	\$ 3,721,727
Supplemental Disclosure of Noncash Financing Activities Property, plant and equipment included in		
accounts payable and accrued expenses	\$ 991,283	\$ 1,765,016

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION

ORGANIZATION

The Griffin Hospital (the Hospital) is a licensed 160-bed acute care hospital located in Derby, Connecticut and is part of an affiliated group which consists of its parent corporation, Griffin Health Services Corporation (GHSC), including Griffin Pharmacy and Gifts (GP&G), and certain other affiliates, primarily the Griffin Hospital Development Fund (GHDF), the fund-raising organization for GHSC and the other tax-exempt subsidiaries; G.H. Ventures, Inc. (GHV), a for profit organization currently managing medical office buildings; Planetree, Inc. (Planetree), a not-for-profit entity assisting hospitals and other health care facilities in the development and implementation of a patient centered model of care; the Griffin Faculty Practice Plan, Inc. (GFP), a not-for-profit entity incorporated for the purpose of providing medical services and to charge for services performed by physicians as supervisors of interns, and Healthcare Alliance Insurance Company, Ltd. (HAIC), a for profit off-shore captive insurance company.

During the preparation of the September 30, 2014 financial statements, the Hospital identified two prior period errors in accounting. The first is for a capital equipment lease the Hospital entered into in Fiscal 2010 where the lease obligation amount capitalized was not correctly amortized. The second is the purchase of a perpetual software license entered into in Fiscal 2012 where the amounts capitalized were not correct. The Hospital has corrected the errors by charging \$123,744 to depreciation expense and \$1,104,486 to interest expense in the year ended September 30, 2014 financial statements. The Hospital also increased its capital lease obligation and accrued liabilities by \$1,489,468 and its property, plant and equipment balance by \$261,238. Correction of the errors had the effect of decreasing net assets as of October 1, 2013 by \$1,228,230. The Hospital has evaluated the errors and does not believe the amounts are material to any of the periods impacted.

PRINCIPLES OF CONSOLIDATION

The consolidated financial statements include the accounts of the Hospital and its wholly owned subsidiary, GFP. All significant intercompany accounts and transactions are eliminated in consolidation.

BASIS OF PRESENTATION

The consolidated financial statements have been prepared on the accrual basis of accounting.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

BASIS OF PRESENTATION (CONTINUED)

Resources are reported for accounting purposes in separate classes of net assets based on the existence or absence of donor-imposed restrictions. In the accompanying financial statements, net assets have been reported as follows:

Permanently Restricted

Net assets subject to explicit donor-imposed stipulations that they be maintained by the Hospital in perpetuity are classified as permanently restricted. Generally, the donors of these assets permit the Hospital to use all or part of the investment return on these assets for operating purposes.

Temporarily Restricted

Net assets whose use by the Hospital is subject to explicit donor-imposed stipulations that can be fulfilled upon incurrence of expenses by the Hospital pursuant to those stipulations or that expire by the passage of time are classified as temporarily restricted.

Unrestricted

Net assets that are not subject to explicit donor-imposed stipulations are classified as unrestricted. Unrestricted net assets may be designated for specific purposes by action of the Board of Trustees or may otherwise be limited by contractual agreements with outside parties.

Revenues from sources other than contributions are reported in unrestricted net assets. Contributions are reported as increases in the applicable category of net assets, consistent with donor designation. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets, unless their use is restricted by explicit donor stipulations or by law. Expirations of temporary restrictions on net assets, that is, the donor-imposed stipulated purpose has been accomplished and/or stipulated time period has elapsed, are reported as reclassifications between the applicable classes of net assets.

Grant revenues and expenses relating to the Hospital's operations are included within operating revenues and expenses. Grant revenues and expenses relating to research are included within nonoperating gains and losses.

Contributions, including unconditional promises to give, are recognized as increases in net assets at the date the gift or promise is received. Contributions of assets other than cash are recorded at their estimated fair value. Contributions to be received after one year are discounted at a rate commensurate with the risks involved. Amortization of the discount is recorded as additional contribution revenue in accordance with the donor-imposed stipulations, if any, on the contributions.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

BASIS OF PRESENTATION (CONTINUED)

Contributions restricted for the acquisition of land, buildings and equipment are reported as temporarily restricted support. These contributions are reclassified to unrestricted net assets when the capital asset is acquired or placed in service.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The Hospital's and GFP's significant estimates include the allowances for patient accounts receivable, contractual allowances and estimated final settlements due to or from third party payors, professional and general liability loss reserves and pension assumptions.

CASH AND CASH EQUIVALENTS

Cash and cash equivalents include investments in highly liquid instruments with a maturity of three months or less when purchased, excluding amounts whose use is limited by the Board of Trustees or other restrictive arrangements.

The majority of the Hospital's banking activity, including cash and cash equivalents, is maintained with a regional bank and exceeds federal insurance limits. It is the Hospital's policy to monitor the bank's financial strength on an ongoing basis. At September 30, 2015, there was approximately \$7,223,270 of uninsured deposits.

BENEFICIAL INTEREST IN TRUSTS

The fair value of contributions received from perpetual trust assets held by third parties is measured at the Hospital's proportionate share of the fair value of the trust's assets at the time the Hospital is notified of the trust's existence and periodically adjusted for changes in value. Distributions received by the Hospital may be restricted by the donor. These assets are classified as permanently restricted net assets.

INVENTORIES

Inventories, which are included in other current assets, are stated at the lower of cost, using the first-in, first-out method, or market.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

RECLASSIFICATIONS

Certain prior year amounts were reclassified to conform to the current year's presentation.

FAIR VALUE MEASUREMENTS

Fair value standards define fair value and establish a framework for measuring fair value. The framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this principle are as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital and GFP have the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

FAIR VALUE MEASUREMENTS (CONTINUED)

The fair values of Level 1 securities were determined through quoted market prices, while fair values of Level 2 securities were determined primarily through prices obtained from third party pricing sources, where quoted market prices for such securities are not available. The fair values of Level 3 assets were determined primarily through information obtained from the relevant counterparties for such assets, as information on which these fair values are based is generally not readily available in the market.

The fair value of the interest rate swap liability was determined based on an estimate of the net present value of the expected cash flows using relevant mid-market data inputs and based on the assumption of no unusual market conditions or forced liquidation.

INVESTMENTS AND INVESTMENT INCOME

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value at the balance sheet date. Investments of donor restricted funds are classified as long-term investments. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the (deficiency) excess of revenues over expenses unless the income or loss is restricted by donor or law.

ASSETS LIMITED AS TO USE

Assets limited as to use include assets set aside by the Board of Trustees in a depreciation fund for future capital improvements, for postretirement benefit obligations and assets held by a trustee under an indenture agreement.

PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment are recorded at cost or in the case of donated property at the fair value at the date of gift. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method with one-half year of depreciation expense recorded in the year of acquisition. Uniform useful lives assigned to assets are based upon the American Hospital Association estimated useful lives of depreciable hospital assets guidelines and range from 3 to 40 years. Maintenance and repairs are charged to expense as incurred, and betterments and major renewals are capitalized. Upon sale or disposal of property, plant or equipment, the cost and accumulated depreciation are removed from the respective accounts, and any gain or loss is included in operations. Equipment under capital leases is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization expense. Interest cost incurred on borrowed funds during the construction period of capital assets is capitalized as a component of the cost of acquiring those assets.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used, and are excluded from the deficiency of revenues over expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

IMPAIRMENT OF LONG-LIVED ASSETS

The Hospital records impairment losses on long-lived assets used in operations when events and circumstances indicate that the assets might be impaired and the undiscounted cash flows estimated to be generated by those assets are less than the carrying amounts of those assets. There were no impairment losses recorded in 2015 and 2014.

ASSET RETIREMENT OBLIGATION

The Hospital accrues for asset retirement obligations, primarily asbestos related removal costs, in the period in which they are incurred if sufficient information is available to reasonably estimate the obligation. Over time, the liability is accreted to its settlement value. Upon settlement of the liability, the Hospital will recognize a gain or loss for any difference between the settlement amount and the liability recorded. There are no assets that are legally restricted for purposes of settling asset retirement obligations.

