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DLN: 93493225008310

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2008

Open to Public Inspection

Form **990** 匆

Department of the Treasury Internal Revenue Service

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

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

A Fo	r the 2	2008 cale	ndar yea	r, or tax year beginning 10-01-20	08 and ending 09-30-200	9	B F!	.:G			
			Please	C Name of organization THE HOSPITAL OF CENTRAL CONNECT	TICUT		D Employer iden	ntification number			
_	ress ch	lange	ise IRS abel or	Doing Business As			06-0646768 E Telephone nur				
Naı	me char		rint or ype. See	Somy Submessive							
┌ Inıt	al retur	rn S	pecific nstruc-	Number and street (or P O box if ma	all is not delivered to street addre	ess) Room/suite	(860) 224-5 G Gross receipts				
<b>Г</b> Тег	mınatıo	n t	ions.	100 GRAND STREET			d dross recapts	<b>,</b> φ 350,444,733			
┌ Am	ended r	return		City or town, state or country, and ZI	IP + 4						
	olication	pending		NEW BRITAIN, CT 06050							
			F Nam	ne and address of Principal Office	er	H(a) Is thus	s a group return f	for			
				NCE J SILVIA		affiliat		⊤Yes ▼ No			
				RAND STREET RITAIN, CT 06050		H/h) Are all	affiliates included	1?			
I Ta	x-exem	pt status	<b>ダ</b> 501(c)	(3) <b>◄</b> (insert no )	r <b>「</b> 527	1 ' '		See instructions )			
J W	eb site	e: ► WWW	THOCC	O RG		<b>⊣</b>	p Exemption Nun				
<b>К</b> Тур	e of org	janization 🔽	Corporati	on		<b>L</b> Year of For	mation 1893 M S	State of legal domicile CT			
Pa	rt I	Summ	arv								
	1			ie organization's mission or most	significant activities						
Governance	See A	dditional	Data Tab	le							
Ĭ.	2	Check th	ıs box 🦵	ıf the organization discontinued	its operations or disposed	of more than 2	5% of its assets	i			
9,4	3	Number	of voting r	members of the governing body (	Part VI, line 1a)			20			
ా చ	4	Number	of indeper	ndent voting members of the gove	erning body (Part VI, line 1	.b) <b></b>	. 4 _	14			
<del>م</del> الإ	5	Total nur	nber of er	nployees (Part V , line 2a)			5 _	3,354			
Activities	6	Total nur	mber of vo	olunteers (estimate if necessary)			6 _	421			
<u>달</u>	7a	_		ted business revenue from Part \			_	4,264,950			
4	b	Net unrel	lated busi	iness taxable income from Form	990-T, line 34		7b	0			
							r Year	Current Year			
<u>a</u>	8			I grants (Part VIII, line 1h)			4,456,656	3,525,539			
Revenue	9	_		revenue (Part VIII, line 2g) .		355,661,721	380,918,834				
₽ĕ	10			ne (Part VIII, column (A), lines 3		6,188,638	5,210,707				
	11			art VIII, column (A), lines 5, 6d, Id lines 8 through 11 (must equa	ne	625,348	710,219				
		12)				;	366,932,363	390,365,299			
	13			r amounts paid (Part IX, column				0			
	14		=	r for members (Part IX, column (	_		0				
8	15	Salaries 10)	, other co	mpensation, employee benefits (	(Part IX, column (A), lines	5-	204,499,916	188,216,313			
Expenses	16a	Professi	onal fundı	raising fees (Part IX, column (A)	, lıne 11e)			12,000			
ੜੇ	ь	(Total fund	draising exp	penses, Part IX, column (D), line 25 <u>573</u>	,361)						
ш	17	Otherex	(penses	Part IX, column (A), lines 11a-1	.1d, 11f-24f)	:	149,641,975	184,176,989			
	18	Total ex	penses—a	add lines 13–17 (must equal Par	rt IX, line 25, column (A))	;	354,141,891	372,405,302			
	19	Revenue	less exp	enses Subtract line 18 from line	2 12		12,790,472	17,959,997			
Not Assets or Fund Balances						Beginni	ng of Year	End of Year			
and	20	Total as:	sets (Par	t X, line 16)			336,313,492	321,313,298			
Z.A.S.	21	Total lıa	bilities (P	art X, line 26)			140,829,516	198,453,540			
<u> </u>	22	Net asse	ets or fund	d balances Subtract line 21 from	n line 20		195,483,976	122,859,758			
Pai	rt II	Signa	ture Blo	ock							
				rjury, I declare that I have examined the correct, and complete Declaration of pre							
Plea	se	*****	•	series, and complete Decidiation of pre-	sparer (other than officer) is base	1	08-13	. has any knowledge			
Sign		I B	re of office	r		Date	08-13				
Here	е	L CLARE	NCE J SILVI	A CFO							
			r print name								
		Preparer's	<u> </u>		Date	Check If	Preparer's PTIN (S	See Gen Inst )			
Paid		signature	Beth Th	hurz		self- empolyed •					
	arer's	Fırm's nam	e (or yours	SASLOW LUFKIN & BUGGY LLP							
Use (		ıf self-emp address, ar	loyed),	TEN TOWER LANE			EIN ►				
							Phone no ► (86	0) 678-9200			
Mavi	the IR	L S discuss	this retur	AVON, CT 06001 rn with the preparer shown above	2 (See instructions)			▼ Yes			

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
See A	dditional Data Table				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?		rvices during the year	which were not listed on	✓ Yes │ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and revenue	ns and 4947(a)(1) t	rusts are required to re	eport the amount of grants	
4a	(Code ) (Expenses \$ The inpatient medical, surgical and intensive community needs, respectively, are met with				
4b	(Code ) (Expenses \$ The emergency room served 103,056 patient services within the newly renovated area pro				
	Connecticut has attained 92% ranking for cus	tomer satisfaction			
4c	(Code ) (Expenses \$ The imaging services area has added new intarray of services spans from simple x-rays to	19,397,570 ernal technology to prov complex angioplasty se	including grants of \$ vide a central point of acces rivices, PET scans and nucle	) (Revenue \$ s for our patients Radiological so ar studies	) ans totaled 185,591 for 2009 The
	(Code ) (Expenses \$	254,375,299	ıncludıng grants of \$	) (Revenue \$	)
	/ (Expenses 4			) (Nevende \$	,
4d	Other program services (Describe in (Expenses \$	n Schedule O) including grants of	<sup>=</sup> \$	) (Revenue \$	)
4e	Total program service expenses \$	327,730,40	•	Line 25, column (B).	,
	, J	-=:,:==,:0	: -4	,	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

#### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	263			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	1-	V	
2-	gaming (gambling) winnings to prize winners?	i ·		1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this return	2a	3,354			
b	If at least one is reported in 2a, did the organization file all required federal employs  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a	Yes	
ь	If "Yes," enter the name of the foreign country CA , BD					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited			
_	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itributi	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	Lau		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			0		N o
	year?			8	<u> </u>	No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Yes

Yes

Yes

Yes

Yes

Yes

3

4

5

6

7a

7Ь

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, describe the circumstances,
processes, or changes in Schedule O. See instructions.	
Enter the number of voting members of the governing body	<b>1a</b> 20

Ь	Enter the number of voting members that are independent	1b			1	4
	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					
	Did the organization delegate control over management duties customarily performe					

supervision of officers, directors of trustees, of key employees to a management company of other person-	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

;	Did the organization become aware during the year of a material diversion of the organization's assets?		
;	Does the organization have members or stockholders?		

