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

TO ARRANGE FOR PREPAID MANAGED HEALTH CARE FOR MEDICAID RECIPIENTS IN THE STATE OF CONNECTICUT

If "Yes," describe these new services on Schedule O














If "Yes," describe these changes on Schedule O

| | | | | | | |
|----|--|----------------|-------------|------------------------|-----------------------|---------------|
| 4a | (Code |) (Expenses \$ | 554,786,985 | including grants of \$ | 700,000) (Revenue \$ | 592,590,255) |
| | HEALTH CARE PROGRAMS, GENERAL/OTHER COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC PROVIDES HEALTH CARE SERVICES AND DISEASE MANAGEMENT SERVICES TO MEDICAID RECIPIENTS AND ADMINISTERS HEALTH CARE SERVICES TO STATE GENERAL ASSISTANCE RECIPIENTS THROUGH A STATEWIDE NETWORK COMPRISED OF FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS AND A FULL SCOPE OF OTHER CONTRACTED HEALTH CARE PRACTITIONERS AND INSTITUTIONAL PROVIDERS | | | | | |

[illegible][illegible]

| | | |
|-----------|---------------------------------------|-----------------------|
| 4e | Total program service expenses | \$ 554,786,985 |
|-----------|---------------------------------------|-----------------------|

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 | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | No |
| 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  | 11d | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e | Yes |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  | 11f | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b | Yes |
| 13 | Is the organization a school 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 United States? | 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 United States? If "Yes," complete Schedule F, Parts I and IV | 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 U S ? If "Yes," complete Schedule F, Parts II and IV | 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 U S ? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11 e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8 a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9 a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | No |
| b | If "Yes" to line 20 a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| | | | |
|---|--|------------|-----------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | | |
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 4,023 |
| 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 to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a | 312 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | 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 | | |
| a | 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 lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | | |
|----|---|-----|----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | Yes | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, 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 | | No |

Section B. Policies

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

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | No |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| 15c | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | |
| 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? | | No |
| 16b | 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? | | |

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed |
| 18 | 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | 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. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DINA BLANEY 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492 (203) 949-4117 |

Part VII

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ALFREDA D TURNER BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (2) ARVIND SHAW BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (3) ATTILIO V GRANATA MD BOARD MEMBER | 50 | X | | | | | | 72,430 | 0 | 0 |
| (4) CARL MIKOLOWSKY BOARD MEMBER | 50 | X | | | | | | 6,466 | 0 | 0 |
| (5) DON THOMPSON BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (6) GARY SPINNER BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (7) JAMESINA E HENDERSON BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (8) KATRINA CLARK BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (9) KATHERINE YACAVONE BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (10) LUDWIG SPINELLI BOARD MEMBER | 50 | X | | | | | | 0 | 0 | 0 |
| (11) ANTHONY BRUNO SR VICE PRESIDENT/CFO | 40 00 | | | X | | | | 243,307 | 0 | 14,204 |
| (12) CORY LUDINGTON VICE PRESIDENT | 40 00 | | | X | | | | 163,032 | 0 | 11,747 |
| (13) SYLVIA B KELLY EXECUTIVE DIRECTOR/CEO | 40 00 | | | X | | | | 394,078 | 0 | 29,632 |
| (14) GAIL DIGIOIA VICE PRESIDENT | 40 00 | | | X | | | | 173,470 | 0 | 22,667 |
| (15) JAMES KARL VICE PRESIDENT | 40 00 | | | X | | | | 182,435 | 0 | 22,989 |
| (16) JOHN FEDERICO SR VICE PRESIDENT | 40 00 | | | X | | | | 310,295 | 0 | 23,378 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) JOHN KAUKAS VICE PRESIDENT | 40 00 | | | X | | | | 198,819 | 0 | 23,795 |
| (18) LYNN CHILDS VICE PRESIDENT | 40 00 | | | X | | | | 174,753 | 0 | 1,966 |
| (19) MARY ANN CYR VICE PRESIDENT | 40 00 | | | X | | | | 170,056 | 0 | 7,244 |
| (20) AIDINHA BLANEY DIRECTOR OF FINANCE | 40 00 | | | | | X | | 140,346 | 0 | 21,623 |
| (21) STUART MACDONALD DIRECTOR | 40 00 | | | | | X | | 127,325 | 0 | 21,041 |
| (22) DEB OAKES-ABATE DIRECTOR | 40 00 | | | | | X | | 125,782 | 0 | 15,734 |
| (23) OSCAR REYES INTERNAL AUDITOR | 40 00 | | | | | X | | 125,858 | 0 | 16,433 |
| (24) ROBERTA GELLER DIRECTOR | 40 00 | | | | | X | | 119,684 | 0 | 15,280 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,728,136 | 0 | 247,733 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 14

