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DLN: 93493227008012

=orm **990** 

Department of the Treasury
Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 **2010** 

Open to Public Inspection

| A Fo   | r the              | 2010 ca                  | lendar year, or tax year begin                              | nning 10-01-2010 and ending 09-30-20   | 011  | D Employer                   | identification number               |
|--|--------------------|--------------------------|---|--|--|------------------------------|-------------------------------------|
|  |                    | pplicable                | C Name of organization<br>THE HOSPITAL OF CENTRAL CON       | NECTICUT   |  |                              |                                     |
| _  | ress ch            | _                        | Doing Business As   |  |  | 06-0646                      | 768                                 |
| _  | me cha             | -                        |   |  |  | E Telephone                  | number                              |
|  | ial retu<br>minate |                          | Number and street (or P O box<br>100 GRAND STREET           | ıf maıl ıs not delivered to street address)  | Room/suite                                     | (860)22                      | 4-5900                              |
| _  | ended              |                          | City or town, state or country, ar<br>NEW BRITAIN, CT 06050 | nd ZIP + 4   |  | <b>G</b> Gross recei         | pts \$ 397,611,132                  |
| Ap   | olication          | n pending                | ,   |  |  |                              |                                     |
|  |                    |                          | <b>F</b> Name and address of p<br>CLARENCE J SILVIA         | orincipal officer  | H(a) Is this                                   | a group return for affi      | liates? Yes V No                    |
|  |                    |                          | 100 GRAND STREET  |  | H(h) Are al                                    | l affiliates included        | d?                                  |
|  |                    |                          | NEW BRITAIN, CT 0605  | 0  |  |                              | st (see instructions)               |
| <b>T</b> Ta  | x-exen             | npt status               | ▼ 501(c)(3)   | ◀ (Insert no )   |  | up exemption r               |                                     |
| J W  | ebsite             | e: ► WW                  | WTHOCC ORG  |  |  |                              |                                     |
|  |                    |                          | Corporation Trust Associa                                   | ation Other In-  | l Vear of fo                                   | ormation 1893                | <b>M</b> State of legal domicile CT |
|  | rt I               |                          | mary  | ation) Other P   | E rear or re                                   | illiation 1033               | Prostate of legal dofficile. Cr     |
| Governance   |                    |                          | ISSION IS TO FOSTER, SU                                     | sion or most significant activities<br>STAIN AND IMPROVE THE HEALTH S                    | STATUS OF TH                                   | E PEOPLE IN                  | THE COMMUNITIES                     |
| E E  |                    |                          |   |  |  |                              |                                     |
| Š  | 2                  | ————<br>Check th         | nis box 🛏 if the organization                               | discontinued its operations or dispose   | d of more than 2                               | 25% of its net               | assets                              |
|  |                    |                          | ,   | erning body (Part VI, line 1a)   |  | 3                            | 20                                  |
| Activities &   | 4                  | Number                   | of independent voting member                                | rs of the governing body (Part VI, line 1  | lb)  | . 4                          | 13                                  |
| Ē  | 5                  | Total nui                | mber of individuals employed                                | ın calendar year 2010 (Part V, line 2a)  |  | 5                            | 3,175                               |
| Į  | 6                  | Total nui                | mber of volunteers (estimate i                              | ıf necessary)  |  | 6                            | 434                                 |
|  |                    |                          |   | n Part VIII, column (C), line 12   |  | 7a                           | 3,183,128                           |
|  | Ь                  | Net unre                 | lated business taxable incom                                | e from Form 990-T, line 34   |  | 7b                           | 0                                   |
|  |                    | C = = b==                | hutiana and suputa (Daut VIII                               | line 1 h   | Pric   | or Year                      | Current Year                        |
| <u>9</u>   | 8<br>  9           |                          |   | , line 1h)   | •  | 3,693,619<br>374,951,028     | 2,983,328                           |
| Revenue  | 10                 |                          |   | mn (A), lines 3, 4, and 7d)  |  | 7,880,077                    | 1,783,908                           |
| ä  | 11                 |                          |   | A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |  | 2,647,941                    | 2,826,098                           |
|  | 12                 |                          |   | 11 (must equal Part VIII, column (A), l  |  | 389,172,665                  | 396,083,898                         |
|  | 13                 |                          |   | art IX, column (A), lines 1–3)   |  | 0                            | 0                                   |
|  | 14                 |                          |   | rt IX, column (A), line 4)   |  | 0                            | 0                                   |
| 82   | 15                 | Salarıe<br>5-10)         |   | oyee benefits (Part IX, column (A), line   |  | 198,282,289                  | 205,409,513                         |
| Expenses   | 16a                | •                        |   | (X, column (A), line 11e)  |  | 12,000                       | 17,800                              |
| <u>*</u>   | ь                  |                          | ndraising expenses (Part IX, column                         |  |  |                              |                                     |
| ш  | 17                 | Other                    | expenses (Part IX, column (A                                | (a), lines 11a-11d, 11f-24f)   |  | 182,370,011                  | 163,198,089                         |
|  | 18                 | Total                    | expenses Add lines 13-17 (r                                 | must equal Part IX, column (A), line 25  | )  | 380,664,300                  | 368,625,402                         |
|  | 19                 | Reven                    | ue less expenses Subtract lir                               | ne 18 from line 12   |  | 8,508,365                    | 27,458,496                          |
| Net Assets or<br>Fund Balances                                     |                    |                          |   |  | l l  | g of Current<br>/ear         | End of Year                         |
| 55.0<br>19.0<br>19.0<br>19.0<br>19.0<br>19.0<br>19.0<br>19.0<br>19 | 20                 | Total a                  | assets (Part X, line 16)                                    |  |  | 337,017,403                  | 374,049,690                         |
| 절  | 21                 | Total I                  | labilities (Part X, line 26) .                              |  |  | 203,037,088                  | 208,172,025                         |
|  | 22                 | Netas                    | sets or fund balances Subtra                                | ict line 21 from line 20   |  | 133,980,315                  | 165,877,665                         |
| Unde<br>know   |                    | lties of pe<br>and belie |   | mined this return, including accompanying<br>te. Declaration of preparer (other than off |  |                              |                                     |
|  |                    | ****                     | **  |  | 1 2  | 012-08-07                    |                                     |
| Sigr   |                    | '                        | ature of officer  |  |  | ate                          |                                     |
| Her  | e<br>              | Туре                     | RENCE J SILVIA PRESIDENT & CEO<br>or print name and title   |  |  |                              |                                     |
|  |                    | Print/Type<br>preparer's |   | Preparer's signature<br>Beth Thurz   | Date   | Check if self-<br>employed ▶ | PTIN                                |
| Paid   |                    |                          | me F SASLOW LUFKIN & BUGGY LLP                              | <u> </u>   | <u>.                                      </u> | •                            | Firm's EIN                          |
| Prep<br>Use  |                    | Fırm's add               | dress F TEN TOWER LANE                                      |  |  |                              | Phone no  (860) 678-<br>9200        |
|  |                    |                          | AVON CT 06001   |  |  |                              | 1                                   |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

| Form                                     | n 990 (2010) Page 2  |
|--|--|
| Par                                      | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III  |
| 1  | Briefly describe the organization's mission  |
| NEW<br>AFFI<br>FOR<br>OF C<br>EXC<br>CEN | HOSPITAL OF CENTRAL CONNECTICUT ("HCC") REFLECTS THE COMBINED TALENT, RESOURCES, AND CAPABILITIES OF /BRITAIN GENERAL HOSPITAL AND BRADLEY MEMORIAL HOSPITAL IT IS A 414-BED ACUTE CARE TEACHING HOSPITAL ILIATED WITH THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE AND SERVES AS THE PRIMARY REFERRAL CENTER THE CENTRAL CONNECTICUT REGION, SERVING A POPULATION OF 250,000 AS A FULL-SERVICE HOSPITAL, THE HOSPITA CENTRAL CONNECTICUT OFFERS MANY CLINICAL SERVICES THAT ARE RECOGNIZED FOR THEIR COMPREHENSIVENESS AND ELLENCE THEY INCLUDE THE GEORGE BRAY CANCER CENTER, THE WOLFSON PALLIATIVE CARE PROGRAM, THE JOSLIN TER FOR DIABETES AT THE HOSPITAL OF CENTRAL CONNECTICUT, THE WOUND CARE CENTER, THE FAMILY BIRTHPLACE, TICAL CARE SERVICES, AND THE SLEEP DISORDERS CENTER   |
|  |  |
|  |  |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |
|  | If "Yes," describe these new services on Schedule O  |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
|  | If "Yes," describe these changes on Schedule O   |
| 4  | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported   |
| 4a                                       | (Code ) (Expenses \$ 38,843,227 including grants of \$ ) (Revenue \$ 86,668,962 )  |
|  | THE INPATIENT MEDICAL, SURGICAL AND INTENSIVE CARE SERVICE AREAS SERVED 18,061 WITH TOTAL PATIENT DAYS OF 70,771 73% AND 60% OF THE NEW BRITAIN AND SOUTHINGTON COMMUNITY NEEDS ARE RESPECTIVELY MET WITH THESE SERVICES THE AREAS OF SPECIALTY INCLUDE STROKE SERVICES, BARIATRIC CARE, JOINT REPLACEMENT AND DIABETES  |
|  | (Code ) (Expenses \$ 22,906,399 including grants of \$ ) (Revenue \$ 49,110,524 )  |
| -  | TOTAL PATIENT VISITS FOR BOTH EMERGENCY ROOMS WERE OVER 109,000 THIS WAS AN INCREASE OF 3,140 PATIENTS OR 3% FROM THE PREVIOUS YEAR THE VOLUMES WERE APPROXIMATELY 90,000 AND 19,000 AT THE NBG AND BRADLEY MEMORIAL CAMPUSES RESPECTIVELY ADDITIONAL STAFFING AND IMPROVEMENTS TO OUR WORK FLOW PROCESSES HAVE BEEN IMPLEMENTED IN ORDER TO MEET THE DEMANDS OF OUR INCREASING PATIENT VOLUMES THE EMERGENCY ROOM OF THE HOSPITAL OF CENTRAL CONNECTICUT HAS CONTINUED TO RANK IN THE 90TH PERCENTILE FOR CUSTOMER SATISFACTION   |
|  | (Code ) (Expenses \$ 37,563,291 including grants of \$ ) (Revenue \$ 52,286,328 )  |
|  | RADIOLOGY-DERIVED INFORMATION IS AN INTEGRAL COMPONENT OF OUR PATIENTS' CARE CONTINUUM AS IMAGING TECHNOLOGY CONTINUED TO EVOLVE IN 2011, THE RADIOLOGY DEPARTMENT AT THE HOSPITAL OF CENTRAL CONNECTICUT WAS POSITIONED CENTER-STAGE, COLLABORATING WITH PHYSICIANS TO PROVIDE THE EXAMINATIONS THAT PRODUCED OPTIMAL CLINICAL OUTCOMES MOREOVER, DOSE-REDUCTION STRATEGIES, ALWAYS A FOCUS, WERE AFFORDED EVEN GREATER ATTENTION IN 2011 WITH THE CONVENING OF A MULTI-DISCIPLINARY TEAM OF RADIOLOGISTS, PHYSICISTS, PHYSICIANS OF VARIOUS SUB-SPECIALTIES, TECHNOLOGISTS, AND ADMINISTRATIVE REPRESENTATION THE IMAGING SERVICES AREA HAS ADDED NEW TECHNOLOGY TO PROVIDE A CENTRAL POINT OF ACCESS FOR OUR PATIENTS OVER 164,000 IMAGING EXAMS WERE PERFORMED AT THE NEW BRITAIN AND BRADLEY MEMORIAL CAMPUSES OF THESE, MORE THAN 70% WERE PERFORMED ON OUTPATIENTS WHILE THERE WAS AN OSTENSIBLE 2% OVERALL DECLINE IN IMAGING EXAMS IN FY2011 VS THE PRIOR YEAR, A CHANGE IN CPT CODING REQUIREMENTS ACCOUNTED FOR NEARLY THE ENTIRE 2% OBSERVED YEAR-TO-YEAR DIFFERENCE |
|  |  |
| 4d                                       | Other program services (Describe in Schedule O ) See also Additional Data for Description  |
|  | (Expenses \$ 230,916,265 including grants of \$ ) (Revenue \$ 197,516,639 )  |
| <b>4e</b>                                | Total program service expenses►\$ 330,229,182  |

Form **990** (2010)

| art TV | Checklist of | Required   | Schedules  |
|--------|--------------|------------|------------|
|        | CHCCKHSCOL   | IXCUUII CU | Scriculics |

|     |   |     | 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 (see instruction)? $^{f z}$   | 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 $I^{\bullet}$  | 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   | Yes |    |
| 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   |     |    |
| 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 1  | 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 2   | 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 quasiendowments? If "Yes," complete Schedule D, Part $V^{\square}$   | 10  | Yes |    |
| 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  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 | Yes |    |
| 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 |
| е   | 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 | Yes |    |
| 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 |
|     | 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? <i>If</i> " <i>Yes,"</i> 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 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)                               | 17  | Yes |    |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a | Yes |    |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                  | 20b | Yes |    |

| Par | t 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? If "Yes," complete Schedule I, Parts I and II  | 21  |     | No |
| 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? 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b-24d and complete Schedule K. If "No," go to line 25 | 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? If "Yes," complete Schedule L, Part $I$   | 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? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III        | 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)   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |     |    |
|     | <i>IV</i>   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 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? If "Yes," complete Schedule L, Part IV  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Man  | 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  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No |
| 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  |     | 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? If "Yes," complete Schedule R, Part I  | 33  |     | No |
| 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)?   | 35  | Yes |    |
| а   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\square$ No   |     |     |    |
| 36  | Section 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  |     | No |
| 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? If "Yes," complete Schedule R, Part VI   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | _   | Yes |    |

| Part V | Statements | Regarding | Other TRS | Filings and | Tax Compliance |
|--------|------------|-----------|-----------|-------------|----------------|

| Par      |   |            |     | Page <b>5</b> |
|----------|---|------------|-----|---------------|
|          | Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V   |            |     |               |
|          | Check in Schedule & contains a response to any question in this rate v  | •          | Yes | No            |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable  |            |     |               |
| ь        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |            |     |               |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable   |            |     |               |
| <b>-</b> | gaming (gambling) winnings to prize winners?  | 1c         | Yes |               |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return   |            |     |               |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         | Yes |               |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |            | 105 |               |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         | Yes | 1             |
| b        | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>   | 3b         | Yes |               |
| 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         | Yes |               |
| b        | If "Yes," enter the name of the foreign country ▶CA, BD, UK 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  | 6a         |     | No            |
| b        | organization solicit any contributions that were not tax deductible?  | 6b         |     |               |
| 7        | Organizations that may receive deductible contributions under section 170(c).   | ОВ         |     |               |
| а        | 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            |
|          | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |     |               |
|          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7</b> c |     | No            |
| a        | If "Yes," indicate the number of Forms 8282 filed during the year   |            |     |               |
| 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.   |            |     |               |
|          | Did the organization make any taxable distributions under section 4966?   | 9a         |     |               |
|          | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |               |
| 10<br>a  | Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a  |            |     |               |
|          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |            |     |               |
|          | Section 501(c)(12) organizations. Enter   |            |     |               |
|          | Gross income from members or shareholders   |            |     |               |
| Б        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |            |     |               |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     | <u> </u>      |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |            |     |               |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |     |               |
| а        | 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   |            |     |               |
| c        | Enter the amount of reserves on hand  |            |     |               |
|          | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | No            |
| 14-      | Dia the organization receive any payments for major tanning services during the lax year (  | 1 -10      | I   | 1 110         |

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.

| _Se | ection 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  |     |      |    |
| b   | 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?  | 2   | Yes  |    |
| 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?  | 3   |      | No |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4   | Yes  |    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5   |      | No |
| 6   | Does the organization have members or stockholders?  | 6   | Yes  |    |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the  | H   | 1.00 |    |
| ,   | governing body?  | 7a  | Yes  |    |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b  | Yes  |    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |     |      |    |
| а   | The governing body?  | 8a  | Yes  |    |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b  | 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   | 9   |      | No |
|     | ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)  |     |      |    |
|     | vende code.)   |     | Yes  | No |
| 10a | Does the organization have local chapters, branches, or affiliates?  | 10a | Yes  |    |
|     | 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?   | 10b | Yes  |    |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     |      |    |
| _   |  | 11a | Yes  |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |      |    |
|     | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | Yes  |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes  |    |
| С   | 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  |    |
|     | 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?  | 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  |    |
| Se  | ection C. Disclosure   |     |      |    |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶CT  |     |      |    |
| 18  | Section 6104 requires an organization to make its 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  |     |      |    |
| 19  | Own website Another's website Vpon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of   |     |      |    |
|     | = = = = = = = = = = = = = = (and n = = n = n = n = n = n = n = n = n =   |     |      |    |

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

20

(860) 224-5900

interest policy, and financial statements available to the public See Additional Data Table

## <u>Part VIII</u> 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 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 organi |   | elated o                          | rganı                 | zatio    | on co        | ompen                        | sate   | d any current office                         | er, director, or trust                                | ee   |
|--------------------------------------|---|-----------------------------------|-----------------------|----------|--------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title                | (B)<br>A verage<br>hours  | Posi<br>t                         | tion (<br>that a      |          |              | II                           |        | (D)<br>Reportable<br>compensation            | (E) Reportable compensation                           | (F)<br>Estimated<br>amount of other                                      |
|                                      | per week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei  | Ke) employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| See Additional Data Table            |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       |          |              |                              |        |  |   |  |
|                                      |   |                                   |                       | <u> </u> | <u> </u>     |                              |        |  |   |  |

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

|       | (A)<br>Name and Title   | Name and Title Average Position (check all Reportable compensation compensation |  |  |                         |          |                              |            | <b>(E)</b><br>Reportable<br>compensation     | n a   | <b>(F)</b><br>Estima<br>amount o | ited  |                     |
|-------|---|---|--|--|-------------------------|----------|------------------------------|------------|--|---|----------------------------------|---|---------------------|
|       |   | per week (describe hours for related organizations in Schedule O)               | Institutional Trustee<br>Individual trustee<br>or director |  | Key employee<br>Officei |          | Highest compensated employee | Former     | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) |                                  | compens<br>from t<br>organizati<br>relato<br>organiza | :he<br>on and<br>ed |
| See A | ddıtıonal Data Table  |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  |   |                     |
| 1b    |   |   |  |  |                         |          | <br>Þ                        | Þ          |  |   |                                  |   |                     |
| d     | Total from continuation sheets  Total (add lines 1b and 1c) .                         | to Part VII, Sec  |  |  |                         |          |                              | <b>-</b>   | 8,463,606                                    | 1,125,02  | 7                                | 2.1   | 143,920             |
|       | Total number of individuals (incl   |   |  |  |                         |          | •<br>above                   |            | · ' .  |   | <u> </u>                         |   | 10,520              |
|       | \$100,000 in reportable compen  |   |  |  |                         |          |                              | •          |  |   |                                  |   |                     |
|       |   |   |  |  |                         |          |                              |            |  |   |                                  | Yes   | No                  |
| 3     | Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch    |   |  |  |                         | eye<br>• | mploy<br>•                   | ee, o<br>• | r highest compensa                           | ted employee  | 3                                |   | No                  |
| 4     | For any individual listed on line in organization and related organization individual | ations greater th   |  |  |                         |          |                              |            |  |   | 4                                | Yes   |                     |
| 5     | Did any person listed on line 1a<br>services rendered to the organiz                  |   |  |  |                         |          |                              |            |  |   | 5                                |   | No                  |
| Se    | ection B. Independent Con   | tractors  |  |  |                         |          |                              |            |  |   |                                  |   |                     |