•																										
Does the organiz	atıo	n ha	ave	mei	nbe	rs, s	stoc	kho	lde	rs, c	or ot	her	per	son	s wh	no n	пау	eled	ct o	ne c	r m	ore	me	mbe	rs of	the
governing body?													•			•										

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	Did the digamization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
<b>a</b>	the governing hody?

b	each committee with authority to act on behalf of the governing body?	•	•			•	•	•	
	Does the organization have local chapters, branches, or affiliates? .								

b	If "Yes," does the organization have written policies and procedures governing the activities of such	ıch	apt	ters	٠,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .	•		•	•

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
		TOD	162	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Brian A Rogoz 389 JOHN DOWNEY DRIVE NEW BRITAIN, CT 060512924 (860) 224-5194

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C	) chec	:k al			Reportable compensation from the organization (W-	organizations	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-	-			$\vdash$			
			+							
			-							
1b Total			<del> </del>				<b>-</b>	5,351,195	1,821,981	1,402,481

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►195

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B)</b> Description of services	(C) Compensation
ACS CONSULTANT CO INC DEPT 135401 PO BOX 67000 DETROIT, MI 482671354	INFORMATION SYSTEMS	18,695,431
UCONN HEALTH CENTER FARMINGTON AVE FARMINGTON, CT 060301915	RESIDENCE SERVICES	3,973,484
KNAUS BUILDERS 150 PRODUCTION COURT NEW BRITAIN, CT 06051	CONSTRUCTION SERVICES	3,661,857
MRI OF NEW BRITAIN 40 HART ST NEW BRITAIN, CT 06050	MRI SERVICES	3,456,987
BEY-SELL CONSTRUCTION CO OF CT 387 EAST MAIN STREET WALLINGFORD, CT 064922566	CONSTRUCTION SERVICES	2,292,174
2 Total number of independent contractors (including those in 1) who from the organization		91

Program Service Revenue

Other Revenue

9c, 10c, and 11e . . . . .

Statement of Revenue (C) (A) (B) (D) Total Revenue Related or Unrelated Revenue Exempt Business Excluded from Function Revenue Tax under IRC Revenue 512, 513, or 514 Federated campaigns . **1**a Contributions, gifts, grants and other similar amounts b Membership dues . 193,676 Fundraising events . **1c** Related organizations . . d . 1d Government grants (contributions) 876,795 2,455,068 All other contributions, gifts, grants, and sımılar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ . 3,525,539 h Total (Add lines 1a-1f) . . . Business Code PATIENT SERVICE REVENU 2a 900,099 339,147,903 339,147,903 ь LABORATORY SERVICES 621,500 37,318,102 33,160,474 4,157,628 C OTHER PATIENT SERVICE 900,099 4,322,309 4,322,309 **OUTSIDE SERVICES** 518,210 112,562 112,562 CHILD CARE INCOME 17,958 17,958 624,410 All other program service revenue Total. Add lines 2a-2f . **\$** 380,918,834 3 Investment income (including dividends, interest 6,115,231 6,115,231 other similar amounts) . . . . . Income from investment of tax-exempt bond proceeds  $\ \ .$ 4 5 Royalties . (ı) Real (II) Personal 1,404,912 **Gross Rents** 6a Less rental 912,520 b expenses 492,392 Rental income or (loss) Net rental income or (loss) . . 492,392 -23,198 515,590 d (ı) Securities (II) Other Gross amount 3,888,290 7a from sales of assets other than inventory 4,792,814 Less cost or b other basis and sales expenses -904,524 Gaın or (loss) -904,524 -904,524 d Net gain or (loss) 8a Gross income from fundraising events (not including 186,725 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . . . a 193,676 b Less direct expenses . . .b 38,862 38,862 c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See part IV, line 19 Complete Schedule G ıf total exceeds \$15,000 b Less direct expenses . . .b Net income or (loss) from gaming activities C 10a  $Gross\ sales\ of\ inventory,\ less$ returns and allowances . 405,222 ь Less cost of goods sold . 226,257 178,965 178,965 c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c All other revenue \_ 376,630,686 5,944,124 390,365,299 4,264,950 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d,

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	3,321,524		3,321,524					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	141,777,320	128,022,722		250,594				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,778,958	6,878,093	900,865					
9	Other employee benefits	25,017,743	22,114,956	2,902,787					
10	Payroll taxes	10,320,768	9,158,210	1,144,425	18,133				
11	Fees for services (non-employees)								
а	Management								
b	Legal	1,488,737	28,733	1,460,004					
c	Accounting	196,846		196,846					
d	Lobbying								
е	Professional fundraising See Part IV, line 17	12,000			12,000				
f	Investment management fees								
g	Other	33,055,533	28,669,187	4,386,346					
12	Advertising and promotion	1,570,551	1,328,948	241,603					
13	Office expenses	66,417,780	64,346,937	2,070,843					
14	Information technology	19,604,076	16,588,322	3,015,754					
15	Royalties								
16	Occupancy	8,460,307	1,999,580	6,460,727					
17	Travel	561,981	475,436	86,545					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	368,034	311,357	56,677					
20	Interest	1,943,343	1,768,148	175,195					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	17,479,711	14,408,145	3,071,566					
23	Insurance	7,479,408	7,378,726	100,682					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	BAD DEBT	18,902,943	18,902,943						
ь	DIETARY	3,112,388	2,634,444	477,944					
c	DUES	1,283,542	1,085,877	197,665					
d	RECRUITMENT	1,092,083	923,902	168,181					
e	TRAINING & EDUCATION	555,822	470,225	85,597					
f	All other expenses	603,904	235,516	75,754	292,634				
25	Total functional expenses. Add lines 1 through 24f	372,405,302	327,730,407	44,101,534	573,361				
26	Joint Costs. Check  ir following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			25,081,387	1	22,559,224
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			300,572	3	74,093
	4	Accounts receivable, net			35,762,801	4	36,493,910
	5	Receivables from current and former officers, directors, trustee other related parties   Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			444,976	7	197,933
	8	Inventories for sale or use			5,331,820	8	5,056,092
20	9	Prepaid expenses and deferred charges			2,106,212	9	2,143,994
Assets	10a	Land, buildings, and equipment cost basis	10a	353,201,464			
4	b	Less accumulated depreciation Complete Part VI of					
		Schedule D	10b	229,023,210	130,418,300		124,178,254
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D			114,745,882	12	115,553,749
	13	Investments—program-related See Part IV, line 11 $\it Complete B$ of $\it Schedule D$ .	Part VI	!I	10,023,658	13	8,926,927
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			12,097,884	15	6,129,122
	16	Total assets. Add lines 1 through 15 (must equal line 34)			336,313,492	16	321,313,298
	17	Accounts payable and accrued expenses .			26,962,340	17	21,371,282
	18	Grants payable				18	
	19	Deferred revenue			597,560	19	760,583
	20	Tax-exempt bond liabilities			33,690,000	20	32,115,000
<u>ě</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties	. ·	•	10,661,666	23	8,211,505
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			68,917,950	25	135,995,170
	26	Total liabilities. Add lines 17 through 25			140,829,516	26	198,453,540
ري م		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	plete l	nes 27			
ည		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			160,469,532		87,818,285
ă	28	Temporarily restricted net assets	14,732,969	28	15,200,271		
Fund	29	Permanently restricted net assets		20,281,475	29	19,841,202	
or FL		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.	plete				
ζ.	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			195,483,976	33	122,859,758
	34	Total liabilities and net assets/fund balances			336,313,492	34	321,313,298
Da	rt VI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493225008310