INTEREST IN NET ASSETS OF AFFILIATE

Interest in net assets of affiliate represents the Hospital's interest in the net assets of GHDF.

COST OF BORROWING

Issuance costs and premiums related to the Hospital's bonds are being amortized/accreted using the effective interest method over the life of the debt. Net amortization expense, which is included in interest expense, was \$136,760 and \$123,064 for 2015 and 2014, respectively.

The discount from face value at which debt has been issued is reflected as a reduction of the carrying value of such debt. The premium from face value at which debt has been issued is reflected as an addition to the carrying value of such debt. Discounts and premiums are amortized or accreted over the life of the debt, using the effective interest method.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

PROFESSIONAL AND GENERAL LIABILITY LOSS RESERVES

The liability for claims is determined by management based on data processed by independent loss adjusters. The liability for adverse claims development and the liability for claims incurred but not reported are determined by management based on actuarial studies of related data prepared by independent actuaries.

Due to the nature of the underlying insurance risks and the general uncertainty surrounding medical malpractice claims settlement, the liability for losses is an estimate and could vary significantly from the amount ultimately paid. However, the liability for losses reflects the best estimate of ultimate loss based on historical experience and actuarial projections.

Included in the 2015 and 2014 balance sheets is an increase in assets and liabilities attributed to the recognition of both an accrued liability and a receivable relative to claim exposure in excess of the excess liability coverage.

(DEFICIENCY) EXCESS OF REVENUES OVER EXPENSES

The statements of operations include a (deficiency) excess of revenues over expenses. Changes in unrestricted net assets which are excluded from the (deficiency) excess of revenues over expenses, consistent with industry practice, include changes in interest in net assets of affiliate, transfers of assets to and from affiliates for other than goods and services, and pension and other postretirement related changes other than net periodic benefit cost.

NEW ACCOUNTING PRONOUNCEMENT

Accounting Standards Update (ASU) No. 2013-06, Services Received from Personnel of an Affiliate (for which the affiliate does not seek compensation), addresses how a receiving nonprofit organization should recognize and measure the receipt of services from personnel of an affiliate when the affiliate does not charge for reimbursement of its costs for these services. A recipient nonprofit organization is required to measure services received from personnel of an affiliate at the cost recognized by the affiliate for the personnel providing those services and if the cost amount for the services received significantly differs from the value received, the recipient nonprofit organization can elect to measure those personnel services received at fair value.

The Hospital adopted the provisions of ASU 2013-06 during the year ended September 30, 2015. The adoption of this guidance did not have a material impact on the Hospital's consolidated financial statements for the year ended September 30, 2015.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

NET PATIENT SERVICE REVENUE

The Hospital and GFP have agreements with third-party payors that provide for payments at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments, fee schedule payments and capitated fees. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors due to future audits, reviews and investigations.

Contractual allowance adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews or investigations. Contracts, loans and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates may change by a material amount in the future. During 2015 and 2014, the Hospital recorded several adjustments for amounts recognized related to prior years, including adjustments to prior year estimates. The net effect of such adjustments was a decrease in net patient service revenue of approximately \$221,000 and \$1,034,000 in fiscal years 2015 and 2014, respectively.

ALLOWANCE FOR DOUBTFUL ACCOUNTS

The Hospital's estimation of the allowance for doubtful accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as the charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances, the effectiveness of the Hospital's reserve policies and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following:

- Revenue and volume trends by payor, particularly the self-pay components;
- Changes in the aging and payor mix of accounts receivable, including increased focus
 on accounts due from the uninsured and accounts that represent co-payments and
 deductibles due from patients;
- Various allowance coverage statistics.

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for doubtful accounts.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

MEASURING CHARITY CARE

The Hospital provides care to patients who meet certain criteria under its free care policy without charge or at amounts less than its 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.

A patient is classified as a charity patient by reference to the established policies of the Hospital. Essentially, these policies define charity services as those services for which no payment is possible. In assessing a patient's inability to pay, the Hospital utilizes the generally recognized Federal poverty income levels, but also includes certain cases where incurred charges are significant when compared to incomes and assets.

Self-pay revenues are derived primarily from patients who do not have any form of health care coverage. The Hospital evaluates these patients, after the patient's medical condition is determined to be stable, for their ability to pay based upon federal and state poverty guidelines, qualifications for Medicaid or other governmental assistance programs, as well as the Hospital's policy for charity care. For the years ended September 30, 2015 and 2014, the Hospital estimates that its costs of care provided under its charity care programs approximated \$822,647 and \$1,020,814, respectively.

The Hospital's management estimates its costs of care provided under its charity care programs utilizing a calculated ratio of costs to gross charges multiplied by the Hospital's gross charity care charges provided. The Hospital's gross charity care charges include only services provided to patients who are unable to pay and qualify under the Hospital's charity care policy. To the extent the Hospital receives reimbursement through the various governmental assistance programs in which it participates to subsidize its care of indigent patients, the Hospital does not include these patients' charges in its cost of care provided under its charity care program. Additionally, the Hospital does not report a charity care patient's charges in revenues or in the provision for doubtful accounts as it is the Hospital's policy not to pursue collection of amounts related to these patients.

INCOME TAXES

The Hospital and GFP are not-for-profit organizations, exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Hospital and GFP account for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

INCOME TAXES (CONTINUED)

Management has analyzed the tax positions taken and has concluded that as of September 30, 2015, there are no uncertain tax positions taken or expected to be taken in that would require recognition of a liability (or asset) or disclosure in the financial statements. The Hospital and GFP are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Hospital and GFP are no longer subject to income tax examinations prior to 2012.

SUBSEQUENT EVENTS

Management has evaluated subsequent events for the period after September 30, 2015 through February 2, 2016, the date the accompanying consolidated financial statements were available to be issued.

NOTE 2 – NET PATIENT SERVICE REVENUE

Net patient service revenue for the years ended September 30, 2015 and 2014 is comprised as follows:

		2015			2014	
	Hospital	GFP	Total	Hospital	GFP	Total
Patient service charges Contractual allowances	\$ 508,687,133 (363,953,668)	\$ 23,873,610 (14,990,328)	\$ 532,560,743 (378,943,996)	\$ 479,133,995 (342,181,446)	\$ 10,671,121 (5,732,955)	\$ 489,805,116 (347,914,401)
Patient service revenue less contractuals	144,733,465	8,883,282	153,616,747	136,952,549	4,938,166	141,890,715
Provision for doubtful accounts, net of recoveries	(1,784,106)	(166,973)	(1,951,079)	(1,054,556)	(52,905)	(1,107,461)
Net patient service revenue	\$ 142,949,359	\$ 8,716,309	\$ 151,665,668	\$ 135,897,993	\$ 4,885,261	\$ 140,783,254

The Hospital and GFP have agreements with the Federal Medicare Program (Medicare), the State of Connecticut (State) Medicaid Program (Medicaid), and certain indemnity and managed care programs that determine payments for services rendered to patients covered by these programs.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – NET PATIENT SERVICE REVENUE (CONTINUED)

A summary of the payment arrangements with major third-party payors is as follows:

Medicare

The Hospital is reimbursed for services rendered to nonpsychiatric inpatients under the prospective payment system (PPS), under which payments are based on standard national and regional amounts depending on patient diagnosis (Diagnosis Related Group or DRG) and without regard to the Hospital's actual costs. PPS permits additional payments, within specified limitations, to be made for atypical cases (outliers) and graduate medical education. Inpatient psychiatric services are also paid under a prospective per diem payment system established by Medicare.

The Hospital is reimbursed for most outpatient services under a prospective payment methodology based on ambulatory payment classifications (APC) which are paid on standard national and regional amounts for procedures rendered to the patients and without regard to the Hospital's actual costs. The remaining outpatient services (e.g., routine clinical lab, physical therapy) are reimbursed on a fee schedule.

The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. The estimated amounts due to or from the program are reviewed and adjusted annually based on the status of such audits and any subsequent appeals. Differences between final settlements and amounts accrued in previous years are reported as adjustments to net patient service revenue in the year the examination is substantially complete. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2012.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries admitted prior to January 1, 2015, except for those beneficiaries in the State's Aid to Families with Dependent Children (AFDC) population, were reimbursed under a cost reimbursement methodology. The Hospital was reimbursed a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the State. For inpatients admitted on or after January 1, 2015, the Hospital was reimbursed under an All Patient Refined Diagnosis Related Group System (APR-DRG) where payments were established prospectively. Outpatient services are reimbursed at predetermined fee schedules or based on a percentage of charges.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – NET PATIENT SERVICE REVENUE (CONTINUED)

Other Payors

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined per diem rates, fee schedule payments and capitated fees.