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

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) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| EBS MASTERS LLC (FKA EMDEON) PO BOX 572490 MURRAY, UT 84157 | CLAIMS PROCESSING | 409,045 |
| KPMG LLC DEPT 0511 PO BOX 120511 DALLAS, TX 75312 | AUDITING FIRM | 135,840 |
| SHIPMAN & GOODWIN LLP ONE CONSTITUTION PLAZA HARTFORD, CT 06103 | LEGAL | 123,195 |
| ANDREA PINETTE 35 WINDING TRAIL LANE CHESHIRE, CT 06410 | ACTUARIAL SERVICES | 109,604 |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►4

Part VIII

Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|----------------------|--|---|--|---------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| | Program Service Revenue | 2a | | Business Code | | | |
| | | PREMIUMS FROM THE STAT | | 590,914,510 | 590,914,510 | | |
| b | | ADMINISTRATIVE SAGA RE | | 1,675,745 | 1,675,745 | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a–2f | | 592,590,255 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 172,022 | | | 172,022 |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | |
| | | | 78,589 | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 78,589 | | | | |
| | d | Net rental income or (loss) | | | 78,589 | | 78,589 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | | | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events . . . | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities . . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . . . | a | | | | |
| | | | | | | | |
| | b | Less cost of goods sold | b | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a–11d | | | | | | |
| 12 | Total revenue. See Instructions | | 592,840,866 | 592,590,255 | 0 | 250,611 | |

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 700,000 | 700,000 | | |
| 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 | 2,089,141 | | 2,089,141 | |
| 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 | 14,179,991 | | 14,179,991 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 330,323 | | 330,323 | |
| 9 | Other employee benefits | 2,389,686 | | 2,389,686 | |
| 10 | Payroll taxes | 1,259,998 | | 1,259,998 | |
| a | Fees for services (non-employees) Management | | | | |
| b | Legal | 176,709 | | 176,709 | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 5,987,532 | | 5,987,532 | |
| 12 | Advertising and promotion | 10,875 | | 10,875 | |
| 13 | Office expenses | 83,213 | | 83,213 | |
| 14 | Information technology | 4,046,629 | | 4,046,629 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 86,278 | | 86,278 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 22,009 | | 22,009 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 940,730 | | 940,730 | |
| 23 | Insurance | 231,179 | | 231,179 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | HOSPITAL INPATIENT | 140,634,226 | 140,634,226 | | |
| b | HOSPITAL OUTPATIENT | 106,426,078 | 106,426,078 | | |
| c | PHYS SERV - SPECIALIST | 103,225,721 | 103,225,721 | | |
| d | EMERGENCY ROOM | 70,065,246 | 70,065,246 | | |
| e | FQHC MEDICAL | 37,205,458 | 37,205,458 | | |
| f | All other expenses | 99,353,038 | 96,530,256 | 2,822,782 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 589,444,060 | 554,786,985 | 34,657,075 | 0 |
| 26 | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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) | | (B) |
|-----------------------------|--|---|-----|------------|-------------------|-------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 39,058,621 | 2 | 40,959,550 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 45,489,215 | 4 | 82,655,364 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 9,448,323 | 4,995,897 | 10c | 4,673,102 |
| | b | Less: accumulated depreciation | 10b | 4,775,221 | | | |
| | 11 | Investments—publicly traded securities | | | 0 | 11 | 4,997,500 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 1,753,219 | 15 | 1,299,950 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 91,296,952 | 16 | 134,585,466 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 2,752,738 | 17 | 3,632,128 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 72,819,520 | 25 | 111,851,979 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 75,572,258 | 26 | 115,484,107 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | | 27 | |
| | 28 | Temporarily restricted net assets | | | | 28 | |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 748,984 | 30 | 748,984 |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 0 | 31 | 0 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 14,975,710 | 32 | 18,352,375 |
| | 33 | Total net assets or fund balances | | | 15,724,694 | 33 | 19,101,359 |
| 34 | Total liabilities and net assets/fund balances | | | 91,296,952 | 34 | 134,585,466 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 592,840,866 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 589,444,060 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,396,806 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,724,694 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -20,141 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 19,101,359 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 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? | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