Employer identification number

OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE H	OSPITA	L OF CENTRAL	CONNECTICUT									
								06	-064676	8		
	rt I			harity Status (to be co					Instruct	ions)		
The	organı	zatıon ıs not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon	)				
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	Γ	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	<u>~</u>	A hospital	or a cooperative	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the										
		hospital's name, city, and state										
5	$\Gamma$	Anorganiza	ation operated f	or the benefit of a college or	universit	y owned o	r operate	d by a gove	rnmental	unit desc	rıbed ın	
				(Complete Part II )								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	$\Gamma$	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral publi	c
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	$\Gamma$	A communi	ty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3%	of its supp	ort from c	ontribution	ıs, membe	ership fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (	less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III	)			
10	Г	An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See <b>S</b> e	ection 509(	( <b>a)(4).</b> (S	ee instruc	tions )	
11	Г	An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	e functions	of, or to	arry out t	he purpo	ses of
				orted organizations describe						Section 5	09(a)(3)	. Check
				type of supporting organiza					_		0.	l
	_	а Г Т <sup>.</sup>			′ '	- Function	•	•	d	' ''	III - Ot	
e	ı	•	- ,	rtify that the organization is agers and other than one or			•			•		
		section 50		agers and other than one or	more pub	с., зарр	ortou orga		200011000	5000.01	. 505(4)(	_, 0.
f		If the orgar	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation <u>,</u>
		check this						6.11				
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!			
				r indirectly controls, either a	alone or to	ogether wi	th person	s describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
				erson described in (i) above	_					11g(		<del>                                     </del>
			•	ty of a person described in (		bove?				11g(		
h		` '		nation about the organizatio	. , , ,		supports					
			J	•	•							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did	you notify	(vi) 1	s the	(vii) Ar	nount of
	Supported (described on lines 1 - 9 organization in the organization						_	ation in	supp	ort?		
	Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the U.S.?											
				(See Instructions))		verning ment?	sup	porty	in the	UST		
		Yes No Yes No										
		Yes No Yes No Yes No										
						+	<del> </del>	+		+	<del> </del>	
						1		+		1	-	
						1		+		1	1	
						1		1		1		
						1				1		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P	roxy Tax)		,	
N a	ime of the organization E HOSPITAL OF CENTRAL CONNECTICUT	·		Employer ider 06-0646768	ntıfıcatıon number	
Par		oy all organizations exempt e the instructions for Schedule				
1	Provide a description of the or	tivities in Part IV				
2	Political expenditures				\$	
3	V olunteer hours					
Par	<b>To be completed b</b> for Schedule C for d	oy all organizations exempt etails.)	under sectio	<b>n 501(c)(3).</b> (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization manag	gers under sectio	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	r?	┌ Yes ┌ No	
4a	Was a correction made?				┌ Yes ┌ No	
ь	If "Yes," describe in Part IV					
Par		by all organizations exempt is for Schedule C for details.)	under sectio	n 501(c), except sect	tion 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and en	ter here and on Form	\$	
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No	
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which pa were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV						
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
-						

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe						
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

art II-B	To be completed by organizations exempt under section 501(c)(3) that h	nave NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	r details.)

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		30,898	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV		Νo		
j	Total lines 1c through			30,898	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

## Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

# Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

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

Ident if ier	Return Reference	Explanation
Part II-B, Line 1:	Activities	Dues are paid to the American Hospital Association (AHA) and to the Connecticut Hospital Association (CHA) A portion of those dues are to allow these organizations to communicate with Federal and State governments to influence legislation on behalf of their member hospitals

1 \$

5 \$

Part IV Supplemental I	Supplemental Information					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

**Employer identification number** Name of the organization THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

**►** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art,	His	tori	cal Treas	sures, or Oth	<u>er Simila</u>	r Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that	are a sıgnıfıcant	use of its c	ollectio	n	
а	Public exhibition		d	$\vdash$	Loan or ex	change program	ıs			
ь	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n hov	vthev	/ further th	e organization's i	exemnt nuri	nose in		
•	Part XIV	meetions and explain	11101	v ciic;	, rateller til	organization 5	exempt pur	703C III		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to						mılar	Г	Yes	□ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Com	plete	e if the or		wered "Ye			90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other intermed	diary	for c	ontribution	s or other assets	s not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9			_				
								A mou	ınt	
c	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete								_	
_		(a)Current Year	(b	)Prior	Year (c	Two Years Back (	<b>d)</b> Three Years	Back   (e	Four Y	ears Back
1a	Beginning of year balance	110,529,502								
b	Contributions	2,235,178								
С	Investment earnings or losses	4,211,109								
d	Grants or scholarships									
е	Other expenditures for facilities and programs	1,491,801								
f	Administrative expenses									
g	End of year balance	115,483,988								
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	69 720 %								
ь	Permanent endowment - 17 180 %									
с	Term endowment ► 13 100 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion t	that a	re held and	d administered fo	r the			
	organization by	J							Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations							3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						3b		<u> </u>
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Building	s, and Equipmen	<u>it. S</u>		<u> </u>	1 '	<u>'.                                    </u>			
				(a) 🤇	Cost or other	(b)Cost or other	(c) Depred	ciation	(d) Bo	
	Description of investment			basıs	(ınvestment)	basis (other)	(c) bepiet		(u) bo	ok value
<b>1</b> a L	Description of investment			basıs		, ,				
	·			basis	(investment)	1,520,032	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	31,170		2,572,259
b B	and			basis	(investment) 1,052,227	1,520,032	101,6		7	2,572,259 8,503,903
b B c L	and			basis	(investment) 1,052,227	1,520,033 172,888,554 4,460,809	101,6	31,170	7	2,572,259 8,503,903 2,318,381
b B c L d B	and			basis	(investment) 1,052,227 7,246,519	1,520,03; 172,888,554 4,460,80; 157,192,086	2 101,6 5 2,1 0 121,4	31,170	7	2,572,259 8,503,903 2,318,381 6,187,136 4,596,575