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 | <b>(C)</b><br>Compensation |
|--|-----------------------------|----------------------------|
| ACS CONSULTANT CO INC DEPT 1135401 PO BOX 67000 DETROIT, MI 482671354  | INFORMATION SERVICES        | 20,531,370                 |
| UCONN HEALTH CENTER FARMINGTON AVE FARMINGTON, CT 060301915  | RESIDENCE SERVICES          | 5,562,064                  |
| CERNER CORPORATION 2702 ROCKCREEK PARKWAY KANSAS CITY, MO 64117  | INFORMATION SYSTEMS         | 5,122,884                  |
| DOWNES CONSTRUCTION COMPANY LLC<br>200 STANLEY STREET PO BOX 727<br>NEW BRITAIN, CT 06050  | CONSTRUCTION SERVICES       | 3,626,484                  |
| MRI OF NEW BRITAIN 40 HART ST NEW BRITAIN, CT 06050  | MRI SERVICES                | 3,343,653                  |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►226 | ) who received more than    |                            |

|  |          | (2010)   |                                       |                 |                      |  | Pag                                     | e <b>9</b> |
|--|----------|--|---------------------------------------|-----------------|----------------------|--|---|------------|
| Part   | VII      | Statement of Revenu  | ie                                    |                 | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue |            |
|  |          |  |                                       |                 |                      |  |   | 513,01     |
| Contributions, gifts, grants and other similar amounts |          | Federated campaigns  | <b>1</b> a                            |                 |                      |  |   |            |
| gra  |          | Membership dues  |                                       |                 |                      |  |   |            |
| ifts,<br>Irai  |          | Fundraising events   |                                       | 114,157         |                      |  |   |            |
| s, g<br>nila   |          | Related organizations  |                                       |                 |                      |  |   |            |
| ion:<br>r sii  |          | Government grants (contributions)  | <b>1e</b>                             | 785,899         |                      |  |   |            |
| ibut<br>ithe   | f        | All other contributions, gifts, grants, similar amounts not included above | , and <b>1f</b>                       | 2,083,272       |                      |  |   |            |
| ontr<br>Ido  | g        | Noncash contributions included in li                                       | nes 1a-1f \$                          |                 |                      |  |   |            |
| 5<br>등   | h        | Total. Add lines 1a-1f   | · · · · · · · · · · · · · · · · · · · |                 | 2,983,328            |  |   |            |
| an   |          |  |                                       | Business Code   |                      |  |   |            |
| Program Serwice Revenue                                | 2a       | PATIENT SERVICE REVENU   |                                       | 900099          | 345,627,998          | 345,627,998  |   |            |
| ъ<br>Д   | Ь        |  |                                       | 621500          | 37,688,466           |  | 3,079,975                               |            |
| rwc  | C<br>d   | OTHER PATIENT SERVICE  |                                       | 900099          | 5,174,100            | 5,174,100  |   |            |
| Se   | e        |  |                                       |                 |                      |  |   |            |
| gran   | f        | All other program service rev  | venue                                 |                 |                      |  |   |            |
| P  | a        | Total. Add lines 2a-2f   |                                       |                 | 388,490,564          |  |   |            |
|  | 3        | Investment income (includin  |                                       |                 |                      |  |   |            |
|  |          | and other similar amounts)   |                                       |                 | 1,750,831            |  |   | 1,750,83   |
|  | 4        | Income from investment of tax-exe  |                                       |                 |                      |  |   |            |
|  | 5        | Royalties  | (ı) Real                              | (II) Personal   |                      |  |   |            |
|  | 6a       | Gross Rents  | 1,413,047                             | (II) I CISOIIII |                      |  |   |            |
|  | ь        | Less rental expenses   | 1,168,766                             |                 |                      |  |   |            |
|  | c        | Rental income<br>or (loss)   | 244,281                               |                 |                      |  |   |            |
|  | d        | Net rental income or (loss)  |                                       |                 | 244,281              |  | -33,727                                 | 278,00     |
|  |          |  | (ı) Securities                        | (II) O ther     |                      |  |   |            |
|  | 7a       | Gross amount<br>from sales of  | 45,071                                | 23,644          |                      |  |   |            |
|  |          | assets other<br>than inventory   | 20.050                                | 11.770          |                      |  |   |            |
|  | b        | Less cost or<br>other basis and<br>sales expenses                          | 20,860                                | 14,778          |                      |  |   |            |
|  | c        | Gain or (loss)   | 24,211                                | 8,866           |                      |  |   |            |
|  | d        | Net gain or (loss)   |                                       |                 | 33,077               |  |   | 33,07      |
| ae   | 8a       | Gross income from fundraisir<br>(not including                             | ng events                             |                 |                      |  |   |            |
| /en  |          | \$ 114,157   |                                       |                 |                      |  |   |            |
| Re   |          | of contributions reported on l<br>See Part IV, line 18                     |                                       |                 |                      |  |   |            |
| Other Revenue  |          |  | a                                     | 136,060         |                      |  |   |            |
| ᅙ  |          | Less direct expenses Net income or (loss) from fur                         |                                       | 104,122         | 31,938               |  |   | 31,93      |
|  |          |  | ctivities See Part IV, line 19 . a    | 1               | ,                    |  |   |            |
|  | ь        | Less direct expenses   |                                       |                 |                      |  |   |            |
|  |          | Net income or (loss) from ga   |                                       |                 |                      |  |   |            |
|  | 10       | Gross sales of inventory, les<br>returns and allowances                    | s                                     |                 |                      |  |   |            |
|  |          |  | a                                     | 403,194         |                      |  |   |            |
|  |          | Less cost of goods sold .  |                                       | 218,708         | 184,486              |  |   | 184,48     |
|  | <u>-</u> | Net income or (loss) from sa  Miscellaneous Revenue                        | ies of inventory F                    | Business Code   | 104,480              |  |   | 104,48     |
|  | 11       | DIETARY/CAFETERIA  |                                       | 722210          | 1,636,029            |  |   | 1,636,02   |
|  |          | CHILD CARE INCOME  |                                       | 624410          | 450,092              |  | 29,472                                  | 420,62     |
|  | •        | OUTSIDE SERVICES   | <u> </u>                              | 518210          | 279,272              | 171,864  | 107,408                                 |            |
|  | •        | d All other revenue  | •                                     |                 |                      |  |   |            |
|  | •        | Total. Add lines 11a-11d .   |                                       |                 | 2,365,393            |  |   |            |
|  | 12       | <b>Total revenue.</b> See Instruction                                      | ons                                   |                 |                      |  | _                                       |            |
|  |          |  |                                       |                 | 396,083,898          | 385,582,453  | 3,183,128                               | 4,334,98   |
|  |          |  |                                       |                 |                      | For  | m <b>990</b> (20)                       | 10)        |

|        | 990 (2010)   |                    |                              |  | Page <b>10</b>                    |
|--------|--|--------------------|------------------------------|--|-----------------------------------|
| Part   | Statement of Functional Expenses   |                    |                              |  |                                   |
| Δ      | Section 501(c)(3) and 501(c)(4) organizations mus<br>I other organizations must complete column (A) but are not required to c  |                    |                              | (D)  |                                   |
| Do no  | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A) Total expenses | (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   | 8,878,311          |                              | 8,878,311  |                                   |
| 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   | 145,950,025        | 137,878,404                  | 7,655,836  | 415,785                           |
| 8      | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 10,842,136         | 10,831,897                   | 10,239   | · ·                               |
| 9      | Other employee benefits  | 29,083,849         | 26,482,000                   |  |                                   |
| 10     | Payroll taxes  | 10,655,192         | 9,808,936                    | <del>                                     </del> | 32,594                            |
| а      | Fees for services (non-employees) Management   |                    | .,,                          |  |                                   |
| b      | Legal  | 745,022            | 20,463                       | 724,559  |                                   |
| c      | Accounting   | 567,309            | 20,100                       | 567,309  |                                   |
| d      | Lobbying   | 50.7503            |                              | 307,303  |                                   |
| e      | Professional fundraising services See Part IV, line 17   | 17,800             |                              |  | 17,800                            |
| f      | Investment management fees   | 17,000             |                              |  | 17,000                            |
| g<br>g | Other  | 32,953,620         | 28,975,787                   | 3,977,833  |                                   |
| 12     | Advertising and promotion  | 1,341,500          | 1,129,543                    |  |                                   |
| 13     | Office expenses  | 66,144,811         | 63,953,980                   | <u> </u>   |                                   |
| 14     | Information technology   | 15,646,075         | 13,174,084                   | <del>                                     </del> |                                   |
| 15     | Royalties  | 13,040,073         | 13,174,004                   | 2,471,991  |                                   |
| 16     | · •  | 8,666,078          | 7,294,461                    | 1,371,617  |                                   |
| 17     | Occupancy  | · · ·              |                              | <del>                                     </del> |                                   |
| 18     | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 691,193            | 581,985                      | 109,208  |                                   |
| 19     | Conferences, conventions, and meetings   | 206,375            | 173,768                      | 32,607   |                                   |
| 20     | Interest   | 870,864            | 733,268                      | · · · · · · · · · · · · · · · · · · ·            |                                   |
| 21     | Payments to affiliates   | 070,004            | 755,200                      | 137,330  |                                   |
| 22     | Depreciation, depletion, and amortization  | 18,679,688         | 14,350,645                   | 4,329,043  |                                   |
| 23     | Insurance  | 7,024,537          | 6,911,456                    |  |                                   |
| 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) | 7,024,337          | 0,311,430                    | 113,001  |                                   |
| а      | DIETARY  | 2,923,690          | 2,463,524                    | 460,166  |                                   |
| b      | BAD DEBT   | 2,389,422          | 2,389,422                    |  |                                   |
| c      | RECRUITMENT  | 1,167,029          | 982,638                      | 184,391  |                                   |
| d      | DUES   | 1,027,099          | 864,817                      | 162,282  |                                   |
| е      | TRAINING & EDUCATION   | 898,107            | 756,206                      | 141,901  |                                   |
| f      | All other expenses   | 1,255,670          | 471,898                      | 345,926  | 437,846                           |
| 25     | Total functional expenses. Add lines 1 through 24f   | 368,625,402        | 330,229,182                  | 37,492,195                                       | 904,025                           |
| 26     | Joint costs. Check here ► 🔽 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  |                    |                              |  |                                   |

| Pa            | rt X | Balance Sheet   |        |                |                          |             |                           |
|---------------|------|---|--------|----------------|--------------------------|-------------|---------------------------|
|               |      |   |        |                | (A)<br>Beginning of year |             | <b>(B)</b><br>End of year |
|               | 1    | Cash—non-interest-bearing   |        |                | 23,662,582               | 1           | 17,548,741                |
|               | 2    | Savings and temporary cash investments  |        | 2              |                          |             |                           |
|               | 3    | Pledges and grants receivable, net  |        |                | 10,398                   | 3           | 0                         |
|               | 4    | Accounts receivable, net  |        |                | 36,543,623               | 4           | 48,945,018                |
|               | 5    | Receivables from current and former officers, directors, trustee<br>highest compensated employees Complete Part II of   | s, key | employees, and |                          |             |                           |
|               |      | Schedule L  |        |                |                          | 5           |                           |
|               | 6    | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions) | mploy  | ers, and       |                          |             |                           |
| <del>\$</del> |      | Schedule L  |        |                |                          | 6           |                           |
| ssets         | 7    | Notes and loans receivable, net   |        |                | 211,274                  | 7           | 65,580                    |
| ⋖             | 8    | Inventories for sale or use   |        |                | 4,904,577                | 8           | 5,642,776                 |
|               | 9    | Prepaid expenses and deferred charges   |        |                | 3,335,302                | 9           | 4,287,847                 |
|               | 10a  | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>  | 10a    | 413,039,974    |                          |             |                           |
|               | b    | Less accumulated depreciation   | 10b    | 260,274,904    | 125,427,098              | <b>10</b> c | 152,765,070               |
|               | 11   | Investments—publicly traded securities  |        |                |                          | 11          |                           |
|               | 12   | Investments—other securities See Part IV, line 11   |        |                | 128,465,902              | 12          | 128,888,836               |
|               | 13   | Investments—program-related See Part IV, line 11  |        |                | 8,752,634                | 13          | 8,643,214                 |
|               | 14   | Intangible assets   |        |                |                          | 14          |                           |
|               | 15   | Other assets See Part IV, line 11   |        |                | 5,704,013                | 15          | 7,262,608                 |
|               | 16   | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .  |        |                | 337,017,403              | 16          | 374,049,690               |
|               | 17   | Accounts payable and accrued expenses .   |        |                | 25,218,831               | 17          | 23,363,595                |
|               | 18   | Grants payable  |        |                |                          | 18          |                           |
|               | 19   | Deferred revenue  |        |                | 339,220                  | 19          | 434,859                   |
|               | 20   | Tax-exempt bond liabilities   |        |                | 30,545,000               | 20          | 35,743,805                |
| eS            | 21   | Escrow or custodial account liability Complete Part IV of Schedu  | ıle D  |                |                          | 21          |                           |
| bilities      | 22   | Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified   |        |                |                          |             |                           |
| Ē             |      | persons Complete Part II of Schedule L  |        |                |                          | 22          |                           |
|               | 23   | Secured mortgages and notes payable to unrelated third partie   | s .    |                | 7,562,096                | 23          | 6,983,052                 |
|               | 24   | Unsecured notes and loans payable to unrelated third parties  |        |                |                          | 24          |                           |
|               | 25   | Other liabilities Complete Part X of Schedule D   |        |                | 139,371,941              | 25          | 141,646,714               |
|               | 26   | Total liabilities. Add lines 17 through 25  |        |                | 203,037,088              | 26          | 208,172,025               |
| - N           |      | Organizations that follow SFAS 117, check here ▶ 🔽 and com  | plete  | lines 27       |                          |             |                           |
| <u>6</u>      |      | through 29, and lines 33 and 34.  |        |                |                          |             | 18                        |
| <u>8</u>      | 27   | Unrestricted net assets   |        |                | 97,047,576               | 27          | 129,061,862               |
| 8             | 28   | Temporarily restricted net assets   |        |                | 16,296,477               | 28          | 16,726,765                |
| ם             | 29   | Permanently restricted net assets   |        |                | 20,636,262               | 29          | 20,089,038                |
| Fund Balances |      | Organizations that do not follow SFAS 117, check here 🕨 🦵 a   | nd cor | nplete         |                          |             |                           |
| ō             |      | lines 30 through 34.  |        |                |                          |             |                           |
|               | 30   | Capital stock or trust principal, or current funds  |        |                |                          | 30          |                           |
| Assets        | 31   | Paid-in or capital surplus, or land, building or equipment fund   |        |                |                          | 31          |                           |
|               | 32   | Retained earnings, endowment, accumulated income, or other f  | unds   |                |                          | 32          |                           |
| ĕ             | 33   | Total net assets or fund balances   |        |                | 133,980,315              |             | 165,877,665               |
| _             | 34   | Total liabilities and net assets/fund balances  |        |                | 337,017,403              | 34          | 374,049,690               |

| Pal | Check if Schedule O contains a response to any question in this Part XI   |         |    | . [고  |         |
|-----|---|---------|----|-------|---------|
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |    | 396 ( | 83,898  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2       |    |       | 525,402 |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3       |    | 27,4  | 158,496 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4       |    | 133,9 | 80,315  |
| 5   | O ther changes in net assets or fund balances (explain in Schedule O )  | 5       |    | 4,4   | 38,854  |
| 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       |    | 165,8 | 377,665 |
| Par | Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII   |         |    | F     |         |
| 1   | Accounting method used to prepare the Form 990  |         |    | Yes   | No      |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .   |         | 2a |       | No      |
| b   | Were the organization's financial statements audited by an independent accountant?  |         | 2b | Yes   |         |
| C   | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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 |         | 2c | Yes   |         |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both   | sued    |    |       |         |
|     | Separate basis Consolidated basis 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?  | •       | 3a | Yes   |         |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | equired | 3b | Yes   |         |

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DLN: 93493227008012

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number** 

THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

| 1   | Γ        | A churc                           | h, conventi   | on of churches, or as  | ssociation of  | churches de             | escribed in <b>se</b>                        | ection 170(b                 | )(1)(A)(i).                                |                       |                                |
|---|----------|-----------------------------------|---|--|--|-------------------------|--|------------------------------|--|-----------------------|--------------------------------|
| 2   | Γ        | A scho                            | ol described  | in <b>section 170(b)(1</b>   | .)( <b>A</b> )(ii). (At                              | tach Schedu             | le E)  |                              |  |                       |                                |
| 3   | ~        | A hospi                           | ital or a coo                                       | perative hospital sei  | rvice organiz  | atıon descrı            | bed in <b>sectio</b> i                       | n 170(b)(1)(                 | (A)(iii).                                  |                       |                                |
| 4   | $\sqcap$ | A medi                            | cal research  | n organization operat  | ed in conjun   | ction with a            | hospital desc                                | ribed in <b>sec</b>          | tion 170(b)(1                              | L)(A)(iii).           | Enter the                      |
|   |          | hospita                           | l's name, cı  | ty, and state  |  |                         |  |                              |  |                       |                                |
| 5   | Г        | An oraz                           | nization on   | erated for the benefit   | t of a college                                       | or universit            | v owned or o                                 | nerated by a                 | government                                 | al unit des           |                                |
| _   | ,        | -                                 | •   | A)(iv). (Complete P  | _  | 0. 4                    | ,  | , , , ,                      | g  |                       |                                |
| 6   | Г        |                                   |   | local government or  |  | al unit desci           | rıbed ın <b>secti</b> o                      | on 170(b)(1                  | )(A)(v).                                   |                       |                                |
| 7   | Γ        |                                   | nization tha  | at normally receives   | _  |                         |  |                              |  | om the ger            | neral public                   |
|   |          | sect ion                          | 170(b)(1)(  | A)(vi) (Complete P   | art II )   |                         |  |                              |  |                       |                                |
| 8   | Γ        | A comn                            | nunity trust  | described in <b>section</b>  | 170(b)(1)(A  | <b>A)(vi)</b> (Com      | plete Part II                                | )                            |  |                       |                                |
| 9   | Γ        | An orga                           | nızatıon tha  | at normally receives   | (1) more th  | an 331/3% c             | of its support                               | from contrib                 | utions, mem                                | bership fee           | es, and gross                  |
|   |          | receipts                          | s from actıv  | ities related to its ex  | kempt functio  | ns—subject              | to certain ex                                | ceptions, a                  | nd (2) no moi                              | re than 33            | 1/3% of                        |
|   |          | ıts supp                          | oort from gro                                       | oss investment incoi   | me and unrel   | ated busines            | ss taxable ind                               | come (less s                 | section 511 t                              | :ax) from b           | usinesses                      |
|   |          | acquire                           | d by the org  | janızatıon after June  | 30,1975 S  | ee <b>section 5</b>     | <b>09(a)(2).</b> (Co                         | omplete Par                  | tIII )                                     |                       |                                |
| 10  | Г        | An orga                           | nızatıon org  | ganized and operated   | dexclusively   | to test for p           | ublic safety                                 | See <b>section</b>           | 509(a)(4).                                 |                       |                                |
| 11  | Γ        | one or r                          | more publici  | ganized and operated<br>y supported organiza<br>bes the type of supp<br><b>b</b> Type II | ations descri<br>orting organi                       | bed in section and c    | on 509(a)(1)                                 | or section 5<br>s 11e throug | 509(a)(2) Se<br>gh 11h                     | e <b>section</b>      |                                |
| e<br>f<br>g                                 | Γ        | other the section of the ocheck t | nan foundatı<br>509(a)(2)<br>rganızatıon<br>hıs box | ox, I certify that the on managers and oth received a written de                         | ner than one   | or more publ            | licly supporte                               | ed organizati                | ions describe                              | d in section          | on 509(a)(1) or                |
| •   |          | followin                          | g persons?  | rectly or indirectly c   |  |                         |  |                              |  |                       | Yes No                         |
|   |          | and (III)                         | below, the  | governing body of th   | e the suppor   | ted organıza            | tion?  |                              |  | 11                    | g(i)                           |
|   |          |                                   |   | er of a person descril   |  |                         |  |                              |  |                       | g(ii)                          |
|   |          |                                   |   | led entity of a persoi   |  |                         |  |                              |  | 119                   | y(iii)                         |
| h   |          | Provide                           | the followir  | ng information about   | the supporte   | ed organızatı           | on(s)  |                              |  |                       |                                |
| (i)<br>Name of<br>supported<br>organization |          | e of<br>rted                      | (ii)<br>EIN   | (iii) Type of organization (described on lines 1- 9 above or IRC section (see            | (iv) Is the organizati col (i) list your gove docume | on in<br>ed in<br>rning | (v) Did you not organizati col (i) of suppor | on in<br>your                | (vi) Is the organizati col (i) organithe U | e<br>ion in<br>anized | (vii)<br>A mount of<br>support |
|   |          |                                   |   | instructions))   | Yes  | No                      | Yes  | No                           | Yes  | No                    |                                |
|   |          |                                   |   |  |  |                         |  |                              |  |                       |                                |
|   |          |                                   |   |  |  |                         |  |                              |  |                       |                                |
|   |          |                                   |   |  |  |                         |  |                              |  |                       |                                |
|   |          |                                   |   |  |  |                         |  |                              |  |                       |                                |
|   |          |                                   |   |  |  |                         |  |                              |  |                       |                                |
| Гotа  | ı        |                                   |   |  |  |                         |  |                              |  |                       |                                |