Future Reimbursement

Current trends in the health care industry include mergers and other forms of affiliations among providers, increasing shifts to managed care, an overall reduction in inpatient average length of stay, increasingly restrictive reimbursement policies by governmental and private payors, and the prospect of significant changes in legislation at the State and national level. The Hospital cannot assess or project the ultimate effect of these or other items that may have an impact on the future operations of the Hospital.

NOTE 3 – INVESTMENTS

INVESTMENTS

Investments, at fair value, at September 30 include:

		2015			2014			
	Cost		Fair Value			Cost	I	Fair Value
Fixed income securities Marketable equity securities	\$	4,076,671 5,144,625	\$	3,791,406 5,356,263	\$	4,376,782 4,464,530	\$	4,284,319 5,052,787
	\$	9,221,296	\$	9,147,669	\$	8,841,312	\$	9,337,106

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 3 – INVESTMENTS (CONTINUED)

ASSETS LIMITED AS TO USE

	2015			2014				
		Cost]	Fair Value	Cost		I	Fair Value
Board-designated For capital acquisition Cash and cash equivalents		59	\$	59	\$	59	\$	59
For postretirement benefits Cash and cash equivalents		23,927		23,927		30,807		30,807
		23,986		23,986		30,866		30,866
Held by trustee under indenture agreement								
U.S. Treasury obligations Accrued interest receivable		5,013,750 41		5,013,750 41		5,007,632 598		5,007,332 598
Less current portion		5,013,791 (724,768)		5,013,791 (724,768)		5,008,230 (718,522)		5,007,930 (718,522)
		4,289,023		4,289,023		4,289,708		4,289,408
	\$	4,313,009	\$	4,313,009	\$	4,320,574	\$	4,320,274

Investment income and unrealized gains and losses for assets limited as to use, cash equivalents and other investments are comprised of the following for 2015 and 2014:

	2015	2014	
Income Interest and dividend income	\$ 615,547	\$	432,609
Net realized gains Changes in unrealized (losses)	60,127		54,533
gains on investments	 (494,719)		263,170
	\$ 180,955	\$	750,312

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 3 – INVESTMENTS (CONTINUED)

FAIR VALUE

The following table represents the Hospital's financial assets and liabilities by fair value hierarchy at September 30, 2015:

		Fair Value M	l easurements	
	Quoted Prices	Significant		_
	in Active	Other	Significant	
	Markets for	Observable	Unobservable	
	Identical Assets	Inputs	Inputs	
	(Level 1)	(Level 2)	(Level 3)	Fair Value
Investments				
Fixed income securities	\$ 3,791,406	\$	\$	\$ 3,791,406
Marketable equity securities	5,356,263			5,356,263
Total investments	9,147,669			9,147,669
Beneficial interest in trusts			3,450,227	3,450,227
Total assets at fair value	\$ 9,147,669	<u> </u>	\$ 3,450,227	\$ 12,597,896
Liabilities Interest rate swap liability	\$	\$ 7,643,841	\$	\$ 7,643,841
Total liabilities at fair value	\$	\$ 7,643,841	\$	\$ 7,643,841

The following table sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the year ended September 30, 2015:

Balance at September 30, 2014	\$ 3,760,171
Change in unrealized value of interest in trusts	 (309,944)
Balance at September 30, 2015	\$ 3,450,227

There were no transfers between levels during 2015 or 2014.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 3 – INVESTMENTS (CONTINUED)

FAIR VALUE (CONTINUED)

The following table represents the Hospital's financial assets and liabilities by fair value hierarchy at September 30, 2014:

	Fair Value Measurements			
	Quoted Pric	es Significat	nt	_
	in Active	Other	Significant	
	Markets fo	r Observab	le Unobservable	
	Identical Ass	ets Inputs	Inputs	
	(Level 1)	(Level 2	(Level 3)	Fair Value
Investments				
Fixed income	\$ 4,284,3	19 \$	\$	\$ 4,284,319
Equity securities	5,052,78	<u> </u>	<u></u>	5,052,787
Total investments	9,337,10	06		9,337,106
Beneficial interest in trusts		<u></u>	3,760,171	3,760,171
Total assets at fair value	\$ 9,337,10	<u>\$</u>	\$ 3,760,171	\$ 13,097,277
Liabilities Interest rate swap liability	\$	\$ 6,436,4	499 \$	\$ 6,436,499
Total liabilities at fair value	\$	\$ 6,436,4	499 \$	\$ 6,436,499

The following table sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the year ended September 30, 2014:

Balance at September 30, 2013	\$	3,670,942
Change in unrealized value of interest in trusts		89,229
	Ф	2.760.171
Balance at September 30, 2014	\$	3,760,171

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 4 – PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment and accumulated depreciation as of September 30, 2015 and 2014 are summarized as follows:

	2015	2014
Land and improvements	\$ 5,159,808	\$ 5,107,308
Buildings and improvements	73,899,137	72,989,015
Fixed and movable equipment	75,185,308	76,035,914
Less accumulated amortization and depreciation	154,244,253 (102,293,531)	154,132,237 (99,579,746)
	51,950,722	54,552,491
Construction-in-progress	1,277,687	177,555
	\$ 53,228,409	\$ 54,730,046

Depreciation expense was \$4,682,072 and \$5,084,355 for 2015 and 2014, respectively.

Included in property, plant and equipment as of September 30, 2014 were capital lease assets for major movable equipment with a cost of \$9,344,268. Accumulated amortization on the capital lease assets was \$6,576,125 as of September 30, 2014. There are no capital lease assets in property, plant and equipment at September 30, 2015 as the capital lease was refinanced with a loan in 2015.

Amortization expense on capital the lease assets was \$835,984 for the year ended September 30, 2014.

NOTE 5 – INSURANCE LIABILITY LOSS RESERVES

HAIC insures the professional and general liabilities of the Hospital under a claims-made policy with a retroactive date of October 1, 1986. There are known claims and incidents that may result in the assertion of additional claims as well as claims from unknown incidents that may be asserted arising from services provided to patients. The Hospital has utilized independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued malpractice reserves for professional and general liability, have been discounted at 3.00% and 3.25% at September 30, 2015 and 2014, respectively. In management's opinion, these reserves provide an adequate reserve for losses. The Hospital has purchased excess insurance coverage to cover claims in excess of \$1,500,000 and \$4,500,000 in the aggregate. An independent actuary has been utilized to estimate the ultimate cost of claims incurred contingencies.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 5 – INSURANCE LIABILITY LOSS RESERVES (CONTINUED)

Effective January 1, 2003, the Hospital began retaining the first \$250,000 of all loss and allocated loss adjustment expense per accident for its workers compensation exposure. Excess coverage above \$250,000 per accident was purchased. Beginning January 1, 2007, the per occurrence retention was increased to \$300,000. Annual aggregate coverage was also purchased which provides \$1 million of coverage above a maximum limit of retained losses within the per occurrence retention. Beginning October 1, 2010, the per occurrence retention was increased to \$400,000 and the annual aggregate coverage was discontinued. As of October 1, 2014 the per occurrence retention was increased to \$450,000. The workers' compensation reserves have been discounted at 2.5% at September 30, 2015 and 2014 and in management's opinion provide an adequate reserve for loss contingencies.

The Hospital also has recorded self-insurance reserves for its employee health plan, for the deductible portion of workers' compensation indemnity losses from January 1, 1999 and prior, and for the medical cost component of its workers' compensation losses prior to January 1, 2003, subject to certain umbrella and stop-loss coverage limits. The Hospital accrues its best estimate of its retained liability for occurrences through each balance sheet date.