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other FUNDS HELD IN TRUST BY OTHERS	13,240,758		F
Other MUTUAL FUNDS	95,642,786		F
Other CURRENT ASSETS WHOSE USE IS LIMITED	69,761		F
Other PERMANENTLY RESTRICTED INVESTMENTS	6,600,444		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	115,553,749		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	( <b>b)</b> Book value		l of valuation year market value
		2031 01 0114 01	year market value
<b>-</b> 1. (0.1 (1) 1. (1) 2. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1) 1. (1)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
(4) 5 65 611	501011		(B) Book value
Total (Column (h) should equal Form 200, Part V and (B) lines	15.)		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line in <b>Part X Other Liabilities.</b> See Form 990, Part X			
(a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
DUE TO THIRD PARTIES	14,739,235		
PENSION PLAN AND SELF INSURANCE LIABILITY	108,210,009		
ACCRUED COMPENSATION	13,045,926		
ACCUSED COM ENGRAPION	13,043,920		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	135 005 170		
iotani (Columni (D) should equal Form 550, Part A, Col (B) line 25 )	135,995,170		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	390,365,299
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	372,405,302
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,959,997
4	Net unrealized gains (losses) on investments	4	-1,909,230
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-88,674,985
9	Total adjustments (net) Add lines 4 - 8	9	-90,584,215
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-72,624,218
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		386,641,453
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-1,193,327
3	Subtract line <b>2e</b> from line <b>1</b>	3	387,834,780
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	2,530,519
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	390,365,299
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	371,908,113
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	371,908,113
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 497,189		
c	Add lines <b>4a</b> and <b>4b</b>	4c	497,189
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	372,405,302
Da	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	The temporary and permanently restricted endowments are restricted based on the donor's request. The other board designated endowments are intended to support the hospital's future needs in providing health care services to the community.
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective October 1, 2007, the Hospital adopted certain provisions of FASB ASC 740-10, "income taxes" (ASC 740-10), which clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements ASC 740-10 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a company's tax position taken or expected to be taken in a tax return ASC 740-10 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. The adoption of ASC 740-10 did not have any impact on the accompanying consolidated financial statements as the Hospital or GIC do not believe they have any uncertain tax positions.
Part XI, Line 8 - O ther Adjustments		CHANGE IN ASSETS HELD IN TRUST BY OTHERS -438927 PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -80300781 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -1971035 DEBT FORGIVENESS GRANTED TO CCHA -5967242 CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH 3000
Part XII, Line 2d - Other Adjustments		NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 777708 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -1971035
Part XII, Line 4b - O ther A djustments		CONTRIBUTIONS 1422786 AUXILIARY SPECIAL EVENTS-GOLF TOURNAMENT AND BALL 159158 AUXILIARY GIFT STORE INCOME 178965 INCOME FROM INVESTMENTS 718175 AUXILIARY FASHION SHOWS 51435
Part XIII, Line 4b - Other Adjustments		AUXILIARY EXPENSES - NEW BRITAIN CAMPUS 472580 AUXILIARY EXPENSES - BRADLEY CAMPUS 24609

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

As Filed Data -

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

DLN: 93493225008310

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, Department of the Treasury lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

Internal Revenue Service	lines 17, 18, or 19, and	by organizat	rm 990-EZ, line 6a.	Inspection		
Name of the organization THE HOSPITAL OF CEN	TRAL CONNECTICUT			_		ntification number
					06-0646768	
Part I Fundraisin	<b>ig Activities.</b> Complete	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	', line 17.
1 Indicate whether the	e organization raised funds	through a	ny of the	following activities Ch	eck all that apply	
<b>a</b> Mail solicitation	s			e   Solicitation of r	non-government grants	
<b>b</b> F Email solicitatio	ns			f   Solicitation of	government grants	
c Phone solicitation	ons			g   Special fundrai	sing events	
d In-person solicit	tations					
or key employees lis  b If "Yes," list the ten	i have a written or oral agre sted in Form 990, Part VII highest paid individuals or at least \$5,000 by the orga	or entity entities (1	in connec	ction with professional f rs) pursuant to agreem	fundraising activities? ents under which the fu	
(i) Name of individuo or entity (fundraiser	I (III) A ctivity	(iii) fundrais custo conti	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No				
T-1-1						
<u>Total</u>					L	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Components than \$15,000 on Form					report	:ed
			(a) Event #1  GOLF TOURNAMENTS (event type)	(b) Event #2  CHRYSANTHEMUM BALL (event type)	(c) O ther Events  2 (total number)	(Add col	tal Eve (a) th	
⊕ Z	1	Gross receipts	142,820		53,325		38	0,401
Revenue	2	Less Charitable	86,820	91,106	15,750		19	3,676
<u>~</u>	3	Gross revenue (line 1 minus line 2)	56,000	93,150	37,575		18	6,725
	4	Cash Prizes	0					
ses	5	Non-cash Prizes	2,970	533	332			3,835
Expenses	6	Rent/Facility costs	26,239	59,616	22,958		10	8,813
	7	Other direct expenses	20,594	13,230	1,390		3	5,214
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		14	7,862
	9	Net income summary Combine lir						8,863
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	irt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
9	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	•			
9 a		er the state(s) in which the organiza the organization licensed to operate		<u> </u>		· 9a	Yes	No
b	If "	No," Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11	Doe	es the organization operate gaming a	ctivities with nonmembe	rs?		11		
12	Ist	the organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ip or other entity			
		near to daminioter enameable gaming				12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493225008310

OMB No 1545-0047

Open to Public **Inspection** 

## **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

**Hospitals** 

Name of the organization THE HOSPITAL OF CENTRAL CONNECTICUT Employer identification number

							06-0646768				
Pā	charity Care and	Certain O	ther Com	munity Ben	efits at	t Cost (Optional	for 2008)		1	1	
	<b>.</b>		1 6 5 6 8 8						Yes	No	
1a	•							1a			
	If "Yes," is it a written policy							1b		<u> </u>	
2	If the organization has multip care policy to the various hos		indicate whic	ch of the follow	ung best	describes applicat	tion of the charity				
	Applied uniformly to all ho	•		□ Applied	uniformly	to most hospitals					
	Generally tailored to indiv	ıdual hospita	Is								
3	Answer the following based or organization's patients	n the charity	care eligibili	ty criteria that	applies 1	to the largest num	ber of the				
а	Does the organization use Fe income individuals? If "Yes,"							3a			
	Γ <sub>100%</sub> Γ <sub>150%</sub>	$\Gamma_2$	200%	□ Other_		%					
ь	Does the organization use FP	G to determin	ne eligibility	for providing <i>a</i>	liscounted	d care to low incom	ne individuals? If				
	"Yes," indicate which of the fo							Зь			
	Γ <sub>200%</sub> Γ <sub>250%</sub>	T 300	о% Г	<del>-</del> 350%	T 400	%	ır %				
С	If the organization does not u determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	ıde in the desc	ription w	hether the organız					
4	Does the organization's polic	y provide free	or discount	ed care to the	"medical	lly indigent"? .		4			
5a	Does the organization budget	amounts for	free or disco	unted care pro	ovided un	der its charity car	e policy?	5a			
b	If "Yes," did the organization	's charity car	e expenses	exceed the bu	dgeted ar	mount?		5b			
c											
6a	6a Does the organization prepare an annual community benefit report?										
6b	If "Yes," does the organization	n make it ava	aılable to the	public? .				6b			
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Sc	hedule H	instructions Dor	not submit these				
7	Charity Care and Certain O	ther Commu	nity Benefits	at Cost							
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total com benefit exp		(d) Direct offsettir revenue	(e) Net community to expense	benefit	(f) Perototal ex		
	Charity care at cost (from worksheets 1 and 2)	,									
b	Unreimbursed Medicaid (from worksheet 3, column a)										
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)										
d	<b>Total</b> Charity Care and Means-Tested Government Programs										
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)										
f	Health professions education (from worksheet 5)										
g	Subsidized health services (from worksheet 6)										
h	Research (from worksheet 7)										
	Cash and in-kind contributions to community groups (from worksheet 8)										
i '	Total Other Benefits		_					T			

k Total (line 7d and 7j) . . .