Employer identification number
06-1429341

Part I

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | |
| | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> | |
| 6 | 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 for any other purpose conferring impermissible private benefit | |
| | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> | |

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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 | |
| 2b | |
| 2c | |
| 2d | |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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 the organization’s accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116, 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

1b

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

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Investment earnings or losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | 412,300 | | | 412,300 |
| b Buildings | 2,682,547 | | 512,756 | 2,169,791 |
| c Leasehold improvements | 1,418,949 | | 476,186 | 942,763 |
| d Equipment | 3,535,011 | | 2,785,689 | 749,322 |
| e Other | 1,399,516 | | 1,000,590 | 398,926 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 4,673,102 |

| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
|---|---|--------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1592,840,866 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2589,444,060 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3396,806 |
| 4 | Net unrealized gains (losses) on investments | 4-20,141 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9-20,141 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 103,376,665 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|--|---|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1593,158,015 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments2a | |
| b | Donated services and use of facilities2b | |
| c | Recoveries of prior year grants2c | |
| d | Other (Describe in Part XIV)2d317,149 | |
| e | Add lines 2a through 2d2e317,149 | |
| 3 | Subtract line 2e from line 13 | 3592,840,866 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c0 | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5 | 5592,840,866 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|---|--|--------------|
| 1 | Total expenses and losses per audited financial statements | 1589,725,210 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities2a | |
| b | Prior year adjustments2b | |
| c | Other losses2c | |
| d | Other (Describe in Part XIV)2d281,150 | |
| e | Add lines 2a through 2d2e281,150 | |
| 3 | Subtract line 2e from line 13 | 3589,444,060 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c0 | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5 | 5589,444,060 |

| Part XIVSupplemental Information |
|----------------------------------|
|----------------------------------|

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | CHN FOUNDATION REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS, CHN FOUNDATION FORM 990-PF FILED SEPARATELY UNDER EIN 20-0395748 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | CHN FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS, CHN FOUNDATION FORM 990-PF FILED SEPARATELY UNDER EIN 20-0395748 |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

Employer identification number
06-1429341

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1) STAYWELL HEALTH CENTER80 PHOENIX AVENUE SUITE 201 WATERBURY,CT 06702 | 22-3160873 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
| (2) OPTIMUS HEALTH CENTER982 EAST MAIN STREET BRIDGEPORT,CT 06608 | 06-0972166 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
| (3) CHARTER OAK HEALTH CENTER21 GRAND STREET HARTFORD,CT 06106 | 06-0986747 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
| (4) FAIR HAVEN COMMUNITY HEALTH CENTER374 GRAND AVENUE NEW HAVEN,CT 06513 | 06-0883545 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
| (5) GENERATIONS FAMILY HEALTH CENTER322 MAIN STREET 2ND FLOOR WILLIMANTIC,CT 06226 | 22-3158253 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
| (6) CORNELL SCOTT - HILL HEALTH CORP400 COLUMBUS AVENUE NEW HAVEN,CT 06519 | 06-0870990 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
| (7) SOUTHWEST COMMUNITY HEALTH CENTER968 FAIRFIELD AVENUE BRIDGEPORT,CT 06605 | 06-1023013 | 501(C)(3) | 100,000 | | | | THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME |
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Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
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Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM THROUGH ITS ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM, CHNCT MAKES CHARITABLE GRANTS TO ORGANIZATIONS THAT ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM IS DESIGNED TO AFFORD CHNCT'S FOUNDING FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SITES AN OPPORTUNITY TO REQUEST FUNDING FOR PROJECT AND/OR FACILITY IMPROVEMENTS THAT WOULD ENHANCE ACCESS TO CARE AT THESE LOCATIONS EACH OF THESE FQHCS IS A TAX-EXEMPT CHARITABLE ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE INITIATIVES THAT QUALIFY FOR AN ENVIRONMENTAL SUPPORT CHARITABLE GRANT MUST BE RELATED TO EXPANDING ACCESS TO HEALTHCARE, EMERGENCY ROOM DIVERSION, SPECIALTY SERVICE/ACCESS TO SPECIALTY CARE, HELPING WITH MEDICAL HOME MODEL INITIATIVES, IMPLEMENTING MEANINGFUL USE INITIATIVES, AND/OR FQHC FACILITY IMPROVEMENTS DURING 2010, CHNCT MADE GRANTS OF \$100,000 TO EACH OF ITS SEVEN FOUNDING TAX-EXEMPT 501(C)(3) FQHCS FOR A TOTAL OF \$700,000 IN CHARITABLE GRANTS |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