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| S        | ection A. Public Support   |                    | and to quanty t    |                     |                      |                  |                  |
|----------|--|--------------------|--------------------|---------------------|----------------------|------------------|------------------|
|          | endar year (or fiscal year beginning   |                    |                    |                     |                      |                  |                  |
| Care     | in)  | <b>(a)</b> 2006    | <b>(b)</b> 2007    | <b>(c)</b> 2008     | <b>(d)</b> 2009      | <b>(e)</b> 2010  | <b>(f)</b> Total |
| 1        | Gifts, grants, contributions, and  |                    |                    |                     |                      |                  |                  |
|          | membership fees received (Do not   |                    |                    |                     |                      |                  |                  |
|          | ınclude any "unusual   |                    |                    |                     |                      |                  |                  |
|          | grants ")  |                    |                    |                     |                      |                  |                  |
| 2        | Tax revenues levied for the  |                    |                    |                     |                      |                  |                  |
|          | organization's benefit and either  |                    |                    |                     |                      |                  |                  |
|          | paid to or expended on its   |                    |                    |                     |                      |                  |                  |
| _        | behalf   |                    |                    |                     |                      |                  |                  |
| 3        | The value of services or facilities  |                    |                    |                     |                      |                  |                  |
|          | furnished by a governmental unit to  |                    |                    |                     |                      |                  |                  |
| _        | the organization without charge  |                    |                    |                     |                      |                  |                  |
| 4        | Total. Add lines 1 through 3   |                    |                    |                     |                      |                  |                  |
| 5        | The portion of total contributions   |                    |                    |                     |                      |                  |                  |
|          | by each person (other than a   |                    |                    |                     |                      |                  |                  |
|          | governmental unit or publicly  |                    |                    |                     |                      |                  |                  |
|          | supported organization) included on line 1 that exceeds 2% of the            |                    |                    |                     |                      |                  |                  |
|          | amount shown on line 11, column  |                    |                    |                     |                      |                  |                  |
|          | (f)  |                    |                    |                     |                      |                  |                  |
| 6        | Public Support. Subtract line 5 from   |                    |                    |                     |                      |                  |                  |
| Ū        | line 4   |                    |                    |                     |                      |                  |                  |
| S        | ection B. Total Support  |                    | <u> </u>           | <b>I</b> I.         |                      |                  |                  |
|          | endar year (or fiscal year beginning   |                    |                    |                     |                      |                  |                  |
|          | ın) <b>&gt;</b>  | <b>(a)</b> 2006    | <b>(b)</b> 2007    | <b>(c)</b> 2008     | <b>(d)</b> 2009      | <b>(e)</b> 2010  | <b>(f)</b> Total |
| 7        | A mounts from line 4   |                    |                    |                     |                      |                  |                  |
| 8        | Gross income from interest,  |                    |                    |                     |                      |                  |                  |
| Ū        | dividends, payments received on  |                    |                    |                     |                      |                  |                  |
|          | securities loans, rents, royalties   |                    |                    |                     |                      |                  |                  |
|          | and income from similar  |                    |                    |                     |                      |                  |                  |
|          | sources  |                    |                    |                     |                      |                  |                  |
| 9        | Net income from unrelated  |                    |                    |                     |                      |                  |                  |
|          | business activities, whether or  |                    |                    |                     |                      |                  |                  |
|          | not the business is regularly  |                    |                    |                     |                      |                  |                  |
|          | carried on   |                    |                    |                     |                      |                  |                  |
| 10       | Other income Do not include gain   |                    |                    |                     |                      |                  |                  |
|          | or loss from the sale of capital   |                    |                    |                     |                      |                  |                  |
|          | assets (Explain in Part IV )   |                    |                    |                     |                      |                  |                  |
| 11       | Total support (Add lines 7   |                    |                    |                     |                      |                  |                  |
|          | through 10)  |                    |                    |                     |                      |                  |                  |
| 12       | Gross receipts from related activiti   | es, etc (See inst  | ructions )         |                     |                      | 12               |                  |
| 13       | First Five Years If the Form 990 is t  | for the organizati | on's first, second | , thırd, fourth, or | fifth tax year as a  | 501(c)(3) organı |                  |
|          | check this box and <b>stop here</b>  |                    |                    |                     |                      |                  | <b>►</b>         |
|          | -tiC Ct-tiC DI   | L'a Carana at B    |                    |                     |                      |                  |                  |
| <u> </u> | ection C. Computation of Pub Public Support Percentage for 2010              |                    |                    | 11 column (f))      |                      |                  |                  |
|          | · ·  |                    | •                  | II Column (1))      |                      | 14               |                  |
| 15       | Public Support Percentage for 2009   | Schedule A, Pa     | rt II, line 14     |                     |                      | 15               |                  |
| 16a      | <b>33 1/3% support test—2010.</b> If the                                     |                    |                    |                     | line 14 is 33 1/3%   | or more, check   |                  |
| _        | and <b>stop here.</b> The organization qua                                   |                    |                    |                     |                      |                  | <b>▶</b> □       |
| b        | <b>33 1/3% support test—2009.</b> If the                                     |                    |                    |                     | 5a, and line 15 is 3 | 33 1/3% or more, | - <del>-</del>   |
|          | box and <b>stop here.</b> The organization                                   |                    |                    |                     | 45.46                |                  | <b>►</b>         |
| 1/a      | 10%-facts-and-circumstances test-  |                    |                    |                     |                      |                  |                  |
|          | is 10% or more, and if the organization made                                 |                    |                    |                     |                      |                  | rt a d           |
|          | in Part IV how the organization mee  | ts the "racts and  | circumstances"     | test ine organiz    | ration qualifies as  | a publicly suppo |                  |
| L        | organization   | _2000 If+ba a      | anization did not  | chack a hay an l    | no 12 165 166 -      | r 17a and line   | <b>►</b> □       |
| D        | <b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ |                    |                    |                     |                      |                  |                  |
|          | Explain in Part IV how the organization                                      |                    |                    |                     |                      |                  | v                |
|          | supported organization   | aon meets the 10   | acts and circuilis | tances test file    | z organizacion qual  | mes as a publici | y<br>▶[¯         |
| 18       | Private Foundation If the organizati   | on did not check   | a box on line 13   | . 16a. 16b. 17a o   | r 17b, check this    | box and see      | - 1              |
|          | instructions   | on ala not check   | a box on fine 15   | , 100, 100, 1700    | I by check tills     | SON GING SCC     | <b>▶</b> □       |

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493227008012

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-FZ, Part V, line 35a (Proxy Tax), then

| Na            | me of the organization HOSPITAL OF CENTRAL CONNECTICUT   |   |   | Employer ide   | ntification number   |
|---------------|--|---|---|--|--|
| IНI           | E HOSPITAL OF CENTRAL CONNECTION   |   |   | 06-0646768   | 3  |
| ali           | t I-A Complete if the or   | ganization is exempt und  | er section 501(   |  |  |
|               | Provide a description of the ord   | ganization's direct and indirect po   | olitical campaign act   | civities in Part IV  |  |
|               | Political expenditures   |   |   | <b></b>  | ¢  |
| 3             | Volunteer hours  |   |   | ·  | ¥ <u></u>  |
|               |  |   | _   |  |  |
|               |  | ganization is exempt und  | _   |  |  |
| L             | •  | e tax incurred by the organization  |   |  | \$   |
| 2             | ·  | e tax incurred by organization ma   | _   | n 4955 <b>-</b>  | \$   |
| 3             |  | ection 4955 tax, did it file Form   | 4720 for this year?   |  | ☐ Yes ☐ No   |
| la            | Was a correction made?   |   |   |  | ☐ Yes ☐ No   |
| b             | If "Yes," describe in Part IV  |   |   | ->   | M ( - ) ( 2 )  |
|               |  | ganization is exempt und  | _   |  | )1(c)(3).  |
| L             |  | ended by the filing organization fo   |   |  | \$   |
| 2             | exempt funtion activities  | rganızatıon's funds contributed t   | o otner organization:   | s for section 527  | \$   |
| 3             |  | tures Add lines 1 and 2 Enter he  | ere and on Form 112   | 20-POI line 17h ►  | -  |
|               | ·  |   | ere and on rorm 112   | .0 1 O L, IIII E 17 B  | \$   |
|               |  |   |   |  |  |
| <b>4</b><br>5 | Enter the names, addresses an  | Form 1120-POL for this year?<br>nd employer identification numbe  |   |  |  |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution                                  | ·   | r the amount paid frond frond frond frond frond front | om the filing organization's<br>to a separate political org  | ns to which the filing<br>funds Also enter the<br>janization, such as a  |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution                                  | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar                                     | r the amount paid frond frond frond frond frond front | om the filing organization's<br>to a separate political org  | (e) A mount of political contributions received and promptly and directly delivered to a separate political                        |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.          |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization.           |
|               | Enter the names, addresses an<br>organization made payments F<br>amount of political contribution<br>separate segregated fund or a | nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC) | r the amount paid frond directly delivered If additional space  | om the filing organization's to a separate political organis needed, provide inform  (d) A mount paid from filing organization's | (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization.           |

| Р  | art II-A Complete if the organization under section 501(h)).                              | is exempt under section 501(c)(3)                                | and filed Form 5768                     | (election                                |
|----|---|--|---|--|
|    | Check If the filing organization belongs to a Check If the filing organization checked bo | n affiliated group<br>x A and "limited control" provisions apply |   |  |
|    | Limits on Lobbying E<br>(The term "expenditures" means ar                                 |  | (a) Filing<br>O rganization's<br>Totals | <b>(b)</b> Affiliated<br>Group<br>Totals |
| 1a | Total lobbying expenditures to influence public o   | pınıon (grass roots lobbyıng)                                    |   |  |
| b  | Total lobbying expenditures to influence a legisl   | ative body (direct lobbying)                                     |   |  |
| C  | Total lobbying expenditures (add lines 1a and 1   | o)   |   |  |
| d  | O ther exempt purpose expenditures  |  |   |  |
| е  | Total exempt purpose expenditures (add lines 1  | c and 1d)  |   |  |
| f  | Lobbying nontaxable amount Enter the amount to columns                                    | rom the following table in both                                  |   |  |
|    | If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                               |   |  |
|    | Not over \$500,000  | 20% of the amount on line 1e                                     |   |  |
|    | Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000                  |   |  |
|    | Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000                |   |  |
|    | Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000                 |   |  |
|    | Over \$17,000,000   | \$1,000,000  |   |  |
|    | Grassroots nontaxable amount (enter 25% of lir  | e 1f)  |   |  |
| h  | Subtract line 1g from line 1a If zero or less, ent  | er -0 -  |   |  |
| i  | Subtract line 1f from line 1c If zero or less, ente                                       | r-0-   |   |  |
| j  | If there is an amount other than zero on either lii<br>section 4911 tax for this year?    | ne 1h or line 1i, did the organization file Form                 | 4720 reporting                          | ┌ Yes ┌ No                               |

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

|    | Lobbying Expenditures During 4-Year Averaging Period       |                 |                 |                 |                 |           |  |  |  |
|----|--|-----------------|-----------------|-----------------|-----------------|-----------|--|--|--|
|    | Calendar year (or fiscal year<br>beginning in)             | <b>(a)</b> 2007 | <b>(b)</b> 2008 | <b>(c)</b> 2009 | <b>(d)</b> 2010 | (e) Total |  |  |  |
| 2a | Lobbying non-taxable amount                                |                 |                 |                 |                 |           |  |  |  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |           |  |  |  |
| c  | Total lobbying expenditures                                |                 |                 |                 |                 |           |  |  |  |
| d  | Grassroots non-taxable amount                              |                 |                 |                 |                 |           |  |  |  |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |           |  |  |  |
| f  | Grassroots lobbying expenditures                           |                 |                 |                 |                 |           |  |  |  |

| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 |
|-----------|--|
|           | (election under section 501(h)).   |

|    |  | (a) |    | (D)    |  |
|----|--|-----|----|--------|--|
|    |  | Yes | No | Amount |  |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |  |
| а  | Volunteers?  |     | No |        |  |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |        |  |
| C  | Media advertisements?  |     | No |        |  |
| d  | Mailings to members, legislators, or the public?   |     | No |        |  |
| e  | Publications, or published or broadcast statements?  |     | Νo |        |  |
| f  | Grants to other organizations for lobbying purposes?   | Yes |    | 41,206 |  |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | Νo |        |  |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | Νo |        |  |
| i  | Other activities? If "Yes," describe in Part IV  |     | No |        |  |
| j  | Total lines 1c through 1i  |     |    | 41,206 |  |
| 2a | Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?   |     | No |        |  |
| 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   |     | ľ  |        |  |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |  |
|    |  | •   | -  |        |  |

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

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

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

| _<br>_<br>_ |
|-------------|

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?

5 Table 1 are not of labburge and applicable agree of the political expenditures.

Taxable amount of lobbying and political expenditures (see instructions)

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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 1, Also, complete this part for any additional information

| Identifier                                  | Return Reference | Explanation  |
|---|------------------|--|
| Explanation of Other Lobbying<br>Activities |                  | CENTRAL CT HEALTH ALLIANCE, THE PARENT COMPANY OF THE HOSPITAL OF CENTRAL CONNECTICUT, ENGAGED THE FIRM OF GAFFNEY BENNETT ASSOCIATES TO LOBBY ON ITS BEHALF PAYMENTS TO GAFFNEY BENNETT WERE \$57,500 CCHA ALSO ENGAGED THE FIRM OF KOZAK & SALINA TO LOBBY ON ITS BEHALF PAYMENTS TOTALED \$29,500 THE HOSPITAL OF CENTRAL CONNECTICUT IS ALSO A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE CONNECTICUT HOSPITAL ASSOCIATION WHO ENGAGE IN LOBBYING AND ADVOCACY EFFORTS ON BEHALF OF ITS MEMBERS |

1 1

4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227008012

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| ema      | l Revenue Service                                   | ► Attach to Fe  | orm 990. ► See separate instructions.   |               |                         | Inspec     | tion      |
|----------|---|---|---|---------------|-------------------------|------------|-----------|
|          | me of the organi                                    |   |   | Emp           | loyer ident if ica      | tion numbe | er        |
| ıHt      | E HUSPITAL OF CENT                                  | TRAL CONNECTICUT  |   | 06-0          | 0646768                 |            |           |
| Pa       |   |   | dvised Funds or Other Similar Fu  |               |                         | . Comple   | te if the |
|          | organiz   | zation answered "Yes" to Form 99  |   |               | (I-) F                  |            |           |
|          | Total number a                                      | t and afvent  | (a) Donor advised funds   | •             | ( <b>b)</b> Funds and o | tner accou | nts       |
|          |   | tributions to (during year)   |   |               |                         |            |           |
| !        |   | nts from (during year)  |   |               |                         |            |           |
| ,<br>ļ   |   | ie at end of year   |   |               |                         |            |           |
|          |   |   | core in writing that the access hold in don   | or odvi       | ucod                    |            |           |
| ,        | funds are the o                                     | organization's property, subject to the   | sors in writing that the assets held in don organization's exclusive legal control?   |               |                         | ☐ Yes      | ┌ No      |
| J        | used only for c                                     |   | donor advisors in writing that grant funds<br>efit of the donor or donor advisor, or for ar   |               |                         | ┌ Yes      | ┌ No      |
| a        | rt III Conse  | rvation Easements. Complete   | ıf the organızatıon answered "Yes" t  | o Forn        | n 990, Part IV          | ', line 7. |           |
| <u>?</u> | Preservation Protection Preservation Complete lines | of natural habitat<br>ion of open space   | rganization (check all that apply) on or pleasure)  | ertifie       | d historic struc        | -          | a         |
|          |   | ,   |   |               | Held at the             | End of the | Year      |
| a        | Total number o                                      | of conservation easements   |   | 2a            |                         |            |           |
| b        | Total acreage                                       | restricted by conservation easements  | İ   | 2b            |                         |            |           |
| c        | Number of con                                       | servation easements on a certified his  | toric structure included in (a)   | 2c            |                         |            |           |
| d        | Number of con                                       | servation easements included in (c) a   | cquired after 8/17/06   | 2d            |                         |            |           |
| <b>;</b> | the taxable yea                                     | servation easements modified, transfe<br>ar -<br>ar -<br>tes where property subject to conserva | erred, released, extinguished, or terminate   | d by th       | ne organization         | durıng     |           |
|          | Does the organ                                      |   | g the periodic monitoring, inspection, hand   | —<br>dling of | violations, and         | ┌ Yes      | ┌ No      |
|          | Staff and volun                                     | nteer hours devoted to monitoring, insp   | ecting and enforcing conservation easem   | ents d        | uring the year 🖡        |            |           |
|          | A mount of exp                                      | enses incurred in monitoring, inspecti  | ng, and enforcing conservation easements  | durin         | g the year 🟲 \$ _       |            |           |
|          |   | servation easement reported on line 2<br>) and 170(h)(4)(B)(ii)?                                | (d) above satisfy the requirements of sec   | tion          |                         | ┌ Yes      | ┌ No      |
| )        | balance sheet,                                      |   | onservation easements in its revenue and<br>the footnote to the organization's financial<br>nents                                     |               |                         |            |           |
| ar       |   |   | ns of Art, Historical Treasures,<br>'Yes" to Form 990, Part IV, line 8.   | or Ot         | her Similar             | Assets.    |           |
| .a       | art, historical t                                   | treasures, or other similar assets held   | 116, not to report in its revenue stateme<br>for public exhibition, education or researd<br>ancial statements that describes these it | h in fu       |                         |            | е,        |
| b        | historical treas                                    |   | 116, to report in its revenue statement a<br>public exhibition, education, or research ii<br>;  |               |                         |            |           |
|          | (i) Revenues i                                      | ncluded in Form 990, Part VIII, line 1  |   |               | <b>►</b> \$             |            |           |
|          | (ii) Assets Inc                                     | luded in Form 990, Part X   |   |               |                         |            |           |
|          | If the organiza                                     | ·   | orical treasures, or other similar assets fo<br>S 116 relating to these items   | r finan       |                         |            |           |
| а        |   | uded in Form 990, Part VIII, line 1   |   |               | <b>▶</b> \$             |            |           |
|          |   | , ,   |   |               | · -                     |            |           |