	for 2008)  (a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offset revenue	ting (e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members  6 Coalition building								
<ul><li>Coalition building</li><li>Community health improvement</li></ul>								
advocacy								
Workforce development     Other				+				
LO Total								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15? 2 Enter the amount of the organi 3 Enter the estimated amount of attributable to patients eligible 4 Provide in Part VI the text of t In addition, describe the costifor including other bad debt and section B—Medicare 5 Enter total revenue received for Enter Medicare allowable cost 6 Enter line 5 less line 6—surpl 8 Describe in Part VI the extent the costing methodology or so following methods was used	zation's bad de the organizate under the organizate under the organizate de under the organizate of comments in comments in comments of care related us or (shortfall to which any urce used to comments of care to comment of the organization of the	ebt expense (at lon's bad debt expense (at lon's bad debt expense) and the organization of the organizatio	t cost)  expense (at cost)  erity care policy  on's financial statem  rmining the amounts  and IME)  s on line 5  ed on line 7 should to  mount reported on line  tio	anents that describes reported on lines  5  6  7  De treated as common 6 and indicates  Other	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Part IV Management Com  (a) Name of entity		Joint Ventu  o) Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit %	pro	e) Physicofit % or wnershij	stock
				•	or stock ownership%	1	•	
l						+		
2								
3								
2 3 4								
2 3 4								
2 3 4 5								
2 3 4 5								
1 2 3 4 5 5 5 7 8 8								
2 3 4 5 5 7								
2 3 4 5 5								
2 3 4 5 7 3 9								
2 3 4 5 5 7 3 9								
2 3 4 5 5 7 3 9								
2 3 4 5 5								

Part V Facility Information (Required for 200	18)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Hospital of Central CT - New Britain Cam 100 Grand Steet New Britain, CT 06050	х	х		х			х		
Hospital of Central CT- Bradley Campus 81 Meriden Ave Southington, CT 06489	×	х		Х			х		
									<u> </u>
	-							-	
	1				i		1		1

Schedule H (Form 990) 2008

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
_	
_	
2	<b>Needs Assessment.</b> Describe how the organization assesses the health care needs of the communities it serves
_	
_	
3	Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
_	
4	<b>Community Information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_	
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493225008310

**Employer identification number** 

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

**Compensation Information** 

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Νo Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Yes The organization? 6a 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation			
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ			
See Addıtıonal Data Table (i)										
(ii)										
(i)										
(ii)										
(i)										
(ii)										
(i)										
(ii)										
(i)										
(ii)										
(i)										
(ii)										
(i)										
(ii)										
(i)										
(ii)										

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	_	
Ident if ier	Ret urn Ref erence	Explanat ion
	Part I, Line 1a	"Gross-ups" on a cash benefit paid to the CEO, the COO and the CFO equal to the annual maximum 403(b) elective deferral, and a cash benefit paid to the CEO equal to the maximum annual contribution to a 457 account. Also on the portion of the split dollar that was annually reported on the CEO, COO and the CFO's W-2s. All employees are eligible for a discount at Health Trax and the local Y's
	Part I, Line 1b	The organization did seek legal opinion regarding these special tax gross up payments and believes these payments are consistent with the Board's prior approval of their compensation packages
	Part I, Line 4a	Bridget Wheeler - Payment \$57,156 19 & \$2,650 deposited to her 457(b)(11) account Antoinetta Capriglione - Payment \$124,658 83
	Part I, Line 6	The Management Incentive Plan's trigger for payment eligibility is the organization's operating margin. The Officers are eligible for a bonus of up to 5% if the operating margin target is met and the middle managers achieve their goals at specified levels.

DLN: 93493225008310

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

THE HOSPITAL OF CENTRAL CONNECTICUT

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number 06-0646768

P	art I Bond Issues (Required	d for 2008)												
	(a) Issuer Name			(d) Date	Issued	(e) Issue Price		(f) Description of Purpose			<b>(g)</b> De	feased	(h) Or Behalf Issue	
											Yes	No	Yes	No
A	CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY (CHEFA)	06-0806186	20774UH40	08-08-2008		33,690,000				FA Series A s B within 30		х		х
Pa	art II Proceeds (Optional for	2008)									1	I		
1	Total Proceeds of Issue			-	Α	E	В			D			Е	
2	Gross Proceeds in Reserve Funds	3												
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
	Issuance Costs from Proceeds													
6	Working Capital Expenditures fron	Working Capital Expenditures from Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	.	No
9	Were the bonds issued as part of a	a current refunding iss	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12														
Pa	Tt III Private Business Use	(Optional for 2008)	)										·	
				-	4	-	В			D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
1	Was the organization a partner in which owned property financed by		mber of an LLC,											
2	Are there any lease arrangements which may result in private busine		nanced property											
For	Panerwork Reduction Act Notice see th	e Instructions for Form	990			Cat No. 501	193F			Sch	redule K	Form QQ	0) 2008	

Schedule K	(Form 990) 2008		
Part III	<b>Private Busines</b>	s Use	(Continued)

Are there any management or service contracts with respect to the financed property which may result in private business use?  3b Are there any research agreements with respect to the financed property which may result in private business use?  3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?  4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government  5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government  6 Total of lines 4 and 5  7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A Yes  1 Has a Form 8038-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the	No	Yes	No	Yes	No	Yes	No	Yes	No
financed property which may result in private business use?  3b Are there any research agreements with respect to the financed property which may result in private business use?  3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?  4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government  5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government  6 Total of lines 4 and 5  7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A Yes  1 Has a Form 8038-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC									
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which may result in private business use?  Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?  Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government  Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government  Total of lines 4 and 5  Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A Yes  I Has a Form 8038-T been filed wth respect to the bond issue?  I sthe bond issue a variable rate issue?  A Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  B Name of provider  C Term of hedge  4a Were gross proceeds invested in a GIC?  D Name of provider  C Term of GIC									
counsel to review any management or service contracts or research agreements relating to the financed property?  4									
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7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A Yes  1 Has a Form 8038-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC									
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A Yes  1 Has a Form 8038-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC									
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Is the bond issue a variable rate issue?  Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  Name of provider  Term of hedge  Were gross proceeds invested in a GIC?  Name of provider  Term of GIC	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC									
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c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC									
4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC									
b Name of provider  c Term of GIC									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the									
GIC satisfied?									
5 Were any gross proceeds invested beyond an available temporary period?									
6 Did the bond issue qualify for an exception to rebate?									T

# OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization THE HOSPITAL OF CENTRAL CONNECTICUT **Employer identification number** 

06-0646768

	<b>(d)</b> d of determi revenues	nıng			
2 Art—Historical treasures .					
3 Art—Fractional interests					
4 Books and publications X 1,113 FMV					
5 Clothing and household goods X					
6 Cars and other vehicles					
7 Boats and planes					
8 Intellectual property					
9 Securities—Publicly traded .					
10 Securities—Closely held stock .					
11 Securities—Partnership, LLC, or trust interests					
12 Securities—Miscellaneous					
13 Qualified conservation contribution (historic structures)					
14 Qualified conservation contribution (other)					
15 Real estate—Residential .					
16 Real estate—Commercial					
17 Real estate—Other					
<b>18</b> Collectibles X 2 67 FMV					
19 Food inventory					
20 Drugs and medical supplies . X 1 170,640 DPH GRANT					
21 Taxidermy					
22 Historical artifacts					
23 Scientific specimens					
24 Archeological artifacts					
25 Other (describe GIFT CARDS					
& FACE VALUE	OF GIFT C	ARD &			
CERTIFICATES ) X 59 3,488 CERTIFICAT	E				
TICKETS TO					
26 Other (describe EVENTS ) X 4 375 FACE VALUE	OF TICKET	-			
AUCTION					
28 Other (describe )					
29 Number of Forms 8283 received by the organization during the tax year for contributions for					
which the organization completed Form 8283, Part IV, Donee  Acknowledgement			0		
		Yes	No		
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it model for at	nust				
least three years from the date of the initial contribution, and which is not required to be used for exempt purpos	es				
for the entire holding period?	· 30a		No		
<b>b</b> If "Yes", describe the arrangement in Part II					
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		N o		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	. 32a		No		
<b>b</b> If "Yes", describe in Part II	523		<u> </u>		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is			1		
checked, describe in Part II					