| | |
|---|--|
| Name of the organization COMMUNITY HEALTH NETWORK OF CONNECTICUT INC | Employer identification number 06-1429341 |
|---|--|

Part I

Questions Regarding Compensation

| | | | |
|----|---|-----|-----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are 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 | 1b | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 | 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 | | |
| | <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment from the organization or a related organization? | 4a | Yes |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ANTHONY BRUNO | (i) | 219,976 | 23,331 | 0 | 0 | 14,204 | 257,511 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) CORY LUDINGTON | (i) | 147,649 | 15,383 | 0 | 0 | 11,747 | 174,779 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3) SYLVIA B KELLY | (i) | 345,747 | 48,331 | 0 | 0 | 29,632 | 423,710 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4) GAIL DIGIOIA | (i) | 158,532 | 14,938 | 0 | 0 | 22,667 | 196,137 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (5) JAMES KARL | (i) | 167,497 | 14,938 | 0 | 0 | 22,989 | 205,424 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (6) JOHN FEDERICO | (i) | 286,915 | 23,380 | 0 | 0 | 23,378 | 333,673 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (7) JOHN KAUKAS | (i) | 183,881 | 14,938 | 0 | 0 | 23,795 | 222,614 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (8) LYNN CHILDS | (i) | 174,753 | 0 | 0 | 0 | 1,966 | 176,719 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (9) MARY ANN CYR | (i) | 154,505 | 15,551 | 0 | 0 | 7,244 | 177,300 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (10) AIDINHA BLANEY | (i) | 133,547 | 6,799 | 0 | 0 | 21,623 | 161,969 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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.

| Identifier | Return Reference | Explanation |
|------------|------------------|-----------------------------------|
| | PART I, LINE 4A | LYNN CHILDS - SEVERANCE \$117,109 |

2010

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

| | |
|--|---|
| Name of the organization COMMUNITY HEALTH NETWORK OF CONNECTICUT INC | Employer identification number 06-1429341 |
|--|---|

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | | THE ORGANIZATION HAS 7 MEMBERS (SPONSORS), 7 FQHC SPONSORS HAVE VOTING RIGHTS |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | | SINGLE CLASS OF MEMBERSHIP - EACH SPONSOR IS A MEMBER AND HAS ONE VOTING RIGHT |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7B | | ANY MEMBER MAY BE REMOVED AS A MEMBER, WITH OR WITHOUT CAUSE, BY THE AFFIRMATIVE VOTE OF AT LEAST EIGHTY PERCENT OF THE MEMBERS, EXCLUSIVE OF THE MEMBER PROPOSED FOR REMOVAL THE FOLLOWING ACTIONS MUST BE APPROVED BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS A) DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, B) ENGAGE IN NEW LINES OF BUSINESS, C) APPROVE THE TERMS OF ENGAGEMENT OF ANY MANAGEMENT COMPANY FOR MANAGEMENT OF THE ENTIRE CORPORATION AND THE AMENDMENT, RENEWAL OR TERMINATION OF SUCH ENGAGEMENT, D) AMEND THE CORPORATION'S BYLAWS OR CERTIFICATE OF INCORPORATION |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | THE DIRECTOR OF FINANCE AND THE CFO REVIEWED THE FORM 990 BEFORE IT WAS FILED |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 12C | OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS TO THE COMPLIANCE COMMITTEE |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | THE VICE PRESIDENT OF HUMAN RESOURCES COMPILES SURVEYS AND COMPARABLE DATA TO DETERMINE COMPENSATION THE BOARD APPROVES THE CEO'S SALARY AND BONUSES |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | UPON REQUEST, THESE DOCUMENTS WOULD BE MADE AVAILABLE ON THE PREMISES OF THE COMPANY'S CORPORATE LOCATION FOR REVIEW BY THE PUBLIC |