Effective March 28, 2013, the Hospital entered into a novation agreement with American Insurance Group Inc., where it legally transferred all exposure relating to primary layer professional liability and physicians professional liability policies issued to the Hospital in the years 2006/07, 2007/08, 2009/10, 2010/11 and 2011/12, by making a onetime premium payment of \$7,400,000. The loss portfolio transfer effectively transfers the liabilities and subsequent adverse claim development risk to a third-party insurer.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 6 – LONG-TERM DEBT

Long-term debt consists of the following at September 30, 2015 and 2014:

		2015	2014
State of Connecticut Health and Educational Facilities Authority			
Series B	\$	13,390,000	\$ 14,725,000
Series C		20,450,000	21,025,000
Series D		9,900,000	10,125,000
Loans payable		2,140,557	735,000
Premium and discount on bonds, net of accumulated accretion and amortization of			
\$548,706 and \$477,391, respectively		293,321	 364,634
		46,173,878	46,974,634
Less current portion		(5,013,100)	 (4,584,100)
	<u>\$</u>	41,160,778	\$ 42,390,534

The State of Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, The Griffin Hospital Issue, Series B, totaling \$24,800,000 were issued in February 2005. The Series B bonds bear interest at rates ranging from 2.4% to 5.0%. Interest is due semi-annually on January 1 and July 1. A bond premium of \$969,815 and bond issuance costs of \$1,196,512 are being amortized over the life of the bond using the effective interest rate method. The Series B bonds are insured by Radian Asset Guaranty Corporation. The bonds are payable annually each July 1 through July 1, 2023. The Series B bonds are subject to redemption prior to maturity. The estimated fair value of the Series B bonds was approximately \$13,426,000 and \$14,841,000 at September 30, 2015 and 2014, respectively.

In May 2007, CHEFA issued \$23,125,000 revenue bonds, The Griffin Hospital Issue, Series C and \$10,925,000 variable rate revenue bonds, The Griffin Hospital Issue, Series D.

In May 2008, the Hospital refunded The Griffin Hospital Issue 2007 Series C and The Griffin Hospital Issue 2007 Series D bonds, which were initially issued as auction rate bonds, and issued \$23,125,000 Griffin Hospital Issue 2008 Series C Variable Rate Demand bonds and \$10,925,000 Griffin Hospital Issue 2008 Series D Variable Rate Demand Bonds (together referred to as Series 2008 Bonds). The Series 2008 Bonds are insured by Radian Asset Guaranty Corporation. The interest rate on the Series 2008 Bonds was .02% as of September 30, 2015.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 6 – LONG-TERM DEBT (CONTINUED)

The estimated fair value of the Series C and Series D bonds was approximately \$20,450,000 and \$9,900,000 at September 30, 2015, respectively, and \$21,025,000 and \$10,125,000 September 30, 2014, respectively.

In order to provide liquidity for the Series 2008 Bonds, the Hospital has a standby letter of credit with Wells Fargo Bank N.A. for \$34,050,000 which expires in May 2017. Should the Series 2008 Bonds be put back, and the standby letter of credit be called, the Hospital would be required to repay the principal ratably over a 5-year period, beginning 180 days following the put.

Under the terms of the CHEFA bonds, the Obligated Group (the Hospital, GHSC and GHDF) are required to maintain 50 days operating cash on hand, an average payment period days of less than 110 days and a debt service coverage ratio of 1.2 to 1. Additionally, the Obligated Group is required to maintain a capitalization ratio excluding any realized or unrealized gains or losses on the interest rate swap instrument of less than .65.

The CHEFA bonds are collateralized by the gross receipts of the Obligated Group and certain real property of the Hospital.

In August 2014, the Hospital entered into a loan in the amount of \$735,000 to finance certain diagnostic equipment. The loan is for five years at a rate of 4.5% payable monthly in a fixed amount of \$13,703 per month.

In December 2014, the Hospital entered into a loan in the amount of \$1,820,000 to retire a capital lease obligation related to an air handler. The loan is for five years at a rate of 4.5% payable monthly in a fixed amount of \$41,550 per month.

Aggregate scheduled principal payments on all long-term debt are as follows:

2016	\$ 2,803,100
2017	2,949,528
2018	3,107,623
2019	2,900,306
2020	2,705,000
Thereafter	31,415,000

\$ 45,880,557

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 6 – LONG-TERM DEBT (CONTINUED)

To the extent the Hospital is unable to remarket the Series 2008 bonds, the Hospital would be obligated to repurchase these bonds from the proceeds of the Hospital's standby letter of credit. The previous debt maturities table reflects the payment of principal on these bonds according to their scheduled maturity dates. If the Series 2008 bonds were fully tendered by the bondholders to the Hospital as of September 30, 2015, the table of annual principal payments would become:

2016	\$ 5,013,100)
2017	8,144,528	3
2018	8,252,623	3
2019	8,020,300	5
2020	7,775,000)
Thereafter	8,675,000)
	\$ 45,880,55	7

Under the terms of the bond agreements, the Hospital is required to maintain certain funds with a trustee for specified purposes and time periods. Required payments to the trustee are made by the Hospital in amounts sufficient to provide for the payment of principal, interest and sinking fund installments as they become due, and certain other payments. Assets held by the trustee pursuant to the indentures as of September 30, 2015 and 2014 are as follows:

		2015	2014
Debt service reserve fund Debt service fund	\$	4,288,982	\$ 4,288,555
Principal fund Accrued interest receivable		167,491 557,277 41	184,260 535,119 598
	<u>\$</u>	5,013,791	\$ 5,008,532

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 6 – LONG-TERM DEBT (CONTINUED)

DERIVATIVE INSTRUMENTS

The Hospital initially issued its Series 2007 Series C and 2007 Series D bonds bearing interest at a variable rate. In May 2007, the Hospital entered into two interest rate swap agreements to manage interest rate risk. These agreements involve payment of fixed rate interest payments by the Hospital in exchange for the receipt of variable rate interest payments from the counterparties, based on a percentage of the London Interbank Offered Rate (LIBOR). In 2008, the Hospital refinanced the Series 2007 bonds and issued the Series 2008 Bonds. These bonds also bear interest at a variable rate. The two original swap agreements continue to be utilized by the Hospital to manage its interest rate risk. At September 30, 2015 and 2014, the notional amount of the derivative financial instruments was \$20,450,000 (Series 2008 Issue C nontaxable bonds) and \$9,900,000 (Series 2008 Issue D taxable bonds), respectively.

Upon the occurrence of certain events of default or termination events identified in the derivative contracts, either the Hospital or the counterparty could terminate the contract in accordance with its terms. Termination would result in the payment of a termination amount by one party to compensate the other party for its economic losses. The cost of termination would depend, in major part, on the then current interest rate levels, and if the interest rate levels were then lower than those specified in the derivative contract, the cost of termination to the Hospital could be significant.

The fair value of these derivatives was a liability of \$7,643,841 and \$6,436,499 as of September 30, 2015 and 2014, respectively, which is included in long-term liabilities. The impact of the change in fair value was a loss of \$1,207,342 and a loss of \$414,492 for the years ended September 30, 2015 and 2014, respectively. This change is included in the net realized and unrealized losses on interest rate swap agreements, which also includes the net periodic settlement payments related to the swap agreements of \$1,273,412 and \$1,308,883 for 2015 and 2014, respectively.

The following table lists the fair value of derivatives by contract type included in the consolidated balance sheets at September 30, 2015 and 2014.

	2	2015		
	Initial	Fair		
	Notional	Value		
Derivatives not designed as hedging instruments				
Interest rate swaps	\$ 34,050,000	\$ (7,643,841)		

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 6 – LONG-TERM DEBT (CONTINUED)

DERIVATIVE INSTRUMENTS (CONTINUED)

	2014		
	Initial	Fair	
	Notional	Value	
Derivatives not designed as hedging instruments Interest rate swaps	\$ 34,050,000	\$ (6,436,499)	
The following table indicates the realized and unrealized los in the consolidated statements of operations for the years 2014:			
	20	15	
	Location of		
	Loss on	Loss on	
	Derivatives	Derivatives	
Derivatives not designed as hedging instruments Interest rate swaps	Net realized and unrealized losses on interest rate swaps	\$ (2,480,754)	
	20	14	
	Location of Loss on Derivatives	Loss on Derivatives	
Derivatives not designed as hedging instruments Interest rate swaps	Net realized and unrealized losses on interest rate swaps	\$ (1,723,375)	

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 7 – OTHER DEBT ARRANGEMENTS AND GUARANTEES

On March 5, 2005, the Hospital entered into a \$262,500 letter of credit agreement with Wells Fargo Bank which was reduced to \$50,000 on January 21, 2010. On December 8, 2014, the Hospital entered into a \$800,000 letter of credit with Atlantic Specialty Insurance Company. No borrowings have been made on either letter of credit as of September 30, 2015 or 2014.