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation			
240111111	Notal III Colored	Explanation			
	1	1			

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 2008

DLN: 93493225008310

Inspection

Name of the organization
THE HOSPITAL OF CENTRAL CONNECTICUT

Employer identification number

06-0646768

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	The Hospital of Central Connecticut undertook various program enhancements in several categories in order to better meet the needs of our community. They are as follows: Clinical Technology: Emergency Department CT Scanner at New Britain General, Bed Replacement - Phase I, and Digital X-Ray Room at Bradley Campus Information Technology: PeopleSoft - Contract Management, PowerWorks - HealthE Hub, Nuance Dictation System, Lighthouse - Falls, CAUTI, Pressure Ulcers, Central Lines, VisionWare - Productivity Monitoring, Allscripts - Case Management, Intelliflow: Pharmacy, DRG Assurance, Health Facts - Feeds are live, and RAC Data Feed: Facility Improvements: Bradley SPU - Women's Center Renovated, Cedar Street - New Ington Diagnostic, Surgical Nursing Unit at New Britain General Renovated, Fire Alarm System Upgrade, Bradley Medical Office Building fully occupied, Operating Room tables replaced, Cysto Room, and Pharmacy 797

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other routine services such as laboratory, maternity, new born, psychiatric and pediatric and ancillary services provided to patients. Expenses \$ 254375299 including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		A Board member is an employee of an Accounting firm that provides tax services to a Physicians' Group that a fellow Board member is a part of A Board member's son owns a Commercial Real Estate business who leases space to a Physicians' Group that a fellow Board member is a part of

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		The hospital has a management agreement with Central Connecticut Health Alliance for the CEO, COO and CFO. Authority is limited due to oversight of the Hospital Board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		HCC has more than 800 Corporators who are dedicated to the Hospital's mission

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		There are two classes of Members, the first are known as Corporators Corporators comprise individuals interested in the purposes of the Hospital and represent a broad section of the communities served Corporators have the right to vote for the election of Directors. The second class of member is comprised solely of the parent organization, Central Connecticut Health Alliance (CCHA). CCHA has the right to nominate and approve candidates for election to the Board and the right to elect additional Corporators.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		CCHA has the authority to approve significant actions as outlined in the Hospital's bylaw's as well as the right to amend the Hospital's Certificate of Incorporation or its bylaw's

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Form 990 was provided to the organization's governing body for review and comments prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annual disclosure forms are sent out to Directors, Officers and appropriate employees and are reviewed by the Compliance Officer, General Counsel, and CEO (Board chair - Board disclosures)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Every other year the Hospital's parent, Central Connecticut Health Alliance, Executive Compensation Committee engages an executive compensation consulting firm to conduct a competitive assessment of total compensation (including cash compensation and executive benefits) and to validate the reasonableness of such compensation. This was most recently conducted by Sullivan Cotter and Associates in 2008. This assessment covers the leadership position at the Hospital. When determining compensation for the Hospital's department heads, relevant market data is collected from a number of sources to assure that each incumbent is paid competitively. Sources include The Connecticut Hospital Association Salary Survey, Mercer's Integrated Health Networks Survey, Integrated Health Solutions Executive Compensation Survey, and Sullivan and Cotter's Management and Executive Survey. Survey data is considered by state, region, and size of hospital. The performance of each individual department head and available monies are other factors in the deliberation process. After collating and analyzing all relevant data, a recommendation as to appropriate salary is made by Human Resources Management. The Administrative Advisor of each department head then considers the recommendations and approves or revises the figures on the information presented.

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and financial statements aren't made available to the public					

Identifier	Return Reference	Explanation
		The organization's audit committee assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant

ldentifier	Return Reference	Explanation
FORM 990, PART III, Line 1 (Continued)		The Hospital of Central Connecticut at Bradley Memorial, founded in 1938, is an acute care hospital located at 81 Meriden Avenue, Southington, Connecticut It provides a wide range of inpatient and outpatient services to a geographic area centered on the towin of Southington. The Bradley Memorial Campus is licensed for 84 beds Maternity services are not provided, therefore, there are no bassinets. It currently staffs 30 beds. The beds are divided into 27 medical and surgical beds and 3 ICU beds. Inpatient. The Bradley Memorial campus offers inpatient care in general medicine and surgery and various specialties, including but not limited to cardiology, physical medicine, radiology, 24-hour emergency care, neurosurgery and intensive care. Outpatient. The campus provides ambulatory surgery, cardiac testing and rehabilitation, physical medicine, respiratory therapy and other types of outpatient services, as well as Women's Center, Diagnostic services, including lab testing and radiology and Wound Care Center. Both campuses provide a wide array of medical services. Since operating under a single license, patients can receive services offered at either campus without any interruption. Patients are also offered continuity of care since the clinical oversight of each service is shared between campuses.

ldentifier	Return Reference	Explanation
FORM 990, PART VII, COMPENSATION OF OFFICERS, DIRECTORS		A DR ANDREOLI- COMPENSATION PROVIDED FOR PROVISION OF PROFESSIONAL SERVICES AS OB/GYN SITE DIRECTOR RESIDENCY PROGRAM AT THE HOSPITAL OF CENTRAL CONNECTICUT (HCC) B DR ASCIUTO- COMPENSATION PROVIDED FOR PROVISION OF PROFESSIONAL SERVICES AS ASSOCIATE CHIEF OF MEDICAL STAFF, BRADLEY MEMORIAL CAMPUS OF HCC C DR CIARDELLA-COMPENSATION PROVIDED FOR PROFESSIONAL SERVICES AS ASSOCIATE CHIEF, DEPARTMENT OF MEDICINE, BRADLEY MEMORIAL CAMPUS OF HCC D DR LAPKIN- COMPENSATION PROVIDED FOR PROFESSIONAL SERVICES AS CHIEF OF STAFF AND MEDICAL DIRECTOR OF THE DIALYSIS UNIT AT HCC E DR TOFFOLON- COMPENSATION PROVIDED FOR PROFESSIONAL SERVICES AS AN ON-CALL PHYSICIAN AT HCC

DLN: 93493225008310

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	(H Disprop allocat	rtionate	(I) Code V—UBI amount on Box 20 of K-1	Gen mar	( <b>J)</b> eral or naging tner?
							Yes	No		Yes	No
Central CT Sports Medicine CtrLLC  15 Massirio Drive Suite 104 Berlin, CT06037 22-3196509	Physical therapy	СТ	ССНА	RELATED	-2,290	292,596		No			No
New Britain MRI Limited Partnership 100 Grand Street New Britain, CT06050 06-1271349	Magnetic resonance imaging	СТ	CenConn Services Inc	RELATED	1,204,620	2,847,405		No			No
New Britain Occupational Health Center LLC 440 New Britain Avenue Plainville, CT06062 06-1484904	Occupational healthcare	СТ	нсс	RELATED	24,566	511,079		No		Yes	

#### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
CenConn Services Inc 100 Grand Street New Britain, CT06050 22-2836001	Investment Management	СТ	ССНА	С			
Grand Indemnity Company Ltd FB Perry Building 40 Church Street Hamilton BD 98-0609499	Professional Liability	BD	нсс	С	942,969	29,080,626	100 000 %

(5)

(6)