| Identifier | Return Reference | Explanation |
|--|--|---|
| REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS | FORM 990, PART VII, SECTION A, LINE 1A, COLUMN E | THE ORGANIZATION ATTEMPTED TO SECURE THE REPORTABLE COMPENSATION OF THE BOARD MEMBERS FROM THE RELATED ORGANIZATIONS LISTED ON SCHEDULE R. THEY WERE UNABLE TO GET THIS COMPENSATION INFORMATION TO REPORT ON THE FORM 990 |

| Identifier | Return Reference | Explanation |
|-------------------------------|----------------------------|---|
| ALL OTHER FUNCTIONAL EXPENSES | FORM 990, PART X, LINE 24F | <p>PHYS SERV - NON CAP PCPS PROGRAM SERVICE EXPENSES 34,037,785 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 34,037,785 OTHER MEDICAL PROGRAM SERVICE EXPENSES 17,628,607 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,628,607 TRANSPORTATION PROGRAM SERVICE EXPENSES 14,736,442 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,736,442 OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 10,248,872 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,248,872 VISION PROGRAM SERVICE EXPENSES 10,071,251 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,071,251 HOME INFUSION PROGRAM SERVICE EXPENSES 3,653,258 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,653,258 CAPITATION PROGRAM SERVICE EXPENSES 2,472,223 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,472,223 CLAIMS SETTLEMENT EXPENSE PROGRAM SERVICE EXPENSES 1,959,372 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,959,372 REINSURANCE EXPENSE PROGRAM SERVICE EXPENSES 819,830 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 819,830 POSTAGE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 750,835 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 750,835 PHARMACY PROGRAM SERVICE EXPENSES 722,141 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 722,141 SUBCONTRACTOR EXPENSE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 674,193 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 674,193 FACILITY ADMINISTRATION PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 513,013 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 513,013 PRINTING PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 232,239 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 232,239 MEMBERSHIP/LICENSE FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 211,884 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 211,884 EQUIPMENT EXPENSE & RENTALS/LEASES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 160,328 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 160,328 OTHER TAXES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 140,133 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 140,133 INPATIENT ADMIN PROGRAM SERVICE EXPENSES 92,580 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 92,580 INJECTIBLES PROGRAM SERVICE EXPENSES 87,895 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 87,895 TRAINING, SEMINARS & CONFERENCES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 76,150 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 76,150 PUBLIC RELATIONS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 47,022 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 47,022 SUBS/PUBS/BOOKS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 16,376 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,376 LOSS ON DISPOSAL PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 609 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 609</p> |

| Identifier | Return Reference | Explanation |
|--|---------------------------|--|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -20,141 |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | <p>AN AMENDED RETURN IS BEING FILED TO REPORT THE FOLLOWING CHANGES: PART VII, SECTION B, INDEPENDENT CONTRACTORS WAS UPDATED TO REMOVE CORPORATIONS AND REPORT INDEPENDENT CONTRACTORS PAID MORE THAN \$100,000 THAT FIT THE IRS INDEPENDENT CONTRACTOR DEFINITION. ON PART X, BALANCE SHEET \$4,997,500 OF INVESTMENTS WERE RECLASSIFIED FROM LINE 2 TO LINE 11 - INVESTMENTS - PUBLICLY TRADED SECURITIES. SCHEDULE I WAS INCLUDED TO REPORT \$700,000 OF GRANTS TO ORGANIZATIONS IN THE UNITED STATES. ON FORM 990, PART IX - STATEMENT OF FUNCTIONAL EXPENSES, THE GRANTS OF \$700,000 WERE RECLASSIFIED FROM LINE 24 - OTHER EXPENSES - QUALITY INCENTIVE - ADMIN TO LINE 1 - GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE U.S. ON FORM 990, PART IV, LINE 21 WAS CHECKED YES TO REPORT GRANTS OF MORE THAN \$5,000. FORM 990, PART III, LINE 4A INCREASED EXPENSES TO INCLUDE GRANTS OF \$700,000. ON SCHEDULE R, PART II UNDER COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION, INC., THE FOLLOWING CHANGES WERE MADE: COLUMN (E) - CHANGED TO LINE 7. COLUMN (F) - INCLUDED COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC. AS THE DIRECT CONTROLLING ENTITY. COLUMN (G) - CHECKED YES TO SECTION 512(B)(13) CONTROLLED ORGANIZATION. FORM 990, PART IV, LINES 35 AND 35A WERE CHECKED YES TO REPORT THE RELATIONSHIP WITH COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION, INC. ON SCHEDULE R, PART V, LINE 2, THE TRANSACTIONS WITH THE SEVEN MEMBER CENTERS REPORTED ON PART II AS RELATED TAX-EXEMPT ORGANIZATIONS WERE REMOVED BECAUSE THEY ARE NOT REQUIRED TO BE REPORTED. THESE ORGANIZATIONS ARE NOT CONTROLLED ENTITIES. ON SCHEDULE R, PART V, LINE 2, THE TRANSACTIONS CODED M AND I WITH COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION, INC. WERE REMOVED BECAUSE THEY WERE UNDER \$50,000 AND ARE NOT REQUIRED TO BE REPORTED.</p> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