NOTE 8 – LEASE COMMITMENTS

CAPITAL LEASES

The Hospital leased certain equipment under capital leases which ended in 2015. As of September 30, 2014, the Hospital had capital leases payable of \$1,586,264 which was net of interest of \$24,776.

OPERATING LEASES

The Hospital leases various equipment and office space under operating leases, expiring at various dates through 2020. Some of these leases contain renewal options. Rent expense under such leases was approximately \$1,225,881 and \$1,065,965 for the years ended September 30, 2015 and 2014, respectively.

Future minimum rental payments as of September 30, 2015 under noncancellable operating leases are as follows:

2016	\$ 836,328
2017	638,308
2018	564,433
2019	564,433
2020	 525,733
	\$ 3,129,235

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 9 – TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes as of September 30, 2015 and 2014:

2015

2014

Unspent income and appreciation on endowment				
funds expendable for specified healthcare services	\$	775,251	\$	930,300
Restricted for purchase of equipment		1,927,141		1,773,159
Restricted specified healthcare services		1,365,179		816,085
-				
	\$	4,067,571	\$	3,519,544
Permanently restricted net assets at September 30, 2015 ar	nd 2014	are comprise	d as f	follows:
		2015		2014
Investments to be held in perpetuity,				
the income of which is expendable				
•	\$	117 615	Φ	117 615
to support health care services	Э	417,645	\$	417,645
Interest in permanently restricted net				
assets of GHDF's endowment, the income				
of which is expendable for specified				
health care services		1,742,616		1,742,616
Beneficial interest in trusts		3,450,227		3,760,171
		_		_
	\$	5,610,488	\$	5,920,432

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 10 – TRANSACTIONS WITH AFFILIATED CORPORATIONS

Due from affiliates represents amounts receivable for various monthly operating expenses and other operating purposes paid by the Hospital. The following summarizes the due from affiliates as of September 30:

		2015	2014	
Healthcare Alliance Insurance Company, Ltd.	\$	2,744,414	\$	1,958,746
G.H. Ventures, Inc.		1,979,739		1,979,739
Planetree, Inc.		1,518,117		1,505,823
Griffin Hospital Development Fund		21,117		56,859
Griffin Health Services Corporation				531,235
Griffin Pharmacy and Gifts		85,317		197,610
	· ·	_	· ·	
	\$	6,348,704	\$	6,230,012

The following summarizes the due to affiliates as of September 30:

	 2015	2014	
Griffin Health Services Corporation G.H. Ventures, Inc.	\$ 276,634 35,149	\$ 38,792	
	\$ 311,783	\$ 38,792	

The Hospital incurs charges related to various administrative and operating expenses, including salaries and related costs for all affiliated entities. The Hospital allocates such amounts to the affiliated entities based on actual costs incurred.

G. H. VENTURES, INC.

The Hospital paid certain operating expenses for GHV which totaled approximately \$305,707 and \$976,444 in 2015 and 2014, respectively. These payments were recorded as transfers to affiliates in the consolidated statements of changes in net assets.

GRIFFIN HOSPITAL DEVELOPMENT FUND

The Hospital paid operating expenses for GHDF totaling approximately \$345,085 and \$498,897 in 2015 and 2014, respectively. These payments were recorded as transfers to affiliates in the consolidated statements of changes in net assets.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 10 – TRANSACTIONS WITH AFFILIATED CORPORATIONS (CONTINUED)

GRIFFIN PHARMACY AND GIFTS

The Hospital advanced operating expenses for GP&G totaling approximately \$486,335 and \$581,511 in 2015 and 2014, respectively. GP&G reimbursed the Hospital approximately \$598,628 and \$497,598 in 2015 and 2014, respectively.

HEALTHCARE ALLIANCE INSURANCE COMPANY, LTD.

The Hospital obtains professional and general liability coverage under a policy between GHSC and HAIC (Note 5). Total premiums incurred for this insurance coverage in 2015 and 2014 were approximately \$2,412,307 and \$2,235,254, respectively. The Hospital pays claims processing expenses on behalf of HAIC and is subsequently reimbursed for these expenses. As of September 30, 2015 and 2014, the Hospital was due \$2,744,414 and \$1,958,746, respectively, from HAIC for favorable claim development net of insurance premiums due. GHSC is a one half owner of HAIC that controls HAIC.

PLANETREE, INC.

The Hospital advanced operating expenses for Planetree totaling approximately \$700,940 and \$984,412 in 2015 and 2014, respectively. Planetree reimbursed the Hospital approximately \$688,646 and \$375,766 in 2015 and 2014, respectively.

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS

PENSION BENEFITS

The Hospital sponsors a noncontributory defined benefit pension plan that covers substantially all of its employees and provides for retirement and death benefits. The Hospital's policy is to fund actuarially determined pension costs as accrued.

Effective May 1, 2010, credited service accruals under the retirement plan for employees of the Hospital were frozen for the April 1, 2010 to March 31, 2012 period. Participants continued to earn vesting service during the freeze period and pay increases during the freeze period was reflected in participant's final earnings calculation however no credited service was earned for the period from April 1, 2010 to March 31, 2012. Effective April 1, 2012, the plan freeze was terminated and credit service accruals were reestablished at a reduced rate. The Hospital plans to freeze the defined benefit pension plan effective on March 31, 2016 and to introduce a new defined contribution plan. An estimate of the effect of freezing the plan on future financial statement amounts has not been determined.

The Hospital's accumulated benefit obligation was \$112,007,558 and \$103,002,425 at September 30, 2015 and 2014, respectively.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

OTHER POSTRETIREMENT BENEFITS

The Hospital also provides certain health care and life insurance benefits for eligible retired employees and their dependents. Substantially all of the Hospital's full-time employees may become eligible for these benefits upon retirement if certain age and service criteria are met. Effective January 1, 2004, employees will need to be at least age 62 at retirement to be eligible for coverage. Employees who are eligible for these benefits at the time of their retirement and who meet the requirements to receive an immediate pension plan benefit are provided continued health and life insurance coverage throughout their retirement. The plan is unfunded.

Pertinent information relating to these plans is as follows, based on a September 30 measurement date:

	Pension	Benefits	Other Postretirement Benefits			
	2015	2014	2015	2014		
Change in projected benefit obligation						
Benefit obligation,						
beginning of year	\$ 104,391,793	\$ 93,895,229	\$ 8,964,526	\$ 7,994,700		
Service cost	1,752,336	1,612,645	296,143	273,974		
Interest cost	4,212,467	4,326,274	360,246	367,395		
Actuarial loss	7,749,339	8,658,086	81,643	779,450		
Benefits paid	(4,378,522)	(4,100,441)	(435,949)	(450,993)		
Benefit obligation, end of year	113,727,413	104,391,793	9,266,609	8,964,526		
Change in plan assets						
Fair value of plan assets,	50 2 50 0 2 0					
beginning of year	69,360,879	63,254,713				
Actual return on plan assets	(1,320,392)	6,338,435				
Employer contributions	5,004,985	3,868,172	435,949	450,993		
Benefits paid	(4,378,523)	(4,100,441)	(435,949)	(450,993)		
Fair value of plan assets, end of year	68,666,949	69,360,879				
Unfunded status -						
recognized as a liability	\$ (45,060,464)	\$ (35,030,914)	\$ (9,266,609)	\$ (8,964,526)		

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

Components of net periodic benefit cost are as follows:

	Pension Benefits				Other Postretirement Benefits			
		2015		2014	2015		2014	
Service cost	\$	1,752,336	\$	1,612,645	\$	296,143	\$	273,974
Interest cost		4,212,467		4,326,274		360,246		367,395
Expected return on								
plan assets		(5,519,056)		(5,194,767)				
Amortization of unrecognized								
prior service credit								(112,992)
Amortization of unrecognized								
transition obligation		(1,121,883)		(1,121,883)				
Net actuarial loss		3,416,353		3,181,284		334,556		294,995
Net periodic benefit cost	\$	2,740,217	\$	2,803,553	\$	990,945	\$	823,372