Part V	Transactions with Related Organizations

- 1	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		,	Yes	No	
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1:	а		No	
b	<b>b</b> Gıft, grant, or capıtal contribution to other organization(s)	1	Ь	Yes		
c	<b>c</b> Gift, grant, or capital contribution from other organization(s)	10	c \	Yes		
d	d Loans or loan guarantees to or for other organization(s)	10	d		No	
e	e Loans or loan guarantees by other organization(s)	10	e		No	
f	f Sale of assets to other organization(s)	11	f		No	
g	g Purchase of assets from other organization(s)	19	g	ĺ	No	
h	<b>h</b> Exchange of assets	1	h		No	
i	i Lease of facilities, equipment, or other assets to other organization(s)	1	i ۱	Yes		
j	j Lease of facilities, equipment, or other assets from other organization(s)	1	.j		No	
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1	k		No	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	1	.1		No	
m	<b>m</b> Sharıng of facılıtıes, equipment, mailing lists, or other assets	1	m		No	
n	n Sharing of paid employees	1	n \	Yes		
o	o Reimbursement paid to other organization for expenses	10	0		No	
р	p Reimbursement paid by other organization for expenses	1	p \	Yes		
q	<b>q</b> Other transfer of cash or property to other organization(s)	1	q Y	Yes		
r	r Other transfer of cash or property from other organization(s)	1	ŗ		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds				
	(A) (B) (C)	)				
	Name of other organization(s)  Transaction type(a-r)  Amount Ir	ivolved				
(1)						
See						
Add Dat	dditional ata					
Tab						
(2)						
(3)						
(3)						
(4)						
(-)						

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	<b>(E)</b> Share of end-of-year assets			( <b>G</b> ) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

**EIN:** 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related	lax-exempt Organizations						
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity		
Bradley Health Services Inc							
100 Grand St New Britain, CT06050 06-1367014	Healthcare	СТ	501(C)(3)	LINE 9	Central CT Health Alliance		
Capital Area Health Consortium Inc							
270 Farmington Ave Farmington, CT06032 51-0173264	Healthcare	СТ	501(C)(3)	LINE 11,III-FI			
Central CT Health Alliance							
I 100 Grand St	Healthcare Administration	СТ	501(C)(3)	LINE 11,II			
Central CT Senior Health Services Inc							
	Sub-Acute & Long Term Healthcare	СТ	501(C)(3)	LINE 9	Central CT Health Alliance		
Community Mental Health Affiliates Inc							
	Mental Health & Substance Abuse Treatment Provider	СТ	501(C)(3)	LINE 7	Central CT Health Alliance		
Mulberry Gardens of Southington LLC							
	Assisted Living & Adult Day Care Facility	СТ	501(C)(3)	LINE 9	Central CT Senior Health Services Inc		
The Orchards of Southington							
34 Hobart St Southington, CT06489 06-1490803	Residential Services for Senior Citizens	СТ	501(C)(3)	LINE 9	Central CT Senior Health Services Inc		
VNA of Central Connecticut Inc							
I JUS Wast Main Straat	Public Health Nursing & Home Care	СТ	501(C)(3)	LINE 9	Central CT Health Alliance		
Jerome Home							
975 Corbin Ave New Britain, CT06052 06-0646690	Nursing Home	СТ	501(C)(3)	LINE 9			

Form	990, Schedule R, Part V - Transactions with Related Organizations (A)  Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Central CT Health Alliance	N	1,433,810
(2)	Central CT Sports Medicine Center LLC	N	1,742,044
(3)	New Britain Occupational Health	N	245,405
(4)	New Britain MRI Limited Partnership	N	779,390
(5)	CenConn Services Inc	N	146,865
(6)	Central CT Health Alliance	В	5,967,242
(7)	Central CT Health Alliance	P	524.304

			,
(5)	CenConn Services Inc	N	146,865
(6)	Central CT Health Alliance	В	5,967,242
(7)	Central CT Health Alliance	Р	524,304
(8)	New Britain MRI Limited Partnership	Р	280,883
(9)	Community Mental Health Affiliates	Р	120,015

(6)	Central CT Health Alliance	В	5,967,242
(7)	Central CT Health Alliance	Р	524,304
(8)	New Britain MRI Limited Partnership	Р	280,883
(9)	Community Mental Health Affiliates	Р	120,015
(10)	Central CT Sports Medicine Center LLC	Р	56,141
(11)	Community Mental Health Affiliates	I	194,292
(12)	New Britain Occupational Health	I	215,000

(7)	Central CT Health Alliance	Р	524,304
(8)	New Britain MRI Limited Partnership	Р	280,883
(9)	Community Mental Health Affiliates	Р	120,015
(10)	Central CT Sports Medicine Center LLC	Р	56,141
(11)	Community Mental Health Affiliates	I	194,292
(12)	New Britain Occupational Health	I	215,000
(13)	New Britain MRI Limited Partnership	I	117,976

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DLN: 93493225008310

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization** (Including Information on Listed Property)

Attachment Sequence No 67

See separate instructions. ► Attach to your tax return. Identifying number Name(s) shown on return Business or activity to which this form relates THE HOSPITAL OF CENTRAL CONNECTICUT Form 990 Page 10 06-0646768 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 17,479,711 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 17,479,711 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

#### **TY 2008 Itemized Other Current Liabilities Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
THE HOSPITAL OF CENTRAL CONNECTICUT	06-0646768	PREMIUMS RECEIVED IN ADVANCE	0	612,995
THE HOSPITAL OF CENTRAL CONNECTICUT	06-0646768	UNEARNED PREMIUMS	0	224,227
THE HOSPITAL OF CENTRAL CONNECTICUT	06-0646768	RESERVE FOR LOSSES AND LOSS ADJ EXPENSES		3,228,000

# **TY 2008 Itemized Other Current Assets Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREMIUMS RECEIVABLE	0	317,861
		REINSURANCE RECOVERABLE	0	5,551,841
		PREPAID EXPENSES	0	630,190

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### **TY 2008 Other Deductions Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
GENERAL AND ADMINISTRATIVE EXPENSES	400,492	400,492
LOSSES AND LOSS ADJUSTMENT EXPENSES	16,874,515	16,874,515

#### **TY 2008 Itemized Other Liabilities Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		RESERVE FOR LOSSES AND LOSS ADJ EXPENSES	0	18,869,933

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#### **TY 2008 Other Income Statement**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Description	Foreign Amount	Amount	
NET PREMIUMS EARNED	18,217,976	18,217,976	