Employer identification number
06-1429341

Part I

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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Part III

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| | | | | | | | |
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Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

No

No

No

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 thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|---|
| (1) COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION INC | N | 153,468 | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:

Software Version:

EIN: 06-1429341

Name: COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|--|--|--|----------------------------|--|---|--|----|
| | | | | | | Yes | No |
| STAYWELL HEALTH CENTER 80 PHOENIX AVENUE SUITE 201 WATERBURY, CT06702 22-3160873 | MEDICAL CLINIC, HEALTHY START, DENTAL CLINIC, PRENATAL, GYN, BEHAVORIAL HLTH | CT | 501(C)(3) | LINE 7 | N/A | | No |
| OPTIMUS HEALTH CENTER 982 EAST MAIN STREET BRIDGEPORT, CT06608 06-0972166 | PROVIDES MEDICAL/BEHAVORIAL/MENTAL HEALTH SERVICES TO LOW INCOME INDIVIDUALS | CT | 501(C)(3) | LINE 7 | N/A | | No |
| CHARTER OAK HEALTH CENTER 21 GRAND STREET HARTFORD, CT06106 06-0986747 | PROVIDES HEALTH SERVICES TO MEDICALLY UNDERSERVED AND PERSONS OF ALL AGES | CT | 501(C)(3) | LINE 7 | N/A | | No |
| FAIR HAVEN COMMUNITY HEALTH CENTER 374 GRAND AVENUE NEW HAVEN, CT06513 06-0883545 | PROVIDES HEALTH CARE SERVICES TO MEDICALLY UNDERSERVED IN NEW HAVEN AREA | CT | 501(C)(3) | LINE 9 | N/A | | No |
| GENERATIONS FAMILY HEALTH CENTER 322 MAIN STREET 2ND FLOOR WILLIMANTIC, CT06226 22-3158253 | PROVIDES HEALTH CARE SERVICES TO MEDICALLY UNDERSERVED POPULATION | CT | 501(C)(3) | LINE 7 | N/A | | No |
| CORNELL SCOTT - HILL HEALTH CORP 400 COLUMBUS AVENUE NEW HAVEN, CT06519 06-0870990 | PROVIDES MEDICAL, BEHAVORIAL HEALTH, DENTAL, AND PREVENTION SERVICES | CT | 501(C)(3) | LINE 7 | N/A | | No |
| SOUTHWEST COMMUNITY HEALTH CENTER 968 FAIRFIELD AVENUE BRIDGEPORT, CT06605 06-1023013 | OFFERS PRIMARY HEALTH CARE SERVICES TO THE GREATER BRIDGEPORT AREA | CT | 501(C)(3) | LINE 7 | N/A | | No |
| COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION INC 11 FAIRFIELD BOULEVARD WALLINGFORD, CT06492 20-0395748 | SUPPORTS NONPROFIT ACTIVITIES OF COMMUNITY HEALTH CENTERS AND NONPROFIT ORGS | CT | 501(C)(3) | LINE 7 | COMMUNITY HEALTH NETWORK OF CONNECTICUT INC | Yes | |