Amounts recognized in the consolidated balance sheets consist of:

	Pens	ion Benefits	Other Postretirement Benefits			
	2015	2014	2015	2014		
Current liabilities Noncurrent liabilities	\$ 45,060,46	\$ 4 35,030,914	\$ 496,00 8,770,60	- ',		
Total liabilities	\$ 45,060,46	<u>4</u> <u>\$ 35,030,914</u>	\$ 9,266,60	9 \$ 8,964,526		

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

PENSION PLAN

Amounts in consolidated unrestricted net assets that are not yet recognized as a component of net periodic benefit cost are as follows:

	2015	2014		
Negative prior service cost Net actuarial loss	\$ (6,174,474) 58,050,137	\$ (7,296,357) 46,877,703		
	\$ 51,875,663	\$ 39,581,346		

2015

Other changes in plan assets and benefit obligations recognized in other changes in unrestricted net assets:

	2015	2014
Net actuarial loss Amortization of actuarial loss	\$ 14,588,787 (3,416,353)	\$ 7,514,418 (3,181,284)
	\$ 11,172,434	\$ 4,333,134

Expected amounts to be amortized from unrestricted net assets into net periodic benefit cost for the next fiscal year:

Actuarial loss <u>\$ 3,836,445</u>

Effective September 30, 2015, the Hospital updated the mortality assumptions to align with the mortality tables and improvement scales released by the Society of Actuaries in the fall of 2015. This update resulted in an increase to the Hospital's projected benefit obligation of approximately \$7,830,229 which is included in the accrued pension liability in the consolidated balance sheet as of September 30, 2015.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

POSTRETIREMENT PLAN

Amounts in unrestricted net assets that are not yet recognized on a component of net periodic benefit cost are as follows:

	2015			2014		
Net prior service credit Net actuarial loss	\$	4,270,039	\$	4,522,953		
	<u>\$</u>	4,270,039	\$	4,522,953		

Other changes in plan assets and benefit obligations included in unrestricted net assets not yet recognized in periodic benefit cost are:

	 2015	2014		
Net actuarial loss Amortization of	\$ 81,642	\$	779,450	
Prior service cost Actuarial gain	 (334,556)		112,992 (294,995)	
	\$ (252,914)	\$	597,447	

Expected amounts to be amortized from unrestricted net assets into net periodic benefit cost for the next fiscal year:

Actuarial loss \$ 321,482

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

ACTUARIAL ASSUMPTIONS

Actuarial assumptions are as follows:

	Pension Benefits		Other Benefits		
_	2015	2014	2015	2014	
Weighted average assumptions used to determine year end benefit obligation:					
Discount rate	4.23%	4.13%	4.23%	4.13%	
Rate of compensation increase	4.00%	4.00%	N/A	N/A	
_	Pension Be	enefits	Other Ber	nefits	
	2015	2014	2015	2014	
Weighted average assumptions used to determine net periodic benefit cost Discount rate Expected long-term return on plan assets	4.13% 7.85%	4.72% 8.22%	4.13% N/A	4.72% N/A	
Rate of compensation increase	4.00%	4.00%	N/A N/A	N/A N/A	
				- "	
<u> </u>	Pre-65		Post-65		
-	2015	2014	2015	2014	
Health care cost trend rate assumed for next year Rate to which the cost trend is assumed to decline	6.50%	7.00%	6.50%	7.00%	
(the ultimate trend rate)	5.00%	5.00%	5.00%	5.00%	
Year that the rate reaches the ultimate trend rate	2019	2019	2019	2019	

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

ACTUARIAL ASSUMPTIONS (CONTINUED)

A one-percentage-point change in assumed health care cost trend rates would have the following effects on:

	1-I	Percentage	1-Percentage	
	Point		Point	
]	Increase	Decrease	
Service and interest cost components	\$	25,633	\$	(22,316)
Postretirement benefit obligation		158,242		(142,586)

CONTRIBUTIONS

The Hospital expects to contribute approximately \$3,550,000 to its pension plan and \$496,000 to its other postretirement benefit plan in fiscal year 2016.

ESTIMATED FUTURE BENEFIT PAYMENTS

The following benefit payments, which reflect expected future service, are expected to be paid during the years ending September 30:

	Pension Benefits	Other Benefits		
2016	\$ 4,691,000	\$	496,000	
2017	4,961,000		586,000	
2018	5,328,000		661,000	
2019	5,599,000		626,000	
2020	5,893,000		633,000	
2021 - 2025	33,172,000		3,267,000	

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

PLAN ASSETS

Pension plan assets are invested as follows:

	2015	2014
Asset category		
Cash and cash equivalents	1%	1%
U.S. Large cap	36%	38%
U.S. Small cap	8%	8%
International equity	11%	13%
Alternative investments	7%	6%
Fixed income	33%	30%
Real estate	4%	4%
	100%	100%
	2015	2014
Target asset allocations		
U.S. Large cap	27%	27%
U.S. Small cap	7%	7%
International equity	12%	12%
Alternative investments	10%	10%
Fixed income	40%	40%
Real estate	4%	4%
	100%	100%

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

PLAN ASSETS (CONTINUED)

The fair value of plan assets as of September 30, 2015, by asset category was as follows:

		September 30, 2015						
		Quoted						
	P	rices in	Sign	ificant				
	Activ	e Markets	Ot	ther	Sig	nificant		
	for	Identical	Obse	rvable	Unol	oservable		
	1	Assets	Inj	puts	I	nputs		
(in thousands)	(Level 1) (Lev		vel 2)	(Level 3)		Total		
Cash and cash equivalents	\$	714	\$		\$		\$	714
U.S. Large cap		24,552						24,552
U.S. Small cap		5,262						5,262
International equity		7,861						7,861
Alternative investments		1,878				2,910		4,788
Fixed income		22,631						22,631
Real estate mutual funds		2,859						2,859
	\$	65,757	\$		\$	2,910	\$	68,667

The fair value of plan assets as of September 30, 2014, by asset category was as follows:

	September 30, 2014									
		Quoted						-		
	P	rices in	Signi	ificant						
	Activ	e Markets	Ot	her	Sig	nificant				
	for	Identical	Obse	rvable	Unob	oservable				
	Assets			outs	I	nputs				
(in thousands)	(L	evel 1)	(Level 2)		(Level 3)		(Level 2) (Le			Total
Cash and cash equivalents	\$	703	\$		\$		\$	703		
U.S. Large cap		25,863						25,863		
U.S. Small cap		5,302						5,302		
International equity		8,813						8,813		
Alternative investments		1,936				2,831		4,767		
Fixed income		21,094						21,094		
Real estate mutual funds		2,820						2,820		
	\$	66,531	\$		\$	2,831	\$	69,362		

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – PENSION AND OTHER POSTRETIREMENT BENEFITS (CONTINUED)

ASSET INVESTMENT STRATEGY

The Hospital has adopted a liability driven investment (LDI) strategy. The primary focus is to minimize the volatility of the funding ratio by aligning the plan's assets with its liabilities in terms of how both respond to interest rate changes; this is then followed by an investment objective strategy to achieve a satisfactory rate of return based on the asset allocation profile in the long term and satisfy the plan's benefit obligations, while incurring an acceptable pension cost to the sponsor in the long run. The objective will result in a prescribed asset mix between return seeking assets and a LDI bond portfolio.

NOTE 12 – CONCENTRATIONS OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The mix in patient accounts receivable as of September 30, 2015 and 2014 before allowances for doubtful accounts consisted of the following:

	2015	2014
Medicare and Medicaid	39%	26%
Commerical insurance	18%	21%
Managed care	37%	35%
Self-pay patients	6%	18%
	100%	100%
	100%	100%

NOTE 13 – FUNCTIONAL EXPENSES

The Hospital provides general health care services to residents within its geographic location. Expenses relating to providing these services at September 30, 2015 and 2014 are as follows:

	2015	2014
Patient care and clinical General and administrative	\$ 126,502,723 28,734,213	\$ 116,310,243 28,744,713
	\$ 155,236,936	\$ 145,054,956

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 14 – ENDOWMENTS

The Hospital's endowment funds consist of donor restricted funds to be invested in perpetuity to provide a permanent source of income. The net assets associated with endowment funds are classified and reported based on the existence or absence of donor imposed restrictions.