**b** Assets included in Form 990, Part X

| FG II | TIL Organizations Maintaining Co  | liections of Art, i     | HISTOR     | cai irea                     | isures, or c     | Jtne                | r Similar A                                      | sse   | ts (co            | <u>ntinuea)</u> |
|-------|---|-------------------------|------------|------------------------------|------------------|---------------------|--|-------|-------------------|-----------------|
| 3     | Using the organization's accession and othe items (check all that apply)                        | r records, check any o  | of the fol | lowing tha                   | t are a signific | ant ı               | ise of its colle                                 | ction |                   |                 |
| а     | Public exhibition   |                         | d ┌        | Loan or                      | exchange prog    | ırams               | 5  |       |                   |                 |
| b     | Scholarly research  |                         | е Г        | Other                        |                  |                     |  |       |                   |                 |
| c     | Preservation for future generations   |                         |            |                              |                  |                     |  |       |                   |                 |
| 4     | Provide a description of the organization's co  | ollections and explain  | how the    | y further tl                 | he organizatio   | n's e               | xempt purpose                                    | e in  |                   |                 |
| 5     | During the year, did the organization solicit of assets to be sold to raise funds rather than t |                         | •          |                              |                  |                     | nılar  | Γ,    | Yes               | ┌ No            |
| Par   | Escrow and Custodial Arrang Part IV, line 9, or reported an an                                  | ements. Complete        | e if the   | organiza                     | tion answere     |                     | es" to Form'                                     | 990   | ,                 |                 |
| 1a    | Is the organization an agent, trustee, custoc<br>included on Form 990, Part X?                  | lian or other intermedi | ary for d  | ontributio                   | ns or other as   | sets                | not  | Γ,    | <b>Yes</b>        | ┌ No            |
| b     | If "Yes," explain the arrangement in Part XIV   | / and complete the fol  | llowing t  | able                         | ſ                |                     | Ι Δ  | mou   | nt                |                 |
| c     | Beginning balance   |                         |            |                              | ł                | 1c                  | <del>                                     </del> |       |                   |                 |
| d     | Additions during the year   |                         |            |                              | ł                | 1d                  |  |       |                   |                 |
| e     | Distributions during the year   |                         |            |                              | ł                | 1e                  |  |       |                   |                 |
| f     | Ending balance  |                         |            |                              |                  | 1f                  |  |       |                   |                 |
| 2a    | Did the organization include an amount on Fo  | orm 990 Part X line 2   | 717        |                              | l                |                     | <u> </u>   | Г,    | /es               |                 |
|       | If "Yes," explain the arrangement in Part XIV   |                         |            |                              |                  |                     |  | '     |                   | ,               |
|       | rt V Endowment Funds. Complete  |                         | answer     | ed "Yes"                     | to Form 990      | , Pa                | rt IV, line 10                                   |       |                   |                 |
|       | ·   | (a)Current Year         | (b)Prioi   |                              |                  | :)Two Years Back (d |  |       | <b>)</b> Four Y   | ears Back       |
| 1a    | Beginning of year balance   | 128,449,477             | 11         | 5,483,988                    | 110,529,         | 502                 | Back   |       |                   |                 |
| ъ     | Contributions   | 2,086,374               |            | 2,672,254                    | 2,235,           | _                   |  |       |                   |                 |
| c     | Investment earnings or losses   | -2,356,272              | 1          | 1,693,366                    | 4,211,           | 109                 |  |       |                   |                 |
| d     | Grants or scholarships  |                         |            |                              |                  |                     |  |       |                   |                 |
| e     | Other expenditures for facilities and programs  | 1,687,950               |            | 1,400,131                    | 1,491,           | 801                 |  |       |                   |                 |
| f     | Administrative expenses   |                         |            |                              |                  |                     |  |       |                   |                 |
| g     | End of year balance   | 126,491,629             | 12         | 8,449,477                    | 115,483,         | 988                 |  |       |                   |                 |
| 2     | Provide the estimated percentage of the year  | r end balance held as   |            |                              |                  |                     |  |       |                   |                 |
| а     | Board designated or quasi-endowment 🕨   | 70 860 %                |            |                              |                  |                     |  |       |                   |                 |
| b     | Permanent endowment 🕨 15 880 %  |                         |            |                              |                  |                     |  |       |                   |                 |
| c     | Term endowment ► 13 260 %   |                         |            |                              |                  |                     |  |       |                   |                 |
| 3a    | Are there endowment funds not in the posse  | ssion of the organizati | on that    | are held ar                  | nd administere   | d for               | the  | ı     |                   |                 |
|       | organization by (i) unrelated organizations   |                         |            |                              |                  |                     | 3  | a(i)  | <b>Yes</b><br>Yes | No              |
|       | (ii) related organizations  |                         |            |                              |                  |                     | _  | ı(ii) | 103               | No              |
| b     | If "Yes" to 3a(II), are the related organization  |                         |            | dule R?.                     | · · · · · ·      | ٠.                  | · · · -  | 3b    |                   |                 |
| 4     | Describe in Part XIV the intended uses of th  | e organization's endo   | wment f    | unds                         |                  |                     | _  |       |                   |                 |
| Par   | t VI Investments—Land, Building:  | s, and Equipment        | . See I    | orm 990                      | , Part X, line   | 10.                 | T  |       |                   |                 |
|       | Description of investment   |                         |            | Cost or othe<br>s (investmen |                  |                     | (c) Accumulate<br>depreciation                   | d     | ( <b>d)</b> Boo   | ok value        |
| 1a    | _and  |                         |            | 1,130,77                     | 76 5,00          | 7,483               |  |       |                   | 6,138,259       |
| b     | Buildings   |                         |            | 7,504,97                     | 79 213,178       | 8,978               | 116,014,5  | 95    | 10-               | 4,669,362       |
| c     | _easehold improvements  |                         |            | 200,97                       | 78 4,259         | 9,828               | 2,394,4  | 76    |                   | 2,066,330       |
| d I   | Equipment   |                         |            | 475,69                       | 173,482          | 2,737               | 137,687,4  | 00    | 3                 | 6,271,028       |
|       | Other   |                         |            |                              | 7,798            | 8,524               | 4,178,4  | 33    |                   | 3,620,091       |
| Tota  | <b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>                                    | orm 990, Part X, column | (B), line  | 10(c).) .                    |                  |                     |  |       | 15.               | 2,765,070       |

| Part VII Investments—Other Securities. See F  (a) Description of security or category  (including name of security) | Form 990, Part X, line 12<br>( <b>b)</b> Book value | (c) Metho                               | d of valuation<br>-year market value  |
|---|---|---|---------------------------------------|
| (1)Financial derivatives  |   | 000000000000000000000000000000000000000 | y car market rarae                    |
| (2)Closely-held equity interests  |   |   |                                       |
| (3)Other<br>(A) FUNDS HELD IN TRUST BY OTHERS   | 13,488,598  |   | F                                     |
| (B) MUTUAL FUNDS  | 106,402,592   |   | F                                     |
| (C) CURRENT ASSETS WHOSE USE IS LIMITED   | 2,397,202   |   | F                                     |
| (D) PERMANENTLY RESTRICTED INVESTMENTS  | 6,600,444   |   | F                                     |
|   |   |   |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  | 128,888,836   |   |                                       |
| Part VIII Investments—Program Related. See  (a) Description of investment type                                      | (b) Book value                                      | (c) Metho                               | d of valuation<br>f-year market value |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )   |   |   |                                       |
| Part IX Other Assets. See Form 990, Part X, lin   | e 15.   |   |                                       |
| (a) Descrip   | tion  |   | (b) Book value                        |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
|   |   |   |                                       |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15   |   |   |                                       |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  | , line 25.<br>(b) A mount                           |   |                                       |
| Federal Income Taxes  | (b) Amount  |   |                                       |
| DUE TO THIRD PARTIES  | 21,951,248  |   |                                       |
| PENSION PLAN AND SELF INSURANCE LIABILITY   | 105,133,129   |   |                                       |
| ACCRUED COMPENSATION  | 12,301,012  |   |                                       |
| DUE TO (FROM) AFFILIATES  | -371,339  |   |                                       |
| OTHER LIABILITIES   | 2,632,664   |   |                                       |
|   |   |   |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )   | 141,646,714   |   |                                       |

| Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1 | 3   | 368,625,40          |
|---|---|---------------------|
| Excess or (deficit) for the year Subtract line 2 from line 1  | 2   |                     |
|   | 3   | 27,458,496          |
| Net unrealized gains (losses) on investments  | 4   | -3,325,286          |
| Donated services and use of facilities  | 5   |                     |
| Investment expenses   | 6   |                     |
| Prior period adjustments  | 7   |                     |
|   | 8   | 7,764,140           |
|   | 9   | 4,438,854           |
| Excess or (deficit) for the year per financial statements. Combine lines 3 and 9                                      | 10  | 31,897,350          |
|   | er Retu   | ırn                 |
| Total revenue, gains, and other support per audited financial statements  | 1   | 392,623,636         |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12  |   |                     |
| Net unrealized gains on investments   |   |                     |
| Donated services and use of facilities  |   |                     |
| Recoveries of prior year grants   |   |                     |
| Other (Describe in Part XIV)  |   |                     |
| Add lines <b>2a</b> through <b>2d</b>   | 2e  | -994,407            |
| Subtract line <b>2e</b> from line <b>1</b>  | 3   | 393,618,04          |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1   |   |                     |
| Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |   |                     |
| Other (Describe in Part XIV)  |   |                     |
| Add lines <b>4a</b> and <b>4b</b>   | 4c  | 2,465,85!           |
| Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)                         | 5   | 396,083,898         |
|   | per Re  |                     |
| · ·   | 1   | 368,303,33          |
|   | _   |                     |
|   |   |                     |
|   |   |                     |
| Other losses  |   |                     |
| Other (Describe in Part XIV)  |   |                     |
| Add lines <b>2a</b> through <b>2d</b>   | 2e  | (                   |
| Subtract line <b>2e</b> from line <b>1</b>  | 3   | 368,303,33          |
| Amounts included on Form 990, Part IX, line 25, but not on line 1:  |   |                     |
| Investment expenses not included on Form 990, Part VIII, line 7b 4a   |   |                     |
| Other (Describe in Part XIV)  |   |                     |
| Add lines <b>4a</b> and <b>4b</b>   | 4c  | 322,070             |
| Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )                       | 5   | 368,625,402         |
|   | Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements | Investment expenses |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 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   |
|---|------------------|---|
| Description of Intended Use of<br>Endowment Funds | Part V, Line 4   | 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 XI, Line 8 - Other Adjustments               |                  | CHANGE IN ASSETS HELD IN TRUST BY OTHERS -547,224 PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -14,071,226 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -1,742,303 CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH 867 FIXED ASSET FAIR VALUE ADJUSTMENT 24,394,080 EARLY EXTINGUISHMENT OF DEBT -270,054 |
| Part XII, Line 2d - Other<br>Adjustments          |                  | NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 747,896 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -1,742,303   |
| Part XII, Line 4b - Other<br>Adjustments          |                  | CONTRIBUTIONS 1,878,379 AUXILIARY SPECIAL EVENTS-GOLF TOURNAMENT AND BALL 135,095 AUXILIARY GIFT STORE INCOME 184,486 AUXILIARY FASHION SHOWS 11,000 INVESTMENT INCOME-TEMP RESTRICTED 256,895  |
| Part XIII, Line 4b - Other<br>Adjustments         |                  | AUXILIARY EXPENSES 322,070  |

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DLN: 93493227008012

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

| ntemal Revenue Service  | Attach   | to Form 990 or Form 99   | 0-EZ. F See separate instruct        | ions.  | Inspection   |
|---|--|--|--------------------------------------|--|--|
| Name of the organization<br>THE HOSPITAL OF CENTR               | AL CONNECTION  |  |                                      | Employer iden  | tification number  |
| THE HOSFITAL OF CENTR   | ALCONNECTION   |  |                                      | 06-0646768   |  |
| Part I Fundraising  | Activities. Complete                                   | e if the organizat   | tion answered "Yes"                  | to Form 990, Part IV   | , line 17.   |
| 1 Indicate whether the o  | rganızatıon raısed funds                               | through any of the   | following activities Ch              | eck all that apply   |  |
| <b>a</b> Mail solicitations                                     |  | e  | Solicitation of nor                  | n-government grants  |  |
| <b>b</b> Internet and e-ma                                      | ıl solıcıtatıons                                       | f  | Solicitation of gov                  | <del>-</del>   |  |
| c Phone solicitations   |  | g  | Special fundraisir                   | ng events  |  |
| d In-person solicitat   | tions  |  |                                      |  |  |
| _   | ave a written or oral agre<br>d in Form 990, Part VII  |  | •                                    |  | V Yes □ No   |
| <b>b</b> If "Yes," list the ten his to be compensated at        | ghest paid individuals or<br>least \$5,000 by the orga |  |                                      |  |  |
| (i) Name and address of<br>individual<br>or entity (fundraiser) | (ii) Activity  | (iii) Did<br>fundraiser have<br>custody or<br>control of<br>contributions? | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|   | FEASIBILITY  | Yes No   |                                      |  |  |
| HE GIVING<br>COLLABORATIVE LLC<br>53 Morgan Avenue              | STUDY FOR NEW<br>CANCER CENTER<br>CAMPAIGN             | No   | 0                                    | 17,800   | -17,800  |
| East Haven, CT 06512  |  |  |                                      |  |  |
| 「otal   |  | 🕨  |                                      | 17,800   | -17,800  |
| licensing   |  |  |                                      |  |  |
|   |  |  |                                      |  |  |
|   |  |  |                                      |  |  |
|   |  |  |                                      |  |  |
|   |  |  |                                      |  |  |
|   |  |  |                                      |  |  |

| Pai         | <b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. |  |   |   |                                     |  |  |  |  |  |  |
|-------------|---|--|---|---|-------------------------------------|--|--|--|--|--|--|
|             |   |  | (a) Event #1  GOLF TOURNAMENTS (event type) | (b) Event #2  CHRYSANTHEMUM BALL  (event type)          | (c) O ther Events  1 (total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |  |  |  |  |  |
| £Ε          | 1   | Gross receipts   | 119,429                                     | 107,125   | 23,663                              | 250,217  |  |  |  |  |  |
| Revenue     | 2   | Less Charitable contributions  | 70,429                                      | 39,775  | 3,953                               | 114,157  |  |  |  |  |  |
|             | 3   | Gross income (line 1 minus line 2)   | 49,000                                      | 67,350  | 19,710                              | 136,060  |  |  |  |  |  |
|             | 4   | Cash prizes  | С   | 0   | 0                                   |  |  |  |  |  |  |
| မာ          | 5   | Non-cash prizes  | 8,999                                       | 1,336   | 252                                 | 10,587   |  |  |  |  |  |
| Expenses    | 6   | Rent/facility costs  | 13,662                                      | 2 0   | 12,138                              | 25,800   |  |  |  |  |  |
| ă           | 7   | Food and beverages   | 10,105                                      | 43,794  | 0                                   | 53,899   |  |  |  |  |  |
| Direct      | 8   | Entertainment  | C   | 3,050   | 250                                 | 3,300  |  |  |  |  |  |
| ឨ           | 9   | Other direct expenses .  | 3,595                                       | 6,919   | 22                                  | 10,536   |  |  |  |  |  |
|             | 10  | Direct expense summary Add line  | es 4 through 9 in column                    | (d)   |                                     | 104,122  |  |  |  |  |  |
|             | 11 Net income summary Combine lines 3 and 10 in column (d)  |  |   |   |                                     |  |  |  |  |  |  |
| Par         | t III   | Gaming. Complete if the or<br>\$15,000 on Form 990-EZ, lir                                   |   | "Yes" to Form 990, Pa                                   | rt IV, line 19, or repo             | rted more than                                       |  |  |  |  |  |
| Revenue     |   |  | (a) Bingo                                   | <b>(b)</b> Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming                    | (d) Total gaming<br>(Add col (a) through<br>col (c)) |  |  |  |  |  |
|             | 1   | Gross revenue  |   |   |                                     |  |  |  |  |  |  |
| မွ          | 2   | Cash prizes  |   |   |                                     |  |  |  |  |  |  |
| sesued      | 3   | Non-cash prizes  |   |   |                                     |  |  |  |  |  |  |
| Direct Dy   | 4   | Rent/facility costs  |   |   |                                     |  |  |  |  |  |  |
| 툽           | 5   | Other direct expenses  |   |   |                                     |  |  |  |  |  |  |
|             | 6   | Volunteer labor  | Г Yes                                       | Г Yes <u>%</u><br>Г No                                  | │ Yes                               |  |  |  |  |  |  |
|             | 7   | Direct expense summary Add lines   | s 2 through 5 in column (                   | d)  |                                     |  |  |  |  |  |  |
|             | 8   | Net gaming income summary Com  | bine lines 1 and 7 in colu                  | ımn (d)   |                                     |  |  |  |  |  |  |
| 9<br>a<br>b | Is th   | er the state(s) in which the organiza<br>he organization licensed to operate<br>No," Explain | gaming activities in each                   | n of these states?                                      |                                     | · Fyes FNo   |  |  |  |  |  |
| 10a<br>b    | Were  | e any of the organization's gaming l   | ıcenses revoked, suspen                     | ded or terminated during                                | the tax year?                       |  |  |  |  |  |  |

| 11  | Does the organization operate ga                  | aming activities with nonmembers? .      |  | $\Gamma_{ m Yes}$ $\Gamma_{ m No}$      |
|-----|---|--|--|---|
| 12  | Is the organization a grantor, be                 | neficiary or trustee of a trust or a mem | ber of a partnership or other entity   |   |
|     | formed to administer charitable o                 | gaming?                                  |  | . Г <sub>Yes</sub> Г <sub>No</sub>      |
| 13  | Indicate the percentage of gamir                  | ng activity operated in                  |  |   |
| а   | The organization's facility                       |  | 13a                                    |   |
| b   | An outside facility                               |  | 13b                                    |   |
| 14  | Provide the name and address of records           | f the person who prepares the organiza   | tion's gaming/special events books and |   |
|     |   |  |  |   |
|     | Name 🟲  |  |  |   |
|     |   |  |  |   |
|     | Address 🟲   |  |  |   |
|     |   |  |  |   |
| 15a | Does the organization have a co                   | ntract with a third party from whom the  | organization receives gaming           |   |
|     | <del>-</del>                                      | · ·                                      |  | . $\Gamma_{Yes}$ $\Gamma_{No}$          |
| b   |   |  | tion 🟲 \$ and the                      | , |
|     | amount of gaming revenue retain                   | ned by the third party 🟲 \$              |  |   |
| c   | If "Yes," enter name and address                  | s  |  |   |
|     | Name 🟲  |  |  |   |
|     | Address ►   |  |  |   |
| 16  | Gaming manager information                        |  |  |   |
|     | Name 🟲  |  |  |   |
|     | Gaming manager compensation I                     | <b>&gt;</b> \$                           |  |   |
|     | Description of services provided                  | <b></b>                                  |  |   |
|     | Director/officer                                  | □ Employee                               | Independent contractor                 |   |
| 17  | Mandatory distributions                           |  |  |   |
| а   |   | er state law to make charitable distribu |  |   |
|     |   |  |  | Tyes No                                 |
| b   |   | required under state law distributed t   | o other exempt organizations or spent  |   |
| D   |   | activities during the tax year \$        | reconnect to question on Cohedule C./  |   |
| Pa  | t IV Complete this part to proceed instructions.) | provide additional information for       | responses to question on Schedule G (  | see<br>                                 |
|     | Identifier  | ReturnReference                          | Explanation                            |   |

### OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization
THE HOSPITAL OF CENTRAL CONNECTICUT

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

Hospitals

**Employer identification number** 

| D:   | art I Financial Assista   | nce and C  | ertain Oth                          | er Community Be                        |                               | 0646768                      |        |                      |       |
|--|---|--|-------------------------------------|--|-------------------------------|------------------------------|--------|----------------------|-------|
|  | i illaliciai Assista  | ince and C   | ertani Oth                          | ci community be                        | iiciits at cust               |                              |        | Yes                  | No    |
| <b>1</b> a   | Did the organization have a fi  | nnancıal assı  | stance policy                       | y during the tax year? I               | f "No," skip to questio       | n 6 a .                      | 1a     | Yes                  |       |
| b  | If "Yes," is it a written policy  | ·  |                                     |  |                               |                              | 1b     | Yes                  |       |
| 2  | If the organization has multip<br>assistance policy to its vario  |  |                                     |  | describes application o       | of the financial             |        |                      |       |
|  | Applied uniformly to all ho<br>Generally tailored to indiv  | •  | Is                                  | Applied uniformly                      | to most hospitals             |                              |        |                      |       |
| 3  | Answer the following based or organization's patients during  |  | ncıal assısta                       | nce eligibility criteria t             | hat applied to the large      | est number of the            |        |                      |       |
| а  | Does the organization use Fe income individuals? If "Yes,"  |  |                                     |  |                               |                              | 3a     | Yes                  |       |
|  | Γ <sub>100%</sub> Γ <sub>150%</sub>   | _  | 0% <b>~</b>                         | -                                      | _                             | •                            | Ja     | 165                  |       |
| <b>L</b>   |   |  |                                     |  |                               | duuduolo 2 If                |        |                      |       |
| b  | Does the organization use FP "Yes," indicate which of the fo  |  |                                     |  |                               |                              | 3b     | Yes                  |       |
|  | <b>Г</b> 200% <b>Г</b> 250%   | Г 30   | о% Г                                | 350% <b>—</b> 40                       | 0% <b>「</b> Other_            | <u>%</u>                     |        |                      |       |
| c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. |   |  |                                     |  |                               |                              |        |                      |       |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year  |   |  |                                     |  |                               |                              |        | Yes                  |       |
| provide for free or discounted care to the "medically indigent"?   |   |  |                                     |  |                               |                              |        | Yes                  |       |
| b  | <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   |  |                                     |  |                               |                              |        |                      |       |
| C  | c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? |  |                                     |  |                               |                              |        |                      | No    |
| 6a   | 6a Does the organization prepare a community benefit report during the tax year?  |  |                                     |  |                               |                              |        |                      | No    |
| 6b   | 6b If "Yes," did the organization make it available to the public?  |  |                                     |  |                               |                              |        |                      |       |
|  | Complete the following table i<br>worksheets with the Schedule  |  | ksheets prov                        | ided in the Schedule H                 | instructions Do not s         | ubmit these                  |        |                      |       |
| 7  | Financial Assistance and C  | ertain Other   | Community I                         | Benefits at Cost                       |                               |                              |        |                      |       |
|  | Financial Assistance and<br>Means-Tested<br>Government Programs   | (a) Number of<br>activities or<br>programs<br>(optional) | (b) Persons<br>served<br>(optional) | (c) Total community<br>benefit expense | (d) Direct offsetting revenue | (e) Net community be expense | enefit | (f) Pero<br>total ex |       |
| а  | Financial Assistance at cost (from Worksheets 1 and 2)  |  | 18,597                              | 4,153,793                              | 1,550,356                     | 2,60                         | 3,437  | 0                    | 710 % |
| b  | Unreimbursed Medicaid (from Worksheet 3, column a)  |  | 861                                 | 72,399,751                             | 56,800,617                    | 15.59                        | 9,134  | 4                    | 260 % |
| c  | Unreimbursed costs—other<br>means-tested government<br>programs (from Worksheet 3,  |  |                                     |  | , ,                           |                              | ,      |                      |       |
| d  | column b)  Total Financial Assistance and Means-Tested Government Programs  |  | 19,458                              | <u> </u>                               | 0<br>58,350,973               | 18,20                        | 2,571  | 4                    | 970 % |
| e  | Other Benefits Community health improvement   |  |                                     | ,,                                     | ,,                            | _3/20                        | ,      |                      |       |
| _  | services and community benefit operations (from (Worksheet 4)   | 67   | 13,966                              | 1,206,526                              | 31,509                        | 1,17                         | 5,017  | 0                    | 320 % |
| f  | Health professions education (from Worksheet 5)   | 14   | 816                                 | 10,877,542                             | 2,859,635                     | 8,01                         | 7,907  | 2                    | 190 % |
| g  | Subsidized health services (from Worksheet 6)   | 0  | 0                                   | 0                                      | 0                             | -,                           |        |                      |       |
| h  | Research (from Worksheet 7)   | 1  | 0                                   | 338,712                                | 0                             | 33                           | 8,712  | 0                    | 090 % |
| i  | Cash and in-kind contributions to community groups (from Worksheet 8)   | 4  | 190                                 | 17,221                                 | 0                             | 1                            | 7,221  |                      | 0 %   |
| -  | <b>Total</b> Other Benefits   | 86   | 14,972                              | 12,440,001                             | 2,891,144                     |                              | 8,857  |                      | 600 % |
| k  | Total. Add lines 7d and 7j  | 86   | 34,430                              | 88,993,545                             | 61,242,117                    | 27,75                        | 1,428  | 7                    | 570 % |

| Pa           | rt II Community Buildir activities during the of the communities if                                       | tax year, an                                    |   |   |                                      |                        |  |     |                                     | ealth   |
|--------------|---|---|---|---|--------------------------------------|------------------------|--|-----|-------------------------------------|---------|
|              | or the communication  | (a) Number of activities or programs (optional) | <b>(b)</b> Persons served (optional)      | (c) Total community<br>building expense |                                      | rect offset<br>revenue | (e) Net community building expense   |     | (f) Pero<br>total ex                |         |
| 1            | Physical improvements and housing   |   |   |   |                                      |                        |  |     |                                     |         |
| 2            | Economic development  |   |   |   |                                      |                        |  |     |                                     |         |
| 3            | Community support   |   |   |   |                                      |                        |  |     |                                     |         |
| 4            | Environmental improvements  |   |   |   |                                      |                        |  |     |                                     |         |
| 5            | Leadership development and training   |   |   |   |                                      |                        |  |     |                                     |         |
| 6            | for community members   |   |   |   |                                      |                        |  |     |                                     |         |
|              | Coalition building  Community health improvement advocacy   |   |   |   |                                      |                        |  |     |                                     |         |
| 8            | Workforce development   |   |   |   |                                      |                        |  |     |                                     |         |
| 9            | Other   |   |   |   |                                      |                        |  |     |                                     |         |
| 10           | Total   |   |   |   |                                      |                        |  |     |                                     |         |
| Par          | t IIII Bad Debt, Medicar  | e, & Collec                                     | tion Practic                              | es                                      |                                      |                        |  |     |                                     |         |
| Sect         | ion A. Bad Debt Expense   |   |   |   |                                      |                        |  |     | Yes                                 | No      |
| 1            | Did the organization report bac<br>Statement No 15?   | •   |   |   | nancıal M                            | anagem                 | ent Association  | 1   |                                     | No      |
| 2            | Enter the amount of the organi  |   |   |   |                                      | 2                      | 3,192,427  |     |                                     |         |
| 3            | Enter the estimated amount of   |   |   |   |                                      | 3                      | 123,084  |     |                                     |         |
|              | attributable to patients eligible   | e under the org                                 | ganızatıon's fına                         | ancial assistance p                     | oolicy .                             |                        | 123,004  |     | I                                   | l       |
| 4            | Provide in Part VI the text of t<br>In addition, describe the costil<br>rationale for including a portion | ng methodolog                                   | gy used in detei                          | rmining the amount                      |                                      |                        |  |     |                                     |         |
| Sect         | ion B. Medicare   | TOT BUU GEBE C                                  | iniounits us con                          | mamey benefic                           |                                      |                        |  |     |                                     |         |
| 5            | Enter total revenue received fr   | om Medicare                                     | (ıncludıng DSH                            | and IME)                                |                                      | 5                      | 99,163,004   |     |                                     |         |
| 6            | Enter Medicare allowable cost:  |   | _   | •                                       |                                      | 6                      | 97,726,959   |     |                                     |         |
| 7            | Subtract line 6 from line 5 Thi   | s is the surpli                                 | us or (shortfall)                         |   |                                      | 7                      | 1,436,045  |     |                                     |         |
| 8            | Describe in Part VI the extent<br>Also describe in Part VI the co<br>Check the box that describes t       | sting method                                    | ology or source                           |   |                                      |                        |  |     |                                     |         |
|              | Cost accounting system  | ┏ co  | st to charge ra                           | tio <b>Г</b>                            | O ther                               |                        |  |     |                                     |         |
| Sect         | ion C. Collection Practices   |   |   |   |                                      |                        |  |     |                                     |         |
| 9a           | Does the organization have a v  | vritten debt co                                 | ollection policy?                         | ·                                       |                                      |                        |  | 9a  | Yes                                 |         |
| b            | If "Yes," does the organization   |   |   |   |                                      |                        |  | 9b  |                                     | No      |
| Pa           | rt IV Management Com  |   |   |   | scribe in P                          | art VI                 |  | 90  |                                     | 1 140   |
|              | (a) Name of entity  |   | D) Description of pr<br>activity of entit | rımary                                  | (c) Organiz<br>profit % o<br>ownersh | r stock                | (d) Officers, directors,<br>trustees, or key<br>employees' profit %<br>or stock ownership% | pro | e) Physion<br>ofit % oi<br>ownershi | r stock |
| <b>1</b> 1   | Total Laundry Collaborative LLC   | Laundry Service                                 | S   |   | 3                                    | 7 000 %                |  |     |                                     |         |
| <b>2</b> 3   | New Britain Alliance Occupational Health  | Occupational He                                 | ealth Services                            |   | 8                                    | 6 000 %                |  |     | 14 (                                | 000 %   |
| 3 4          | Central CT Sports Medicine LLC  | Sports Medicine                                 | Provider                                  |   | 5                                    | 0 000 %                |  |     |                                     |         |
| <b>4</b> 5 1 | New Britain MRI LP  | Magnetic Reson                                  | ance Imaging                              |   | 4                                    | 3 000 %                |  |     |                                     |         |
| <b>5</b> 6 0 | Central CT Endoscopy Center LLC   | Endoscopy Serv                                  | ices                                      |   |                                      | 6 500 %                |  |     | 50 (                                | 000 %   |
| 6            |   |   |   |   |                                      |                        |  |     |                                     |         |
| 7            |   |   |   |   |                                      |                        |  |     |                                     |         |
| 8            |   |   |   |   |                                      |                        |  |     |                                     |         |
| 9            |   |   |   |   |                                      |                        |  |     |                                     |         |
| 10           |   |   |   |   |                                      |                        |  |     |                                     |         |
| 11           |   |   |   |   |                                      |                        |  |     |                                     |         |
| 12           |   |   |   |   |                                      |                        |  |     |                                     |         |
| 13           |   |   |   |   |                                      |                        |  |     |                                     |         |

| Part  | V Facility Information   |                   |                  |              |                   |                          |                   |             |          |                  |
|---|--|-------------------|------------------|--------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|
| (list in  | on A. Hospital Facilities order of size, measured by total revenue per facility, from t to smallest) | Licensed hospital | General medical  | Children's h | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other |                  |
| How many hospital facilities did the organization operate during the tax year?2 |  | ospital           | dical & surgical | hospital     | epital            | ess hospital             | culity            |             |          |                  |
| Name  | and address  |                   |                  |              |                   |                          |                   |             |          | Other (Describe) |
| 1   | Hospital of Central CT- New Britain Cam<br>100 Grand Steet<br>New Britain, CT 06050                  | ×                 | х                |              | х                 |                          |                   | х           |          |                  |
| 2   | Hospital of Central CT - Bradley Campus<br>81 Meriden Ave<br>Southington, CT 06489                   | ×                 | х                |              | х                 |                          |                   | х           |          |                  |
|   |  |                   |                  |              |                   |                          |                   |             |          |                  |
|   |  | _                 |                  |              |                   |                          |                   |             |          |                  |
|   |  |                   |                  |              |                   |                          |                   |             |          |                  |
|   |  |                   |                  |              |                   |                          |                   |             |          |                  |
|   |  | -                 |                  | -            |                   |                          |                   |             |          |                  |
|   |  |                   |                  |              |                   |                          |                   |             |          |                  |
|   |  | -                 |                  |              |                   |                          |                   |             |          |                  |
|   |  |                   |                  |              |                   |                          |                   |             |          |                  |
|   |  | 1                 |                  |              |                   |                          |                   |             |          |                  |
|   |  | +                 |                  |              | -                 |                          |                   |             |          |                  |
|   |  | +                 |                  |              | <u> </u>          |                          |                   |             |          |                  |
|   |  | +-                | 1                | -            | $\vdash$          | $\vdash$                 | -                 | $\vdash$    | $\vdash$ |                  |

| How many non-hospital facilities did the organization operate during the tax year?4 |  |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| lan   | ne and address   | Type of Facility (Describe)         |  |  |  |
| _   | New Britain MRI Limited Partnership<br>100 Grand Street<br>New Britain, CT 06050 | Magnetic Resonance Imaging Services |  |  |  |
| 2   | New Britain MRI Limited Partnership<br>100 Grand Street<br>New Britain, CT 06050 | Magnetic Resonance Imaging Services |  |  |  |
| 3   | New Britain MRI Limited Partnership<br>100 Grand Street<br>New Britain, CT 06050 | Magnetic Resonance Imaging Services |  |  |  |
| ı   | New Britain MRI Limited Partnership<br>100 Grand Street<br>New Britain, CT 06050 | Magnetic Resonance Imaging Services |  |  |  |
| •   |  |                                     |  |  |  |
| •   |  |                                     |  |  |  |
| ,<br>1  |  |                                     |  |  |  |
| )   |  |                                     |  |  |  |
| .0  |  |                                     |  |  |  |

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page 8

#### Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation  |
|------------|-----------------|--|
|            |                 | Part I, Line 3c HCC uses Federal Poverty Guidelines to determine eligibility |

| ReturnReference | Explanation   |
|-----------------|---|
|                 | Part I, Line 7 Charity care is at Cost Cost to charge ratio was derived from Worksheet 2, Ratio of Patient Care Cost to Charges In FY11/TY10 a process was initiated to allocate uncollected patient accounts as Charity Care. This was allowable for purposes of the audited financial statement. However, upon completing the Schedule H it became apparent that this practice is not allowable within those requirements. These accounts were then sent to Search America for review of income, asset status and credit rating. It was then decided that accounts with family incomes of 250% of the FPG would be accepted as Charity Care. This follows the Hospital's Financial Assistance Policy guidelines for Charity Care income levels as reported in Part I, Line 3a of the Schedule H. The remainder of the accounts were then classified as Bad Debt. These are the numbers reported on this Schedule. The practice of allocating uncollectable accounts to Charity Care is no longer conducted. |
|                 |   |

| Identifier | ReturnReference | Explanation  |
|------------|-----------------|--|
|            |                 | Part I, Line 7, Column (f) The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 2389422 |

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
|            | raiti, Lille va | The Hospital of Central Connecticut does not prepare an annual community benefit report |

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
|            |                 | Part II For the FY11 tax year, The Hospital of Central Connecticut did not conduct any community building activities and primarily focused on both community health programs, in addition to health professions education |

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
|            |                 | Part III, Line 4 There is no Footnote for Bad Debt Expense included in the Financial Statements |

| Identifier | ReturnReference | Explanation  |
|------------|-----------------|--|
|            |                 | Part III, Line 8 The costing methodology used for bad debt expense was based on the Financial Services - Calculation of Ratio of Patient Care Costs to Charges worksheet, which is provided in the Lyon's CBISA Online (Community Benefits) software program |

| Part III, Line 9b The Bad Debt Guideline states the following The Pre-List Exception Report (FFR385) is produced during the last week of the month to identify all accounts   |
|---|
| eligible for transfer to Bad Debt, but have the following exceptions and will not transfer - Account Balance is not completely the patient's responsibility- Account has a credit balance- Account Balance is \$5,000 and greaterThe Pre List Exception Report is reviewed by collection staff for - Alternative sources of payment- Potential Free Bed/Charity Care applicant- Resolution of balance transfer problemsThe collection agency is responsible to provide the hospitals free bed/charity care summary with each collection notice (PA 3-266) If a patient contacts either the hospital or collection agency to apply for such funds, the collection agency is responsible to stop collection activity until notified by the hospital of the outcome of application Self-pay admissions that are not collectable through standard practices are referred to an outside agency that acts on our behalf to establish Medicaid eligibility If they are unsuccessful in establishing Medicaid eligibility and can establish payment arrangements with the patient, they retain the account These accounts are also blaced in Bad Debt on the last day of the month when referred to |
|   |

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
|            |                 | Part VI, Line 2 Planning is underway for The Hospital of<br>Central Connecticut's needs assessment to occur in 2012 |