# Software ID: Software Version:

**EIN:** 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

#### Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit	(C non ( hat a	chec	)		ı		(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	( <b>D)</b> Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LAURENCE A TANNER , PRESIDENT/CEO/DIRECTOR	50 00	x		х				0	804,279	154,545
CLARENCE J SILVIA , SR VP OPS & COO/DIRECTOR	50 00	Х		х				0	491,396	150,883
JOHN W ANDREOLI JR M , DIRECTOR	1 00	Х						40,000	0	0
FRANK R MILLER , CHAIRMAN/DIRECTOR	1 00	Х		х				0	0	0
EDWARD P TOFFOLON MD , DIRECTOR	1 00	Х						17,415	0	0
MARIE S GUSTIN PHD , DIRECTOR	1 00	Х						0	0	0
LINDSLEY WELLMAN , DIRECTOR	1 00	Х						0	0	0
CONNIE W COLLINS , SECRETARY/DIRECTOR	1 00	х		х				0	0	0
JOHN E DILLAWAY , DIRECTOR	1 00	Х		Х				0	0	0
JOHN S MANNING , VICE CHAIRMAN/DIRECTOR	1 00	Х		х				0	0	0
HARRY N MAZADOORIAN , DIRECTOR	1 00	Х						0	0	0
ANTHONY CIARDELLA MD , DIRECTOR	1 00	Х						30,000	0	0
JOSEPH R CRISPINO , DIRECTOR	1 00	Х						0	0	0
DANIEL DAIGLE , DIRECTOR	1 00	Х						0	0	0
JOHN J PATRICK JR , DIRECTOR	1 00	Х						0	0	0
BARBARA KIREJCZYK , DIRECTOR	1 00	X						0	0	0
ROBERT A LAPKIN MD , DIRECTOR	1 00	X						127,548	0	0
BARBARA R MACKAY , DIRECTOR	1 00	Х						0	0	0
WILLIAM W WEBER , DIRECTOR	1 00	Х						0	0	0
LETTERIO ASCIUTO MD , DIRECTOR	1 00	Х						20,000	0	0
TERI K POLASKE , DIRECTOR	1 00	Х						0	0	0
DAVID R NEWTON , TREAS/SR VP FIN/CFO	50 00			х				0	526,306	256,019
BRIAN A ROGOZ , VP FINANCE/ASSISTANT TRE	50 00			х				248,313	0	61,371
STEVEN D HANKS MD , SR VP, MED AFFAIRS & CM	50 00			х				494,727	0	35,855
BRIDGET WHEELER RN , VP PATIENT CARE SVC	50 00			х				281,281	0	97,481
ELIZABETH A LYNCH , VP HUMAN RESOURCES	50 00			х				231,489	0	60,488
BARBARA W ANDREWS , ASSISTANT SECRETARY	50 00			х				65,925	0	11,529
STEVEN A GODFREY , VP PAYER & GOV'T RELATIO	50 00			х				186,590	0	57,260
ANTOINETTA CAPRIGLIONE, CHIEF OF PEDIATRICS	50 00				Х			526,492	0	114,611
JEFFREY A FINKELSTEIN , CHIEF ER PHYSICIAN	50 00				Х			381,354	0	102,849

Form 990, Part VII - Section Aaa

FORM 990, Part VII - Section Ada										
		(C) Position (check all that apply)					ı	(D)	(E)	<b>(F)</b> Estimated
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
MICHAEL BALKUNAS MD , CHIEF OF PSYCHIATRY	50 00				х			339,931	0	86,853
MICHAEL GREY MD , CHIEF OF MEDICINE	50 00				х			328,381	0	53,722
JAMES L MASSI MD , CHIEF OF SURGERY	50 00				х			298,116	0	9,775
MILTON J SANDS JR MD , DIR OF CARDIOLOGY	50 00					Х		350,324	0	63,960
HAKLAI P LAU MD , HOSPITALIST	75 00					Х		391,770	0	10,495
RENE HIPONA MD , ASSOC CHIEF, EMERGENCY M	50 00					Х		334,988	0	20,165
DAVID BUONO MD , EMERGENCY ROOM PHYSICIAN	50 00					Х		328,352	0	23,983
JAMES HOFFMAN MD , GYNECOLOGIC ONCOLOGIST	50 00					х		328,199	0	30,637

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT SERVICE REVENU	900,099	339,147,903	339,147,903		
<b>b</b> LABORATORY SERVICES	621,500	37,318,102	33,160,474	4,157,628	
c OTHER PATIENT SERVICE	900,099	4,322,309	4,322,309		
d OUTSIDE SERVICES	518,210	112,562		112,562	
e CHILD CARE INCOME	624,410	17,958		17,958	

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The Hospital of Central Connecticut ("HCC") reflects the combined talent, resources, and capabilities of New Britain General Hospital and Bradley Memorial Hospital. It is a 414-bed acute care teaching hospital affiliated with the University of Connecticut School of Medicine and serves as the primary referral center for the central Connecticut region, serving a population of 250,000. As a full-service hospital, The Hospital of Central Connecticut offers many clinical services that are recognized for their comprehensiveness and excellence. They include: The George Bray Cancer Center; The Wolfson Palliative Care Program; The Joslin Center for Diabetes at the Hospital of Central Connecticut; The Wound Care Center; The Family BirthPlace; Critical Care Services, and The Sleep Disorders Center. HCC's mission is to fostering, sustaining and improving the health status of the people in the communities we serve.

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Hospital of Central Connecticut at New Britain General provides medicine and surgery and numerous specialties. Centers of excellence include the Center for Cardiovascular Medicine; Center for Joint Care, Ferdinand Sauer, MD Family Birthplace, Joslin Diabetes Affiliate, Sleep Disorders Center; and George Bray Cancer Center. The Hospital also operates medical, surgical, pediatric and ob/gyn outpatient clinics; and outpatient diagnostic and laboratory services in New Britain and surrounding towns; and runs various community events and programs. Medical centers include Behavioral Health, Bone and Osteoporosis Center, George Bray Cancer Center, The Center for Joint Care, Cardiology, Clinical Research, Ferdinand Sauer, MD Family BirthPlace, Fertility and Women's Health, Joslin Diabetes Affiliate, Sleep Disorders, Weigh Your Options clinical weight loss center, Wolfson Palliative Care and 24 hour emergency department.

Software ID: Software Version:

**EIN:** 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
LAURENCE A TANNER	(1) (11)		37,660	182,150	151,678	2,867	7 958,824	369,043 207,586
CLARENCE J SILVIA	(1) (11)		19,020	110,761	150,669	214	4 642,279	239,499 93,139
DAVID R NEWTON	(1) (11)		19,020	145,671	250,468	5,551	1 782,325	127,032 225,834
BRIAN A ROGOZ	(1) (11)		13,500	16,486	59,447	1,924	309,684	. 74,137 90,024
STEVEN D HANKS MD	(1) (11)		19,250	86,169	34,560	1,295	530,582	344,435
BRIDGET WHEELER RN	(1) (11)		7,740	76,320	95,557	1,924	378,762	147,821
ELIZABETH A LYNCH	(1) (11)		10,800	4,073	58,660	1,828	8 291,977	159,053
STEVEN A GODFREY	(1) (11)		9,200	3,294	53,465	3,795	5 243,850	126,447
ANTOINETTA CAPRIGLIONE MD	(ı) (ıı)		30,600	124,261	114,213	398	641,103	286,738
JEFFREY A FINKELSTEIN MD	(1) (11)		40,000	13,162	96,554	6,295	484,203	279,117
MICHAEL BALKUNAS MD	(ı) (ıı)		50,600		82,915	3,938	8 426,784	233,894
MICHAEL GREY MD	(ı) (ıı)		40,500		49,692	4,030	382,103	220,657
JAMES L MASSI MD	(1) (11)		40,133		9,200	575	307,891	202,163
MILTON J SANDS JR MD	(ı) (ıı)		4 43,800		61,286	2,674	414,284	. 257,439
HAKLAI P LAU MD	(ı) (ıı)		49,209	146,561	9,200	1,295	402,265	291,072
RENE HIPONA MD	(ı) (ıı)	291,631	35,545	7,812	16,370	3,795	355,153	245,433
DAVID BUONO MD	(ı) (ıı)		33,198	21,903	22,688	1,295	352,335	246,122
JAMES HOFFMAN MD	(ı) (ıı)	328,199			27,586	3,051	358,836	241,505