The Hospital has interpreted the Connecticut UPMIFA statute as requiring the preservation of the original gift as of the gift date of the donor restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets, (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate endowment funds:

- (1) The duration and preservation of the fund.
- (2) The purposes of the Hospital and the donor restricted endowment fund.
- (3) General economic conditions.
- (4) The possible effect of inflation and deflation.
- (5) The expected total return from income and the appreciation of investments.
- (6) Other resources of the Hospital.
- (7) The investment policies of the Hospital.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 14 – ENDOWMENTS (CONTINUED)

Endowment net asset composition by type of fund as of September 30 is as follows:

				2015	
	T	emporarily	P	ermanently	_
		Restricted		Restricted	Total
Endowment net assets, beginning of year Investment income and net depreciation (realized and unrealized)	\$ \$	1,466,171 (40,930) 1,425,241	\$	2,160,261 2,160,261	\$ 3,626,432 (40,930) 3,585,502
				2014	
		emporarily		ermanently	
		emporarily Restricted		ermanently Restricted	Total
Endowment net assets, beginning of year				•	\$ Total 3,409,062
beginning of year Investment income and net appreciation (realized and unrealized) Appropriation of endowment assets	1	Restricted]	Restricted	\$
beginning of year Investment income and net appreciation (realized and unrealized)	1	1,248,801]	Restricted	\$ 3,409,062

The primary long-term management objective for the Hospital's endowment funds is to maintain the permanent nature of each endowment fund, while providing a predictable, stable, and constant stream of earnings. Consistent with that objective, the primary investment goal is to earn annual interest and dividends.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 15 – COMMITMENTS AND CONTINGENCIES

The Hospital is involved in various legal matters arising in the normal course of activities. The ultimate outcome is not determinable at this time.

During May 2014, the Hospital became aware of a safety concern related to the use of multi-dose insulin pens on more than one patient. On investigation, it was discovered that in a small number of cases, multi-dose insulin pen cartridges intended for single patient use may have been used for more than one patient, either after installing a new, sterile safety needle on the cartridge, or by drawing up insulin with a new sterile syringe. Through improper use of the insulin pens there is a remote possibility that patients could have been exposed to certain blood-borne infections.

In response, the Hospital decided to offer all of the approximately 3,149 patients for whom an insulin pen was ordered during their hospitalization on or after September 1, 2008 and before May 7, 2014, free and confidential testing for hepatitis B, hepatitis C, and HIV. The testing protocol was determined after consultation with the Infectious Disease and Gastroenterology division chiefs and in accordance with the current CDC guidelines.

Two lawsuits have been initiated against the Hospital related to the insulin pen incident. One lawsuit is an individual action brought by a patient who received treatment for hepatitis C. The second lawsuit is an attempt to organize a class action on behalf of all patients who were notified about the possibility of exposure to certain blood-borne infections and offered further testing. Almost all members of this potential class tested negative for blood-borne infections. The Hospital is working with defense counsel to defend its interests in this matter.

The Hospital has identified several patients in need of further testing and/or treatment. The Hospital has provided treatment for some of those patients at the Hospital's expense. The Hospital has and continues to discuss potential claims for patients affected by the insulin pen incident. The Hospital has established a reserve for the total expenses associated with notification, testing, treatment, and resolution of the insulin pen matter.



INDEPENDENT AUDITORS' REPORT ON ACCOMPANYING CONSOLIDATING INFORMATION

To the Board of Trustees **The Griffin Hospital**

We have audited the 2015 consolidated financial statements of Griffin Hospital and its Subsidiary as of and for the year ended September 30, 2015, and have issued our report dated thereon February 2, 2016, which contains an unmodified opinion on those consolidated financial statements and which appears on page 1. Our audit was performed for the purpose of forming an opinion on the 2015 consolidated financial statements as a whole. The 2015 consolidating balance sheet, and the 2015 consolidating statement of operations are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2015 consolidated financial statements. The 2015 information has been subjected to the auditing procedures applied in the audit of the 2015 consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2015 consolidated financial statements or to the 2015 consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the 2015 information is fairly stated in all material respects in relation to the 2015 consolidated financial statements taken as a whole.

The 2014 consolidating balance sheet and the 2014 consolidating statement of operations were derived from the Hospital's 2014 consolidated financial statements that were audited by other auditors, whose report dated February 6, 2015, reported that the 2014 information was fairly stated in all material respects in relation to the 2014 consolidated financial statements taken as a whole.

Hartford, CT February 2, 2016

Marcun LLP



CONSOLIDATING BALANCE SHEET

SEPTEMBER 30, 2015

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	\$ 6,748,148	\$ 97,337	\$	\$ 6,845,485
Investments	7,914,147			7,914,147
Assets limited as to use	724,768			724,768
Patient accounts receivable, net	13,268,952	594,913		13,863,865
Other current assets	4,682,980	119,389		4,802,369
Total Current Assets	33,338,995	811,639		34,150,634
Assets Limited as to Use				
Board-designated investments	23,986			23,986
Under indenture agreement	4,289,023			4,289,023
Total Assets Limited as to Use	4,313,009			4,313,009
Other Assets				
Long-term investments	1,233,522			1,233,522
Property, plant and equipment, net	51,622,810	1,605,599		53,228,409
Interest in net assets of affiliate	8,800,729			8,800,729
Due from affiliates	6,476,494		(127,790)	6,348,704
Investment in affiliate	1,361,825		(1,361,825)	
Beneficial interest in trusts	3,450,227			3,450,227
Other long-term assets and insurance recoverable	5,335,406			5,335,406
Total Other Assets	78,281,013	1,605,599	(1,489,615)	78,396,997
Total Assets	\$ 115,933,017	\$ 2,417,238	\$ (1,489,615)	\$ 116,860,640

CONSOLIDATING BALANCE SHEET (CONTINUED)

SEPTEMBER 30, 2015

	Griffin The Griffin Faculty Hospital Practice Plan			Eli	minations		Total	
Liabilities and Net (Deficit) Assets								
Current Liabilities								
Current portion of long-term debt and								
capital lease obligations	\$	5,013,100	\$		\$		\$	5,013,100
Accounts payable		16,229,224		245,791				16,475,015
Accrued expenses		8,497,150		646,683				9,143,833
Estimated third-party settlements		1,153,146						1,153,146
Accrued interest payable		280,977						280,977
Accrued postretirement benefit liability		496,000						496,000
Deferred revenue		157,449						157,449
Due to affiliates		276,634		162,939		(127,790)	_	311,783
Total Current Liabilities		32,103,680		1,055,413		(127,790)		33,031,303
Other Liabilities								
Estimated third-party settlements		5,664,953						5,664,953
Professional and general liability loss reserves		3,172,632						3,172,632
Workers compensation loss reserves		1,827,843						1,827,843
Accrued pension liability		45,060,464						45,060,464
Accrued postretirement benefit liability, net of current portion		8,770,609						8,770,609
Conditional asset retirement obligations		104,600						104,600
Long-term debt, net of current portion		41,160,778						41,160,778
Interest rate swap agreements		7,643,841						7,643,841
Total Other Liabilities	_1	13,405,720						113,405,720
Total Liabilities	_1	45,509,400		1,055,413		(127,790)		146,437,023

CONSOLIDATING BALANCE SHEET (CONTINUED)

SEPTEMBER 30, 2015

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Net (Deficit) Assets				
Unrestricted operating net assets	\$ 16,891,260	\$ 1,361,825	\$ (1,361,825)	\$ 16,891,260
Cumulative unrecognized pension changes	(56,145,702)			(56,145,702)
Total unrestricted	(39,254,442)	1,361,825	(1,361,825)	(39,254,442)
Temporarily restricted net assets	4,067,571			4,067,571
Permanently restricted net assets	5,610,488			5,610,488
Total Net (Deficit) Assets	(29,576,383)	1,361,825	(1,361,825)	(29,576,383)
Total Liabilities and Net (Deficit) Assets	\$ 115,933,017	\$ 2,417,238	\$ (1,489,615)	<u>\$ 116,860,640</u>