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
|            |                 | Part VI, Line 3 The Hospital of Central Connecticut disseminates information about its Financial Assistance Policy as follows (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration discharge, billing and collection written communications, (iii) post the Policy on the Hospital's Home page, (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy |

| Identifier | Identifier ReturnReference Explanation |   |  |  |
|------------|--|---|--|--|
|            |  | Part VI, Line 4 The Hospital of Central Connecticut (HCC) serves primarily the communities located in greater New Britain and the surrounding towns including Berlin, Plainville and Southington, with some coverage of Bristol, Burlington, Cheshire, Cromwell, Farmington, Meriden, Newington and West Hartford The total population in HCC's service area is 441,300 as defined by CERC town profiles for 2010 The most prominent race is Caucasian at about 84% of the total population which has been declining as the Hispanic population has grown to approximately 12% of the total 12 town primary and sub-service areas Within HCC's primary service area of Berlin, Plainville, New Britain and Southington, the Hispanic population counts for 16% The population in HCC's service area is older than the US and CT as a whole with approximately 16% in the over 65 category in some of the primary towns The median household income in HCC's communities varies significantly, averaging \$72,000 with 18 7% of NB's population living beneath the federal poverty level |  |  |

| Part VI, Line 6 The Hospital of Central Connecticut (HCC) is responsive to the community by having a completely open medical staff and a board of trustees with diverse membership that reflects the community at large HCC is a Disproportionate Share Hospital with one of the highest rates of Medicaid patients in the state. We provide space for the Medicare Choices program to help community members select the Medicare programs that are best for them. We have a full graduate medical education program for physician training with UCONN, and also provide training for nursing and allied health.   |
|--|
| students, including a specialty echosonographer program HCC is a major sponsor of the New Britain Health Academy, a program that exposes local high school students to careers in the healthcare field. Presented in partnership with other community organizations, the Academy offers students an opportunity to learn about the types of jobs available, and facilitates contact with healthcare professionals who can guide program participants. As we have in the past, in FY 2011 we sponsored a community service organization fair where area not-for-profits are invited to the hospital to share with HCC's community about their mission and purpose. In addition, various hospital staff members and departments support community events on an ongoing basis, as well as frequent monetary and in-kind donations to area organizations in need. On a related note, HCC also participates in the Medical Legal Partnership Program. This program recognizes that there are many issues that may affect children and families seeking health care that are not specifically healthcare problems. These include landlord tenant and housing issues. The program helps healthcare providers' direct families to resources that can |
| Partnership Program This program recognizes that there are many issues that may affect children and families seeking health care that are not specifically healthcare problems. These include landlord tenant and housing issues. The program helps healthcare providers' direct families to resources that can assist with these issues. A mong our outreach services is our  |
| Mothers Offering Mothers Support (M O M S ) program, a weekly support program for mothers 21 years old and under Program leaders are women who were also young mothers and now are helping others. And, The Hospital of Central Connecticut has a program in which indigent patients who are being discharged from the hospital who do not have prescription drug coverage receive dosages of their prescribed medications to help them recover and comply with treatment guidelines and to reduce   |
|  |

| Identifier | ReturnReference | Explanation  |  |  |
|------------|-----------------|--|--|--|
|            |                 | Part VI, Line 7 The Hospital of Central Connecticut is an Affiliate of Hartford Healthcare Corporation (HHC) HHC strives to provide compassionate care designed to deliver the necessary health services needed by the community The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care "HHC affiliation creates a strong integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital, the largest of the system hospitals. The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies. |  |  |

Т

Т

| Identifier                                | ReturnReference | Explanation |
|---|-----------------|-------------|
| Reports Filed With States Part VI, Line 7 |                 | СТ          |

Schedule H (Form 990) 2010

**Compensation Information** 

DLN: 93493227008012

OMB No 1545-0047

Open to Public Inspection

# **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Employer identification number** THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 Part I Questions Regarding Compensation

| 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?  1 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  Vindependent compensation consultant  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 with respect to the filing organization or a related organization   |    |   |   |    | res | NO |
|--|----|---|---|----|-----|----|
| First-class or charter travel Travel for companions Fax idemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Fax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement organizations of the organization for gross incomed by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Did the organization frequire substantiation prior to remiburing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Ye  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 P Compensation committee Find payment compensation consultant Form 990 of other organizations  a Receive a severance payment or change-of-control payment from the organization or a related organization  a Receive a severance payment or change-of-control payment from the organization or a related organization  a Receive a severance payment from, as equiphemental inonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  1 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 net earnings of  a The organization?  5 A Phay related organization?  1 If "Yes," to line 6 a or 6b, describe in Part III  7 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 organiz | 1a |   |   |    |     |    |
| Travel for companions  |    |   |   |    |     |    |
| F Tax idemnification and gross-up payments   |    | <u> </u>  | - · · · · · · · · · · · · · · · · · · ·                             |    |     |    |
| Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain  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 Ye  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  Compensation committee  I Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1 a with respect to the filing organization or a related organization  a Receive a severance payment from, a supplemental nonqualified retirement plan?  4 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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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?  5 A phy related organization?  1 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?  5 A prelated 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 provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fix |    | ·   |   |    |     |    |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain  1b Ye  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?  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  1 Compensation committee  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  2 Participate in, or receive payment from, an equity-based compensation arrangement?  3 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  5 Pro 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?  5 Pro 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?  1 Pro 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?  5 Pro 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?  5 Pro 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 67 If "Yes," describe in Part III  7 Pro persons listed in Form 990, Part VII, pad or accured pursuant to a contract that was subject to the initial contract exception described in Regs sectio |    |   | Personal services (e.g., maid, chauffeur, chef)                     |    |     |    |
| reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain  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?  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  Form 990 of other organizations  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  a Receive a severance payment from, a supplemental nonqualified retirement plan?  4a Ye  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b Ve  c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  6b Vity SOI(c)(3) and SOI(c)(4) organizations only must complete lines 5-9.  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?  1 ff "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  a The organization?  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?  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?  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," d |    | , , ,   | ( 2, , , , , ,  |    |     |    |
| officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  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  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  Independent compensation consultant  Indicate which, if any, of the following the organization uses to establish the compensation of the organization or a related compensation committee  Written employment contract  Indicate which, if any, of the following the organization uses to establish the compensation of the organization or a related organization or a related organization  Indicate which, if any, of the following the organizations which is applied to the filling organization or a related organization or a related organization  Indicate which, if any, of the following the organization survey or study  Indicate which, if any, of the following the organization is apply the beard or compensation committee  United the properties of the filling organization or a related organizatio | b  |   |   | 1b | Yes |    |
| organization's CEO/Executive Director Check all that apply  V Compensation committee  V Independent compensation consultant  V Compensation survey or study  V Form 990 of other organizations  V Approval by the board or compensation committee  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?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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?  b Any related organization?  1 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?  b Any related organization?  1 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?  5 Por 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 Por 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  8 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 in Part III  8 Were any amounts reported in Form 990,  | 2  |   |   | 2  | Yes |    |
| organization's CEO/Executive Director Check all that apply  V Compensation committee  V Independent compensation consultant  V Compensation survey or study  V Form 990 of other organizations  V Approval by the board or compensation committee  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?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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?  b Any related organization?  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?  b Any related organization?  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?  b Any related organization?  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 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  8 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 in Part III  9 If "Yes" to line |    |   |   |    |     |    |
| Form 990 of other organizations  | 3  | organization's CEO/Executive Director Check all that ap                               | ply   |    |     |    |
| 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 with respect to the filing organization or a related organization?  Receive a severance payment or change-of-control payment from the organization or a related organization?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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  The 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  The organization?  The organization?  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  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 in Part III  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 in Part III   |    |   |   |    |     |    |
| 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 Ye Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c 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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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?  b Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  7 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?  a The organization?  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 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 in Part III  8 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 in Part III  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  |    | ·   |   |    |     |    |
| a Receive a severance payment or change-of-control payment from the organization or a related organization?  4a Ye b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b Ye c Participate in, or receive payment from, an equity-based compensation arrangement?  4c 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.  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?  b Any related organization?  1f "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  a The organization?  6a The organization?  6b Any related organization?  1f "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 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 in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   |    | Form 990 of other organizations   | <ul> <li>Approval by the board or compensation committee</li> </ul> |    |     |    |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c 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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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? 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  a The organization?  a The organization?  b Any related organization? 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  8 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 in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | 4  |   | /II, Section A, line 1a with respect to the filing organization     |    |     |    |
| c 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  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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?  b 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  a The organization?  b Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accurred 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  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  | а  | Receive a severance payment or change-of-control paym                                 | ent from the organization or a related organization?                | 4a | Yes |    |
| 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.  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?  b 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  a The organization?  b Any related organization?  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  8 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 in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan? |   |    |     |    |
| Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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  The organization?  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  The organization?  Any related organization?  B Any related organization?  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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  | c  | Participate in, or receive payment from, an equity-based compensation arrangement?    |   |    |     | Νo |
| 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  The organization?  By 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  The organization?  Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accurred 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  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   |    | If "Yes" to any of lines 4a-c, list the persons and provide                           | the applicable amounts for each item 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 revenues of  The organization?  By 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  The organization?  Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accurred 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  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   |    |   |   |    |     |    |
| compensation contingent on the revenues of  The organization?  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  The organization?  Any related organization?  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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  | _  |   |   |    |     |    |
| 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  The organization?  Any related organization?  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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | 5  |   | la, did the organization pay or accrue any                          |    |     |    |
| 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  The organization?  Any related organization?  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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  | а  | The organization?   |   | 5a |     | Νo |
| 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  The organization?  Any related organization?  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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  | b  | Any related organization?   |   | 5b |     | Νo |
| compensation contingent on the net earnings of  a The organization?  b Any related organization?  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 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 in Part III  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   |    | If "Yes," to line 5a or 5b, describe in Part III                                      |   |    |     |    |
| b Any related organization? 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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | 6  |   | La, did the organization pay or accrue any                          |    |     |    |
| 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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | а  | The organization?   |   | 6a |     | Νo |
| 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  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | b  | Any related organization?   |   | 6b |     | Νo |
| payments not described in lines 5 and 6? If "Yes," describe in Part III  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 in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  |    | If "Yes," to line 6a or 6b, describe in Part III                                      |   |    |     |    |
| subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations  | 7  |   |   | 7  |     | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations   | 8  | subject to the initial contract exception described in Reg                            |   | 8  |     | No |
| E D' AL LD LD L'ALNE LA TELL C' C'E COO CLIN ESSEST CLILLAGE   | 9  |   | uttable presumption procedure described in Regulations              |    |     |    |

### 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      | ( <b>D)</b> Nontaxable<br>benefits | (E) Total of columns | (F) Compensation                                |  |
|---------------------------|--|--|---|-------------------------|------------------------------------|----------------------|---|--|
|                           | componsation incentive repo                        |  | (iii) Other<br>reportable<br>compensation | reportable compensation |                                    | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |  |
| See Additional Data Table |  |  |   |                         |                                    |                      |   |  |
| (2)                       |  |  |   |                         |                                    |                      |   |  |
| (3)                       |  |  |   |                         |                                    |                      |   |  |
| (4)                       |  |  |   |                         |                                    |                      |   |  |
| (5)                       |  |  |   |                         |                                    |                      |   |  |
| (6)                       |  |  |   |                         |                                    |                      |   |  |
| (7)                       |  |  |   |                         |                                    |                      |   |  |
| (8)                       |  |  |   |                         |                                    |                      |   |  |
| (9)                       |  |  |   |                         |                                    |                      |   |  |
| ( 10 )                    |  |  |   |                         |                                    |                      |   |  |
| ( 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

|                             | I                     |   |
|-----------------------------|-----------------------|---|
| Identifier                  | Return<br>Reference   | Explanation   |
|                             |                       | "GROSS-UPS" ON A CASH BENEFIT PAID TO THE CEO EQUAL TO THE ANNUAL MAXIMUM 403(B) ELECTIVE DEFERRAL ALSO ON THE PORTION OF THE SPLIT DOLLAR THAT WAS ANNUALLY REPORTED ON THE CEO'S W-2  |
|                             | Part I, Lines<br>4a-b | MAUREEN FITZSIMMONS WAS PAID SEVERANCE OF \$255,764 UPON TERMINATION OF HER EMPLOYMENT WITH THE HOSPITAL DURING THE REPORTING YEAR THERE WERE NO SPECIFIED TERMS OR CONDITIONS ASSOCIATED WITH THIS SEVERANCE PAYMENT NONQUALIFIED RETIREMENT PLANS (SERP) HAVE BEEN ESTABLISHED FOR CERTAIN EMPLOYEES, WHICH ARE MAINTAINED PRIMARILY FOR THE PURPOSE OF PROVIDING DEFERRED COMPENSATION FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES WITHIN THE MEANING OF SECTIONS 201(2), 301(A) (3) AND 401(A)(1) OF ERISA PAYMENTS FROM SUCH PLANS DURING THE YEAR ARE AS FOLLOWS ANTOINETTA CAPRIGLIONE - \$35,107 L A TANNER - \$520,082 STEVE GODFREY - \$52,117 ELIZABETH LYNCH - \$68,375 BRIAN A ROGOZ - \$58,221 A NONQUALIFIED RETIREMENT PLAN (SERP) HAS BEEN ESTABLISHED TO PROVIDE A SUPPLEMENTAL RETIREMENT BENEFIT TO CLARENCE SILVIA UPON CERTAIN TERMINATION EVENTS OR UPON DISABILITY, DEATH OR ATTAINMENT OF AGE 65 WHILE EMPLOYED THE PLAN IS INTENDED TO BE "A PLAN WHICH IS UNFUNDED AND IS MAINTAINED BY AN EMPLOYER PRIMARILY FOR THE PURPOSE OF PROVIDING DEFERRED COMPENSATION FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES" WITHIN THE MEANING OF SECTIONS 201(2), 301(A)(3) AND 401(A)(1) OF ERISA, AND SHALL BE INTERPRETED AND ADMINISTERED IN A MANNER CONSISTENT THEREWITH AMOUNT OF BENEFIT THE SUPPLEMENTAL RETIREMENT BENEFIT PAYABLE TO THE PARTICIPANT SHALL BE (A) MINUS (B) MINUS (C) WHERE (A) IS THE LUMP SUM ACTUARIAL EQUIVALENT OF A SINGLE LIFE ANNUITY EQUAL TO THE EXCESS OF 60% OF HIS AVERAGE ANNUAL EARNINGS OVER THE SUM OF THE ACTUARIAL EQUIVALENT SINGLE LIFE ANNUITY BENEFIT, AS DETERMINED AS OF HIS NORMAL RETIREMENT DATE, ACCRUED UNDER THE QUALIFIED PLAN, ONE-HALF OF HIS SOCIAL SECURITY BENEFIT PAYABLE AT HIS NORMAL RETIREMENT DATE AND THE ACTUARIAL EQUIVALENT SINGLE LIFE ANNUITY BENEFIT, AS DETERMINED AS OF HIS NORMAL RETIREMENT DATE, ACCRUED UNDER THE SUM OF THE PARTICIPANT SOLD AND ADDITIONAL RETIREMENT DATE, ACCRUED AND THE ACTUARIAL EQUIVALENT SINGLE LIFE INSURING THE PARTICIPANT SOLD FOR THE PARTICIPANT FOR THE |
| Supplemental<br>Information | Part III              |   |

Schedule J (Form 990) 2010

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 |             |  |   |                             |                   |                |                      |  |
|---|-------------|--|---|-----------------------------|-------------------|----------------|----------------------|--|
| (A) Name  |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |   |                             | (C) Deferred      | (D) Nontaxable | (E) Total of columns | (F) Compensation                             |
|   |             | (i) Base<br>Compensation                           | (ii) Bonus &<br>Incentive<br>compensation | (iii) Other<br>compensation | compensation      | benefits       | (B)(ı)-(D)           | reported in prior Form<br>990 or Form 990-EZ |
| LAURENCE A TANNER   | (ı)<br>(ıı) | 0<br>324,502                                       | 0<br>41,804                               | 0<br>641,312                | 0<br>83,102       | 0<br>29,302    | 0<br>1,120,022       | 0<br>388,366                                 |
| CLARENCE J SILVIA   | (ı)<br>(ıı) | 491,610<br>76,955                                  | 29.250                                    | 1,732,476                   | 309,629<br>73,595 | 25,805<br>92   |                      | 1,719,039                                    |
| BRIAN A ROGOZ   | (ı)<br>(ıı) | 255,764<br>0                                       | 24,990<br>0                               |                             | 46,045<br>0       | 19,244<br>0    | 413,309<br>0         | 48,234<br>0                                  |
| STEVEN D HANKS MD   | (ı)<br>(ıı) | 459,778<br>0                                       | 25,600<br>0                               | 85,478<br>0                 | 141,663<br>0      | 24,226<br>0    | 736,745<br>0         | 0  |
| ELIZABETH A LYNCH   | (ı)<br>(ıı) | 255,652<br>0                                       | 25,000<br>0                               | 87,224<br>0                 | 75,188<br>0       | 7,762<br>0     | 450,826<br>0         | 31,500<br>0                                  |
| STEVEN A GODFREY  | (ı)<br>(ıı) | 186,407<br>0                                       | 12,299<br>0                               | 61,404<br>0                 | 90,775<br>0       | 23,402<br>0    | 374,287<br>0         | 43,386<br>0                                  |
| MAUREEN<br>FITZSIMMONS  | (ı)<br>(ıı) | 132,500<br>0                                       | 20,000<br>0                               | 86<br>0                     | 19,879<br>0       | 7,137<br>0     | 179,602<br>0         | 0 0  |
| NANCY KROEBER   | (ı)<br>(ıı) | 113,230<br>0                                       | 4,875<br>0                                | 1,082                       | 43,438<br>0       | 18,015<br>0    | 180,640<br>0         | 0 0  |
| DENISE PETERSON   | (ı)<br>(ıı) | 164,412<br>0                                       | 2,000<br>0                                | 0                           | 9,221             | 21,402<br>0    | 197,035<br>0         | 0 0  |
| JEFFREY A<br>FINKELSTEIN MD   | (ı)<br>(ıı) | 333,125<br>0                                       | 41,402<br>0                               | 6,066<br>0                  | 96,805<br>0       | 56,416<br>0    | 533,814<br>0         | 00   |
| MICHAEL BALKUNAS<br>MD  | (ı)<br>(ıı) | 297,381<br>0                                       | 14,935<br>0                               | 0                           | 96,081<br>0       | 53,876<br>0    | 462,273<br>0         | 0 0  |
| MICHAEL GREY MD   | (ı)<br>(ıı) | 308,487<br>0                                       | 52,913<br>0                               | 8,192<br>0                  | 72,292<br>0       | 33,169<br>0    | 475,053<br>0         | 0 0  |
| JAMES L MASSI MD  | (ı)<br>(ıı) | 272,012<br>0                                       | 13,615<br>0                               | 0                           | 29,820<br>0       | 9,639<br>0     | 325,086<br>0         | 0 0  |
| FRANCIS H PINTO   | (ı)<br>(ıı) | 187,257<br>0                                       | 9,600<br>0                                | 0                           | 61,039<br>0       | 50,315<br>0    | 308,211<br>0         | 0  |
| ANTOINETTA<br>CAPRIGLIONE MD  | (ı)<br>(ıı) | 298,087<br>0                                       | 14,976<br>0                               | 34,404<br>0                 | 91,570<br>0       | 33,986<br>0    | 473,023<br>0         | 2,528<br>0                                   |
| ELIZABETH SCHLAFF   | (ı)<br>(ıı) | 176,400<br>0                                       | 6,572<br>0                                | 0                           | 32,844<br>0       | 29,410<br>0    | 245,226<br>0         | 0<br>0                                       |
| HAKLAI P LAU MD   | (1)<br>(11) | 250,000<br>0                                       | 160,957<br>0                              | 35,902<br>0                 | 29,493<br>0       | 24,226<br>0    | 500,578<br>0         | 0  |
| JAMES F FLAHERTY  | (I)<br>(II) | 344,630<br>0                                       | 22,484                                    | 0                           | 25,404<br>0       | 29,411<br>0    | 421,929<br>0         | 0  |
| MICHELLE MCDADE   | (ı)<br>(ıı) | 257,966<br>0                                       | 77,824<br>0                               | 6,545<br>0                  | 25,880<br>0       | 23,159<br>0    | 391,374<br>0         | 0 0  |
| RONALD G CLARK  | (I)<br>(II) | 257,966<br>0                                       | 78,120<br>0                               | 1,193<br>0                  | 26,806<br>0       | 25,266<br>0    | 389,351<br>0         | 0  |
| RENE HIPONA   | (I)<br>(II) | 294,017<br>0                                       | 39,633<br>0                               | 1,152<br>0                  | 39,102<br>0       | 57,900<br>0    | 431,804<br>0         | 0<br>0                                       |