CONSOLIDATING BALANCE SHEET

SEPTEMBER 30, 2014

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	\$ 7,492,599	\$ 251,295	\$	\$ 7,743,894
Investments	8,062,643			8,062,643
Assets limited as to use	718,522			718,522
Patient accounts receivable, net	12,651,193	515,040		13,166,233
Other current assets	5,073,574	141,895		5,215,469
Total Current Assets	33,998,531	908,230		34,906,761
Assets Limited as to Use				
Board-designated investments	30,866			30,866
Under indenture agreement	4,289,408			4,289,408
Total Assets Limited as to Use	4,320,274			4,320,274
Other Assets				
Long-term investments	1,274,463			1,274,463
Property, plant and equipment, net	53,137,742	1,592,304		54,730,046
Interest on net assets of affiliate	8,188,186			8,188,186
Due from affiliates	6,230,012			6,230,012
Investment in affiliate	1,283,136		(1,283,136)	
Beneficial interest in trusts	3,760,171			3,760,171
Estimated third-party settlements, long-term	765,169			765,169
Other long-term assets and insurance recoverable	6,137,382			6,137,382
Total Other Assets	80,776,261	1,592,304	(1,283,136)	81,085,429
Total Assets	\$ 119,095,066	\$ 2,500,534	\$ (1,283,136)	\$ 120,312,464

CONSOLIDATING BALANCE SHEET (CONTINUED)

SEPTEMBER 30, 2014

	The Griffin Hospital		Griffin Faculty Practice Plan		Faculty		Faculty		Total
Liabilities and Net (Deficit) Assets									
Current Liabilities									
Current portion of long-term debt and									
capital lease obligations	\$	6,170,364	\$		\$		\$ 6,170,364		
Accounts payable		15,842,410		479,991			16,322,401		
Accrued expenses		8,557,183		698,615			9,255,798		
Accrued interest payable		295,828					295,828		
Accrued postretirement benefit liability		447,000					447,000		
Deferred revenue		39,289					39,289		
Due to affiliates	_			38,792			 38,792		
Total Current Liabilities		31,352,074		1,217,398			 32,569,472		
Other Liabilities									
Estimated third-party settlements		5,697,567					5,697,567		
Professional and general liability loss reserves		4,048,289					4,048,289		
Workers compensation loss reserves		2,178,810					2,178,810		
Accrued pension liability		35,030,914					35,030,914		
Accrued postretirement benefit liability, net of current portion		8,517,526					8,517,526		
Conditional asset retirement obligations		109,412					109,412		
Long-term debt, net of current portion		42,390,534					42,390,534		
Interest rate swap agreements	_	6,436,499					 6,436,499		
Total Other Liabilities		104,409,551					 104,409,551		
Total Liabilities		135,761,625		1,217,398			 136,979,023		

CONSOLIDATING BALANCE SHEET (CONTINUED)

SEPTEMBER 30, 2014

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Net (Deficit) Assets Unrestricted operating net assets Cumulative unrecognized pension changes	\$ 17,997,763 (44,104,298)	\$ 1,283,136	\$ (1,283,136)	\$ 17,997,763 (44,104,298)
Total unrestricted	(26,106,535)	1,283,136	(1,283,136)	(26,106,535)
Temporarily restricted net assets Permanently restricted net assets	3,519,544 5,920,432	 	 	3,519,544 5,920,432
Total Net (Deficit) Assets	(16,666,559)	1,283,136	(1,283,136)	(16,666,559)
Total Liabilities and Net (Deficit) Assets	\$ 119,095,066	\$ 2,500,534	\$ (1,283,136)	\$ 120,312,464

CONSOLIDATING STATEMENT OF OPERATIONS

FOR THE YEAR ENDED SEPTEMBER 30, 2015

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Operating Revenues				
Net patient service revenue	\$ 144,733,465	\$ 8,883,282	\$	\$ 153,616,747
Provision for doubtful accounts, net of recoveries	(1,784,106)	(166,973)		(1,951,079)
Net patient service revenue less provision for doubtful accounts	142,949,359	8,716,309		151,665,668
State supplemental revenue	1,899,613	, , , 		1,899,613
Other operating revenues	3,792,297	649,593	(852,843)	3,589,047
Total Operating Revenues	148,641,269	9,365,902	(852,843)	157,154,328
Operating Expenses				
Employee compensation and related expenses	77,228,070	12,317,031		89,545,101
Supplies and other expenses	51,076,972	2,377,918	(852,843)	52,602,047
State hospital tax expense	6,283,833			6,283,833
Depreciation and amortization	4,440,683	241,389		4,682,072
Interest	2,123,883			2,123,883
Total Operating Expenses	141,153,441	14,936,338	(852,843)	155,236,936
Income (Loss) from Operations	7,487,828	(5,570,436)		1,917,392

CONSOLIDATING STATEMENT OF OPERATIONS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2015

	The Griffin Hospital										•				Eli	minations		Total
Nonoperating Gains (Losses)																		
Investment income	\$	180,955	\$		\$		\$	180,955										
Net realized and unrealized losses on interest rate swaps		(2,480,754)						(2,480,754)										
Grant revenues		1,942,304						1,942,304										
Grant expenses		(2,039,194)						(2,039,194)										
Total Nonoperating Losses		(2,396,689)					_	(2,396,689)										
Excess (Deficiency) of Revenues over Expenses		5,091,139		(5,570,436)				(479,297)										
Other Changes in Unrestricted Net Assets																		
Change in interest in net assets of affiliate		102,275				(78,689)		23,586										
Transfers (to) from affiliates		(6,299,917)		5,649,125				(650,792)										
Pension and other postretirement related																		
charges other than net periodic benefit cost	((12,041,404)	_	<u></u>			_	(12,041,404)										
(Decrease) Increase in Unrestricted Net Assets	\$	(13,147,907)	\$	78,689	\$	(78,689)	\$	(13,147,907)										

CONSOLIDATING STATEMENT OF OPERATIONS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

	The Griffin Hospital	Griffin Faculty Practice Plan	Eliminations	Total
Operating Revenues				
Net patient service revenue	\$ 136,952,549	S 136,952,549 \$ 4,938,166 \$		
Provision for doubtful accounts, net of recoveries	(1,054,556)	(52,905)		(1,107,461)
Net patient service revenue less provision for doubtful accounts	135,897,993	4,885,261		140,783,254
State supplemental revenue	4,711,208	, , 		4,711,208
Other operating revenue	3,983,308	715,737	(929,297)	3,769,748
Total Operating Revenues	144,592,509	5,600,998	(929,297)	149,264,210
Operating Expenses				
Employee compensation and related expenses	72,458,212	7,319,047		79,777,259
Supplies and other expenses	48,535,460	2,796,161	(929,297)	50,402,324
State hospital tax expense	5,423,892			5,423,892
Depreciation and amortization	5,750,673	169,666		5,920,339
Interest	3,531,142			3,531,142
Total Operating Expenses	135,699,379	10,284,874	(929,297)	145,054,956
Income (Loss) from Operations	8,893,130	(4,683,876)		4,209,254

CONSOLIDATING STATEMENT OF OPERATIONS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

	The Griffin Hospital		Griffin Faculty Practice Plan		Eliminations		Total	
Nonoperating Gains (Losses)								
Investment income	\$	750,312	\$		\$		\$	750,312
Change in fair value of interest rate swaps		(1,723,375)						(1,723,375)
Research grant revenues		1,883,920						1,883,920
Research grant expenses		(1,969,857)						(1,969,857)
Total Nonoperating Gains (Losses)		(1,059,000)						(1,059,000)
Excess (Deficiency) of Revenues over Expenses		7,834,130		(4,683,876)				3,150,254
Other Changes in Unrestricted Net Assets								
Change in interest in net assets of affiliate		1,245,634				(817,195)		428,439
Transers (to) from affiliates		(6,954,076)		5,501,071				(1,453,005)
Pension and other postretirement related								
charges other than net periodic benefit cost		(6,052,464)						(6,052,464)
(Decrease) Increase in Unrestricted Net Assets	\$	(3,926,776)	\$	817,195	\$	(817,195)	\$	(3,926,776)