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OMB No 1545-0047

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Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization
THE HOSPITAL OF CENTRAL CONNECTICUT

**Employer identification number** 

|      |  |                               |   |  | 06-0646768                                 |     |          |     |
|------|--|-------------------------------|---|--|--|-----|----------|-----|
| Pa   | Types of Property  |                               |   |  |  |     |          |     |
|      |  | (a)<br>Check if<br>applicable | <b>(b)</b><br>Number of Contributions or items<br>contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | (d)<br>Method of determining of<br>amounts |     | ontribut | ion |
| 1    | Art—Works of art   |                               |   | <u> </u>   |  |     |          |     |
|      | Art—Historical treasures   |                               |   |  |  |     |          |     |
|      | Art—Fractional interests   |                               |   |  |  |     |          |     |
|      | Books and publications   | Х                             |   | 2,138  | FMV  |     |          |     |
|      | Clothing and household   |                               |   |  |  |     |          |     |
| jood | <del>-</del>   | Х                             |   | 6,412  | FMV  |     |          |     |
| 6    | Cars and other vehicles .  |                               |   |  |  |     |          |     |
| 7    | Boats and planes   |                               |   |  |  |     |          |     |
| 8    | Intellectual property  |                               |   |  |  |     |          |     |
| 9    | Securities—Publicly traded   |                               |   |  |  |     |          |     |
| 10   | Securities—Closely held stock  |                               |   |  |  |     |          |     |
|      | Securities—Partnership,<br>LLC, or trust interests .                 |                               |   |  |  |     |          |     |
|      | 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  |                               |   |  |  |     |          |     |
| 18   | Collectibles   |                               |   |  |  |     |          |     |
| 19   | Food inventory   |                               |   |  |  |     |          |     |
| 20   | Drugs and medical supplies   |                               |   |  |  |     |          |     |
| 21   | Taxidermy  |                               |   |  |  |     |          |     |
|      | Historical artifacts   |                               |   |  |  |     |          |     |
|      | Scientific specimens   |                               |   |  |  |     |          |     |
| 24   | Archeological artifacts .  |                               |   |  |  |     |          |     |
|      | GIFT CARDS<br>&  |                               |   |  |  |     |          |     |
| 25   | Other ► ( CERTIFICATES )   | X                             | 53  | 4,062  | FACE VALUE                                 |     |          |     |
| 26   | TICKETS TO Other ► (EVENTS)  | Х                             | 2   | 1,200  | FACE VALUE                                 |     |          |     |
| 27   | AUCTION Other ► (ITEMS)  | ×                             | 82  | 18.586   | FAIR MARKET VAL                            | UE  |          |     |
|      | Other ► ()   |                               | <u> </u>  | 20,000   |  |     |          |     |
| 29   | Number of Forms 8283 received by for which the organization complete |                               |   |  | 29   |     |          | 0   |
|      |  |                               |   |  |  |     | Yes      | No  |
| 30a  | During the year, did the organization                                | n receiv                      | e by contribution any prope                                   | rty reported in Part I, lines  | 1-28 that it                               |     |          |     |
|      | must hold for at least three years f                                 | rom the d                     | late of the initial contribution                              | on, and which is not require   | d to be used                               |     |          |     |
|      | for exempt purposes for the entire                                   | holdıng p                     | erıod?  |  |  | 30a |          | No  |
| b    | If "Yes," describe the arrangement                                   | ın Part I                     | I   |  |  |     |          |     |
| 31   | Does the organization have a gift a                                  |                               |   |  |  | 31  |          | No  |
| 32a  | Does the organization hire or use t contributions?                   | hırd partı<br>• • •           | es or related organizations                                   | to solicit, process, or sell   | non-cash                                   | 32a |          | No  |
| ь    | If "Yes," describe in Part II  |                               |   |  |  |     |          |     |
| 33   | If the organization did not report re describe in Part II            | venues i                      | n column (c) for a type of p                                  | roperty for which column (a  | ) is checked,                              |     |          |     |

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493227008012

OMB No 1545-0047 2010

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**SCHEDULE 0** (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 THE HOSPITAL OF CENTRAL CONNECTICUT **Employer identification number** 

06-0646768

| ldentifier                 | Return<br>Reference           | Explanation   |
|----------------------------|-------------------------------|---|
| New<br>Program<br>Services | Form 990,<br>Part III, line 2 | HCC UNDERTOOK VARIOUS PROGRAM ENHANCEMENTS IN SEVERAL CATEGORIES IN ORDER TO BETTER MEET THE NEEDS OF OUR COMMUNITY THEY ARE AS FOLLOWS CLINICAL TECHNOLOGY UPDATED THE EMERGENCY ROOM CT SCANNER TO A HIGH SPEED 64 SLICE UNIT FACILITY IMPROVEMENTS RELOCATED OUTPATIENT PSYCHIATRY FROM VARIOUS LOCATIONS IN NEW BRITAIN TO ONE BUILDING ON 73 CEDAR STREET, NEW BRITAIN, CT |

| ldentifier                                 | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part<br>VI, Section A,<br>line 2 |                     | A BOARD MEMBER IS A "TRANSITION PARTNER" IN A LAW FIRM THAT DOES WORK FOR THE HOSPITAL OF CENTRAL CONNECTICUT ALSO A BOARD MEMBER'S SON OWNS A COMMERCIAL REAL ESTATE BUSINESS WHO LEASES SPACE TO THE HOSPITAL OF CENTRAL CONNECTICUT ALSO SEVERAL PHY SICIAN BOARD MEMBERS HAVE MEDICAL DIRECTOR CONTRACTS WITH THE HOSPITAL OF CENTRAL CONNECTICUT ONE PHY SICIAN BOARD MEMBER IS A PRINCIPAL IN AN ENDOSCOPY CENTER THAT IS A JOINT VENTURE WITH THE HOSPITAL OF CENTRAL CONNECTICUT |

| ldentifier                              | Return<br>Reference | Explanation   |
|---|---------------------|---|
| Form 990, Part VI,<br>Section A, line 4 |                     | The Hopsital's Bylaws and Certificate of Incorporation were amended to reflect the affiliation with Hartford Health Care effective February 1, 2011 |

| ldentifier                           | Return<br>Reference | Explanation  |
|--------------------------------------|---------------------|--|
| Form 990, Part VI, Section A, line 6 |                     | THE ORGANIZATION HAS A SINGLE MEMBER, NAMELY, CENTRAL CONNECTICUT HEALTH ALLIANCE, INC |

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section A, line 7a |                     | The Member shall have such rights, powers and responsibilities as are accorded to members under the Act, under the Certificate of Incorporation and under these Bylaws, provided, however, that HHC shall, as the parent company of the Corporation's Member, have the reserved rights and powers set forth in Article 3 hereof |

| ldentifier                            | Return<br>Reference | Explanation  |
|---------------------------------------|---------------------|--|
| Form 990, Part VI, Section A, line 7b |                     | CCHA's authority is subject to the Parent Company, Hartford HealthCare. See amended bylaw's article 3, section 3.2 |

| ldentifier                               | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part VI, Section<br>B, line 11 |                     | FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND COMMENTS PRIOR TO FILING |

| Identifie | r Return Reference                        | Explanation  |
|-----------|---|--|
|           | Form 990, Part VI,<br>Section B, line 12c | ANNUAL DISCLOSURE FORMS ARE SENT OUT TO DIRECTORS, OFFICERS AND APPROPRIATE EMPLOYEES AND REVIEWED BY THE COMPLIANCE OFFICER, CEO AND GENERAL COUNSEL (AND CHAIRMAN OF THE BOARD FOR OFFICERS AND DIRECTORS) |

| Identifier Return<br>Reference                 | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section B,<br>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 SULLIVAN AND COTTER COMPLETED THEIR MOST RECENT ASSESSMENT IN NOVEMBER 2010. THIS ASSESSMENT INCLUDED ALL OF THE OFFICERS AND PHY SICIAN CHIEFS. GOING FORWARD, IT IS ANTICIPATED THAT, WITH THE AFFILIATION WITH HARTFORD HEALTHCARE, THE EXECUTIVE COMPENSATION COMMITTEE OF HARTFORD HEALTHCARE WILL REPLACE THE CCHA EXECUTIVE COMPENSATION COMMITTEE. 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 PREPARED BY OLNEY/HRADVANTAGE, MERCER'S INTEGRATED HEALTH NETWORKS SURVEY, INTEGRATED HEALTHCARE STRATEGIES NATIONAL HEALTHCARE LEADERSHIP COMPENSATION SURVEY AND SULLIVAN AND COTTER'S SURVEY OF MANAGER AND EXECUTIVE. COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS. SURVEY DATA IS CONSIDERED BY STATE, REGION, AND SIZE OF HOSPITAL. THE PERFORMANCE OF EACH 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 BASED ON THE INFORMATION PRESENTED. |

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
|            |                  | Governing documents, conflict of interest policy and financial statements aren't made available to the public |

| Identifier | Return Reference   | Explanation  |
|------------|--|--|
|            | FORM 990, PART VII,<br>COMPENSATION OF<br>OFFICERS,<br>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 PHY SICIAN AT HCC |

| ldentifier                                   | Return<br>Reference          | Explanation  |
|--|------------------------------|--|
| Changes in Net<br>Assets or Fund<br>Balances | Form 990,<br>Part XI, line 5 | Net unrealized losses on investments -3,325,286 CHANGE IN ASSETS HELD IN TRUST BY OTHERS - 547,224 PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -14,071,226 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -1,742,303 CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH 867 FIXED ASSET FAIR VALUE ADJUSTMENT 24,394,080 EARLY EXTINGUISHMENT OF DEBT - 270,054 Total to Form 990, Part XI, Line 5 4,438,854 |

| ldentifier | Return Reference            | Explanation   |
|------------|-----------------------------|---|
|            | FORM 990, Part XII, Line 2C | Oversight committee is of Hartford Healthcare since the affiliation on February 1, 2011 |

| ldentifier | Return<br>Reference                          | Explanation   |
|------------|--|---|
|            | Form 990,<br>Part III, Line 1<br>(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 town 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<br>Reference | Explanation  |
|------------|---------------------|--|
|            | VI, Line 3          | HISTORICALLY, CCHA PROVIDED MANAGEMENT DUTIES TO THE HOSPITAL AND OTHER AFFILIATES IN MARCH<br>OF 2010, THE HOSPITAL'S PRESIDENT AND CEO BECAME AN EMPLOYEE OF THE HOSPITAL L TANNER<br>RETIRED IN JUNE OF 2011 AND AT THAT POINT CCHA NO LONGER HAD ANY EMPLOYEES |

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

DLN: 93493227008012

OMB No 1545-0047

Open to Public **Inspection** 

Schedule R (Form 990) 2010

**Employer identification number** 

# **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.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization See Additional Data Table

Cat No 50135Y

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.)

|   |                                |  |                      | <u> </u>   | 1 3                                   |                                       |     |          |   |                                     |                 |                                       |
|---|--------------------------------|--|----------------------|--|---------------------------------------|---------------------------------------|-----|----------|---|-------------------------------------|-----------------|---------------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization  | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | <u>'</u>             | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of total income          | (g)<br>Share of end-of-year<br>assets |     | rtionate | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | <b>(j</b><br>Gener<br>mana<br>partr | ral or<br>aging | <b>(k)</b><br>Percentage<br>ownership |
|   |                                |  |                      |  |                                       |                                       | Yes | No       |   | Yes                                 | No              |                                       |
| (1) CENTRAL CT SPORTS<br>MEDICINE CTRILC<br>15 MASSIRIO DRIVE SUITE<br>104<br>BERLIN, CT06037<br>22-3196509 | PHYSICAL THERAPY               | СТ   | ССНА                 | RELATED  | 14,920                                | 287,179                               |     | No       |   |                                     | No              | 50 000 %                              |
| 100 GRAND STREET<br>NEW BRITAIN, CT06050<br>06-1271349  | MAGNETIC<br>RESONANCE IMAGING  | СТ   | CenConn Services Inc | RELATED  | 761,984                               | 2,252,926                             |     | No       |   |                                     | No              | 43 400 %                              |
| (3) NEW BRITAIN OCCUPATIONAL HEALTH CENTER LLC  440 NEW BRITAIN AVENUE PLAINVILLE, CT06062 06-1484904       | OCCUPATIONAL<br>HEALTHCARE     | СТ   | нсс                  | RELATED  | -32,457                               | 608,810                               |     | No       |   | Yes                                 |                 | 85 700 %                              |
|   |                                |  |                      |  |                                       |                                       |     |          |   |                                     |                 |                                       |
|   |                                |  |                      |  |                                       |                                       |     |          |   |                                     |                 |                                       |
|   |                                |  |                      |  |                                       |                                       |     |          |   |                                     |                 |                                       |
|   |                                |  |                      |  |                                       |                                       |     |          |   |                                     |                 |                                       |
|   |                                |  |                      |  | · · · · · · · · · · · · · · · · · · · |                                       |     |          | ·   |                                     |                 | ·                                     |

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)<br>Name, address, and EIN of related organization                                      | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership |
|--|--------------------------------|---|-------------------------------------|---|------------------------------|--|---------------------------------------|
| (1) CENCONN SERVICES INC<br>100 GRAND STREET<br>NEW BRITAIN, CT06050<br>22-2836001         | INVESTMENT<br>MANAGEMENT       | СТ  | ССНА                                | С   |                              |  |                                       |
| (2) GRAND INDEMNITY COMPANY LTD FB PERRY BUILDING 40 CHURCH STREET HAMILTON BD 98-0609499  | PROFESSIONAL<br>LIABILITY      | BD  | нсс                                 | С   | 6,714,488                    | 35,280,376                               | 100 000 %                             |
| (3) HHMOB CORPORATION & SUBSIDIARY<br>80 SEYMOUR STREET<br>HARTFORD, CT06102<br>06-1140244 | MEDICAL OFFICE<br>BUILDING     | СТ  | HARTFORD HEALTH<br>CARE CORPORATION | С   |                              |  |                                       |
| (4) MIDSTATE MEDICAL GROUP PC<br>435 LEWIS STREET<br>MERIDEN, CT06450<br>20-4327968        | PHYSICIAN<br>SERVICES          | СТ  | HARTFORD HEALTH<br>CARE CORPORATION | С   |                              |  |                                       |
|  |                                |   |                                     |   |                              |  |                                       |
|  |                                |   |                                     |   |                              |  |                                       |
|  |                                |   |                                     |   |                              |  |                                       |

(6)

| Par         | τν   | ransactions with Related Organizations (Complete in the organization answered Yes                            | on form 990, Par                | t IV, iiile 34, 35, 3  | 5A, OF 36.)                    |          |            |  |  |
|-------------|--|--|---------------------------------|------------------------|--------------------------------|----------|------------|--|--|
|             | Note.  | Complete line 1 if any entity is listed in Parts II, III or IV   |                                 |                        |                                | Yes      | No         |  |  |
| <b>1</b> Du | ırıng th   | e tax year, did the orgranization engage in any of the following transactions with one or more related organ | ızatıons lısted ın Parts        | s II-IV?               |                                |          |            |  |  |
| а           | Receij   | ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity                         |                                 |                        | 1a                             |          | No         |  |  |
| b           |  |  |                                 |                        |                                |          |            |  |  |
| C           | c Gift, grant, or capital contribution from other organization(s)  |  |                                 |                        |                                |          |            |  |  |
| d           | d Loans or loan guarantees to or for other organization(s)   |  |                                 |                        |                                |          |            |  |  |
| e           | e Loans or loan guarantees by other organization(s)  |  |                                 |                        |                                |          |            |  |  |
| f           | Sale o   | f assets to other organization(s)  |                                 |                        | 1f                             | +-       | No         |  |  |
|             |  | ase of assets from other organization(s)   |                                 |                        | <b>1</b> g                     |          | No         |  |  |
| _           |  | nge of assets  |                                 |                        | 1h                             |          | No         |  |  |
| i           | Lease  | of facilities, equipment, or other assets to other organization(s)   |                                 |                        | 11                             | Yes      |            |  |  |
| j           | Lease  | of facilities, equipment, or other assets from other organization(s)   |                                 |                        | <u>1j</u>                      | $\vdash$ | No         |  |  |
| k           | til andre andre in the contract of the contrac |  |                                 |                        |                                |          |            |  |  |
| ı           | Performance of services or membership or fundraising solicitations by other organization(s)  |  |                                 |                        |                                |          |            |  |  |
| m           | m Sharing of facilities, equipment, mailing lists, or other assets   |  |                                 |                        |                                |          |            |  |  |
| n           | Sharır   | g of paid employees  |                                 |                        | 1n                             | Yes      | lacksquare |  |  |
| o           | Reımb  | ursement paid to other organization for expenses   |                                 |                        | 10                             | Yes      | +          |  |  |
| р           | Reımb  | ursement paid by other organization for expenses   |                                 |                        | 1p                             | Yes      | $\perp$    |  |  |
| q           | Other  | transfer of cash or property to other organization(s)  |                                 |                        | 1q                             | $\vdash$ | No         |  |  |
| r           | Other  | transfer of cash or property from other organization(s)  |                                 |                        | 1r                             |          | No         |  |  |
| 2           | If the a   | answer to any of the above is "Yes," see the instructions for information on who must complete this line, in | cluding covered relation        | onships and transact   | non thresholds                 |          |            |  |  |
|             |  | (a)<br>Name of other organization  | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determinvolve |          | ount       |  |  |
| (1)         |  |  | ,, ,                            |                        |                                |          |            |  |  |
| See Ado     | ditional I   | Data Table   |                                 |                        |                                |          |            |  |  |
| (2)         |  |  |                                 |                        |                                |          |            |  |  |
| (3)         |  |  |                                 |                        |                                |          |            |  |  |
|             |  |  |                                 |                        |                                |          |            |  |  |
| (4)         |  |  |                                 |                        |                                |          |            |  |  |
| (5)         |  |  |                                 |                        |                                |          |            |  |  |
|             |  |  |                                 |                        |                                |          |            |  |  |

# Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d) Are all partners section 501(c)(3) organizations? |    | <b>(e)</b><br>Share of<br>end-of-year<br>assets |     | (f) (g) Sproprtionate (docations?)  Code V—UBI (docations?)  amount in box (docations?)  20 of Schedule K-1 (Form 1065) |  | mana<br>part |          |
|---|--------------------------------|--|---|----|---|-----|---|--|--------------|----------|
|   |                                |  | Yes   | No |   | Yes | No  |  | Yes          | No       |
|   |                                |  |   |    |   |     |   |  | +            |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              | 1        |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     | $\vdash$  |  | +            | $\vdash$ |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              | T        |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  | -            | $\vdash$ |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              | ╁        |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  | +            | +        |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |
|   |                                |  |   |    |   |     |   |  |              |          |

# Part VII Supplemental Information

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

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

Schedule R (Form 990) 2010

# Software ID: Software Version:

**EIN:** 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

| Form 990, Schedule R, Part II - Identification o            | f Related Tax-Exempt Or                            | ganizations                                   |                               |   |  |                  |   |
|---|--|---|-------------------------------|---|--|------------------|---|
| (a) Name, address, and EIN of related organization          | <b>(b)</b><br>Primary activity                     | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501 (c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | Section (b)(cont | g)<br>on 512<br>(13)<br>rolled<br>ization |
|   |  |   |                               |   |  | Yes              | No  |
| BRADLEY HEALTH SERVICES INC                                 |  |   |                               |   | CENTRAL CT HEALTH                          |                  |   |
| 100 GRAND ST<br>NEW BRITAIN, CT06050<br>06-1367014          | HEALTHCARE   | СТ  | 501(C)(3)                     | LINE 9  | ALLIANCE                                   |                  | No  |
| CAPITAL AREA HEALTH CONSORTIUM INC                          |  |   |                               |   |  |                  |   |
| 270 FARMINGTON AVE<br>FARMINGTON, CT06032<br>51-0173264     | HEALTHCARE   | СТ  | 501(C)(3)                     | LINE 11,III-FI                                    |  |                  | No  |
| CENTRAL CT HEALTH ALLIANCE                                  |  |   |                               |   |  |                  |   |
| 100 GRAND ST<br>NEW BRITAIN, CT06050<br>22-2785033          | HEALTHCARE<br>ADMINISTRATION                       | СТ  | 501(C)(3)                     | LINE 11,II  |  |                  | No  |
| CENTRAL CT SENIOR HEALTH SERVICES INC                       |  |   |                               |   | CENTRAL CT HEALTH                          |                  |   |
| 45 MERIDEN AVE<br>SOUTHINGTON, CT06489<br>22-2635676        | SUB-ACUTE & LONG<br>TERM HEALTHCARE                | СТ  | 501(C)(3)                     | LINE 9  | CENTRAL CT HEALTH ALLIANCE                 |                  | No  |
| COMMUNITY MENTAL HEALTH AFFILIATES INC                      | MENTALLIFALTILO                                    |   |                               |   | CENTRAL CT HEALTH                          |                  |   |
| 270 JOHN DOWNEY DRIVE<br>NEW BRITAIN, CT06051<br>06-0934544 | MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT PROVIDER | СТ  | 501(C)(3)                     | LINE 7  | CENTRAL CT HEALTH<br>ALLIANCE              |                  | No  |
| MULBERRY GARDENS OF SOUTHINGTON LLC                         | ASSISTED LIVING &                                  |   |                               |   | CENTRAL CT SENIOR                          |                  |   |
| 58 MULBERRY ST<br>PLANTSVILLE, CT06479<br>82-0586577        | ADULT DAY CARE FACILITY                            | СТ  | 501(C)(3)                     | LINE 9  | HEALTH SERVICES INC                        |                  | No  |
| THE ORCHARDS OF SOUTHINGTON                                 |  |   |                               |   | CENTRAL CT SENIOR                          |                  |   |
| 34 Hobart ST<br>SOUTHINGTON, CT06489<br>06-1490803          | RESIDENTIAL SERVICES<br>FOR SENIOR CITIZENS        | СТ  | 501(C)(3)                     | LINE 9  | HEALTH SERVICES INC                        |                  | No  |
| VNA OF CENTRAL CONNECTICUT INC                              |  |   |                               |   | CENTRAL CT HEALTH                          |                  |   |
| 205 WEST MAIN STREET<br>NEW BRITAIN, CT06050<br>06-0646940  | PUBLIC HEALTH<br>NURSING & HOME CARE               | СТ  | 501(C)(3)                     | LINE 9  | CENTRAL CT HEALTH<br>ALLIANCE              |                  | No  |
| JEROME HOME   |  |   |                               |   |  |                  |   |
| 975 CORBIN AVE<br>NEW BRITAIN, CT06052<br>06-0646690        | NURSING HOME                                       | СТ  | 501(C)(3)                     | LINE 9  |  |                  | No  |
| CONNECTICUT HEALTH SYSTEMS INC                              |  |   |                               |   | HARTFORD HEALTH                            |                  |   |
| 80 SEYMOUR STREET<br>HARTFORD, CT06102<br>22-2779421        | COORDINATION OF<br>HEALTH CARE DELIVERY            | СТ  | 501(C)(3)                     | LINE 11(C) TYPE<br>III                            | CARE CORPORATION                           |                  | No  |
| INSTITUTE OF LIVING   |  |   |                               |   | HARTFORD HEALTH                            |                  |   |
| 200 RETREAT AVENUE<br>HARTFORD, CT06106<br>06-0646683       | PSYCHIATRIC SERVICES                               | СТ  | 501(C)(3)                     | LINE 11(C) TYPE                                   | CARE CORPORATION                           |                  | No  |
| MIDSTATE MEDICAL CENTER                                     |  |   |                               |   | HARTFORD HEALTH                            |                  |   |
| 435 LEWIS AVENUE<br>MERIDEN, CT06451<br>06-0646715          | HEALTHCARE SERVICES                                | СТ  | 501(C)(3)                     | LINE 3  | CARE CORPORATION                           |                  | No  |

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

| (a) Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity                                  | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501 (c)(3)) | <b>(f)</b> Direct controlling entity | Sectio<br>(b)(i<br>contr | ( <b>g)</b><br>on 512<br>(13)<br>crolled<br>nization |
|---|---|---|-------------------------------|---|--------------------------------------|--------------------------|--|
|   |   | 1   | 1                             |   | <u> </u>                             | Yes                      | No   |
| NATCHAUG HOSPITAL INC  189 STORRS ROAD  MANSFIELD, CT06226 06-0966963                     | BEHAVIORAL HEALTH   | СТ  | 501(C)(3)                     | •   | HARTFORD HEALTH<br>CARE CORPORATION  |                          | No   |
| I 883 PADDOCK AVENUE  | SUBSTANCE ABUSE<br>HEALTHCARE SERVICES                          | СТ  | 501(C)(3)                     | 1   | HARTFORD HEALTH<br>CARE CORPORATION  |                          | No   |
| VNA HEALTH CARE INC  103 WOODLAND STREET HARTFORD, CT06105 06-0646938                     | HOME HEALTHCARE   | СТ  | 501(C)(3)                     | I   | HARTFORD HEALTH<br>CARE CORPORATION  |                          | No   |
| WINDHAM COMMUNITY MEMORIAL HOSPITAL  112 MANSFIELD AVENUE WILLIMANTIC, CT06226 06-0646966 | HEALTHCARE SERVICES   | СТ  | 501(C)(3)                     | 1   | HARTFORD HEALTH<br>CARE CORPORATION  |                          | No   |
| I 112 MANSETELD AVENUE  | SUPPORTING<br>ORGANIZATIONS                                     | СТ  | 501(C)(3)                     |   | HARTFORD HEALTH<br>CARE CORPORATION  |                          | No   |
| 80 SEYMOUR STREET   | SUPPORT & MANAGEMENT SERVICES TO HARTFORD HOSPITAL & AFFILIATES | СТ  | 501(C)(3)                     | LINE 11(C)TYPE<br>III                             |                                      |                          | No   |
| HARTFORD HOSPITAL  80 SEYMOUR STREET HARTFORD, CT06102 06-0646668                         | HOSPITAL  | СТ  | 501(C)(3)                     | •   | HARTFORD HEALTH<br>CARE CORPORATION  |                          | No   |

Form 990, Schedule R, Part V - Transactions With Related Organizations

|      | (a)<br>Name of other organization      | (b)<br>Transaction<br>type(a-r) | (c)<br>A mount I nvolved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|------|--|---------------------------------|----------------------------------|---|
| (1)  | CENCONN SERVICES INC                   | Р                               | 19,567                           | ACTUAL  |
| (2)  | CENTRAL CT SPORTS MEDICINE CENTER LLC  | N                               | 1,823,836                        | ACTUAL  |
| (3)  | NEW BRITAIN OCCUPATIONAL HEALTH CENTER | I                               | 241,000                          | ACTUAL  |
| (4)  | NEW BRITAIN MRI LIMITED PARTNERSHIP    | N                               | 678,703                          | B ACTUAL  |
| (5)  | CENCONN SERVICES INC                   | N                               | 87,724                           | ACTUAL  |
| (6)  | CENTRAL CT HEALTH ALLIANCE             | P                               | 1,082,101                        | ACTUAL  |
| (7)  | NEW BRITAIN MRI LIMITED PARTNERSHIP    | P                               | 269,851                          | ACTUAL  |
| (8)  | COMMUNITY MENTAL HEALTH AFFILIATES     | I                               | 245,760                          | ACTUAL  |
| (9)  | NEW BRITAIN OCCUPATIONAL HEALTH        | N                               | 251,112                          | 2 ACTUAL  |
| (10) | NEW BRITAIN MRI LIMITED PARTNERSHIP    | I                               | 117,976                          | 5 ACTUAL  |
| (11) | CENTRAL CT HEALTH ALLIANCE             | 0                               | 782,952                          | 2 ACTUAL  |
| (12) | COMMUNITY MENTAL HEALTH AFFILIATES     | P                               | 61,944                           | ACTUAL  |
| (13) | HARTFORD HOSPITAL                      | P                               | 2,616,043                        | ACTUAL  |
| (14) | CENTRAL CT SENIOR HEALTH SERVICES      | N                               | 33,178                           | B ACTUAL  |
| (15) | COMMUNITY MENTAL HEALTH AFFILIATES     | N                               | 89,714                           | ACTUAL  |
| (16) | HARTFORD HOSPITAL                      | N                               | 2,205,328                        | ACTUAL  |
| (17) | VISITING NURSE ASSOCIATION OF CC       | P                               | 38,136                           | S ACTUAL  |

### **TY 2010 Itemized Other Current Liabilities Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

| Corporation Name               | Corporation EIN | Description                                 | Beginning<br>Amount | Ending<br>Amount |
|--------------------------------|-----------------|---|---------------------|------------------|
| Grand Indemnity<br>Company Ltd | 98-0609499      | PREMIUMS RECEIVED IN ADVANCE                | 0                   | 15,395           |
|                                |                 | UNEARNED PREMIUMS                           | 34,166              | 46,671           |
|                                |                 | RESERVE FOR LOSSES AND LOSS ADJ<br>EXPENSES | 2,000,000           | 2,000,000        |

# **TY 2010 Itemized Other Current Assets Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

| Corporation<br>Name            | Corporation EIN | Other Current Assets Description | Beginning<br>Amount | Ending<br>Amount |
|--------------------------------|-----------------|----------------------------------|---------------------|------------------|
| Grand Indemnity<br>Company Ltd | 98-0609499      | PREMIUMS RECEIVABLE              | 37,081              | 95,727           |
|                                |                 | REINSURANCE RECOVERABLE          | 6,496,841           | 7,355,995        |
|                                |                 | PREPAID EXPENSES                 | 3,671               | 3,965            |

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|--------------------------------------|-----------------|---------------------|
| •                                    |                 |                     |

### **TY 2010 Other Deductions Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

| Description                         | Foreign Amount<br>(should only be used<br>when attached to<br>5471 Schedule C<br>Line 16) | Amount     |
|-------------------------------------|---|------------|
| GENERAL AND ADMINISTRATIVE EXPENSES | 238,296   | 238,296    |
| LOSSES AND LOSS ADJUSTMENT EXPENSES | -1,401,650  | -1,401,650 |

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### **TY 2010 Itemized Other Investments Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

| Corporation Name               | Corporation EIN | Other Investments Description | Beginning<br>Amount | Ending Amount |
|--------------------------------|-----------------|-------------------------------|---------------------|---------------|
| Grand Indemnity<br>Company Ltd | 98-0609499      | BOND FUNDS                    | 21,073,670          | 17,624,109    |
|                                |                 | EQUITY FUNDS                  | 2,346,660           | 7,071,847     |

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### **TY 2010 Itemized Other Liabilities Schedule**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

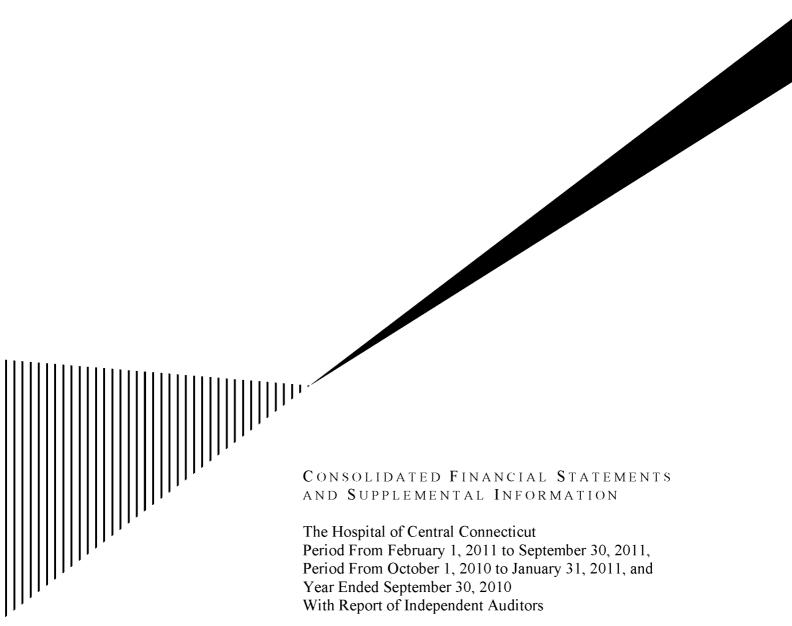
| Corporation Name               | Corporation<br>EIN | Other Liabilities Description               | Beginning<br>Amount | Ending Amount |
|--------------------------------|--------------------|---|---------------------|---------------|
| Grand Indemnity<br>Company Ltd | 98-0609499         | RESERVE FOR LOSSES AND LOSS ADJ<br>EXPENSES | 22,433,279          | 18,010,207    |

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### **TY 2010 Other Income Statement**

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

| Description         | Foreign Amount | Amount    |  |
|---------------------|----------------|-----------|--|
| NET PREMIUMS EARNED | 4,727,178      | 4,727,178 |  |



Ernst & Young LLP



## Consolidated Financial Statements and Supplemental Information

Period From February 1, 2011 to September 30, 2011, Period From October 1, 2010 to January 31, 2011, and Year Ended September 30, 2010

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### Independent Auditors' Report

To the Board of Directors of The Hospital of Central Connecticut

We have audited the accompanying consolidated balance sheets of The Hospital of Central Connecticut (the Hospital), as of September 30, 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the period from October 1, 2010 to January 31, 2011 and the period from February 1, 2011 to September 30, 2011. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The consolidated financial statements of the Hospital for the year ended September 30, 2010 were audited by other auditors whose report, dated December 14, 2010, expressed an unqualified opinion on those statements. In addition, we did not audit the financial statements of Grand Indemnity Company. LTD. a wholly owned subsidiary, whose statements reflect total assets of \$35,280,376 and \$34,153,903 as of September 30, 2011 and 2010, respectively, and total revenues of \$4,727,178 and \$5,577,409 for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Hospital and Grand Indemnity. Company, LTD, is based solely on the reports of the other auditors.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. Our audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audit and the report of other auditors provides a reasonable basis for our opinion.

In our opinion based on our audit and the report of other auditors, the consolidated financial statements referred to above, present fairly, in all material respects, the consolidated financial position of The Hospital of Central Connecticut as of September 30, 2011, and the results of their consolidated operations and changes in net assets and their cash flows for the period from October 1, 2010 to January 31, 2011 and the period from February 1, 2011 to September 30, 2011 in conformity with accounting principles generally accepted in the United States of America

Ernst + Young LLP

January 27, 2012

#### Consolidated Balance Sheets

|   | September 30,<br>2011    | Predecessor<br>Company<br>September 30,<br>2010 |
|---|--------------------------|---|
| Assets Current assets   |                          |   |
| Cash and cash equivalents   | \$ 20,299,387            | \$ 27.488.766                                   |
| Accounts receivable, less allowance for doubtful accounts of \$11.289.428 in        |                          |   |
| 2011 and \$13.234.021 in 2010   | 48,945,018               |   |
| Premiums receivable Reinsurance recoverable   | 95,727<br>7,355,995      |   |
| Other receivables   | 1,417,221                |   |
| Due from affiliates   | 73,947                   |   |
| Inventories of supplies   | 5,586,310                |   |
| Prepaid expenses and other assets   | 4,291,812                |   |
| Assets whose use is limited – related to GIC  | 2,000,000                | 2,000,000                                       |
| Total current assets  | 90,065,417               | 81.501.299                                      |
| Assets whose use is limited   |                          |   |
| Investments related to GIC  | 22,695,956               |   |
| Investments and other assets  | 89,632,017               |   |
| Investments for restricted purposes   | 23,371,019               |   |
|   | 135,698,992              | 135.833.987                                     |
| Assets held in trust by others  | 13,488,594               |   |
| Funds designated for debt services  | 2,397,206                |   |
| Investments in affiliates   | 3,375,339                |   |
| Other assets  | 3,433,763                |   |
| Due from affiliates   | 2,255,684                |   |
| Property, plant and equipment, net Total assets                                     | \$ 403,480,065           |   |
| Total assets  | 3 403,400,003            | 3 303,100,117                                   |
| Liabilities and net assets  |                          |   |
| Current liabilities   | 0 40 030 445             | 12030355  |
| Accounts payable  | \$ 12,030,115            |   |
| Accrued expenses Salaries, wages, pavioll taxes and amounts withheld from employees | 11,418,151<br>12,301,012 |   |
| Due to affiliates   | 374,021                  |   |
| Reserve for losses and loss adjustment expenses                                     | 2,000,000                |   |
| Deferred revenue  | 450,254                  |   |
| Estimated third-party settlements   | 23,838,552               |   |
| Current portion of long-term debt   | 2,724,400                | 3,889,577                                       |
| Current portion of pension  | 14,717,159               |   |
| Total current liabilities   | 79,853,664               | 78.413.014                                      |
| Reserve for losses and loss adjustment expenses                                     | 18,010,207               |   |
| Long-term debt  | 40,002,457               |   |
| Accrued pension   | 82,716,227               |   |
| Self-insurance and other long-term liabilities Total liabilities                    | 7,699,743<br>228,282,298 |   |
| Net assets  |                          |   |
| Unrestricted  | 138,381,964              | 100,602,371                                     |
| Temporarily restricted  | 16,726,765               |   |
| Permanently restricted  | 20,089,038               |   |
| Total net assets  | 175,197,767              |   |
| Total liabilities and net assets  | \$ 403,480,065           | \$ 365,106,117                                  |

### Consolidated Statements of Operations and Changes in Net Assets

|   |  | Predecessor Company                                      |                                     |
|---|--|--|-------------------------------------|
|   | Period From<br>February 1,<br>2011 to<br>September 30,<br>2011 | Period From<br>October 1, 2010<br>to January 31,<br>2011 | Year Ended<br>September 30,<br>2010 |
| Unrestricted revenues, gains and other support              |  |  |                                     |
| Net patient service revenue                                 | \$ 254,327,650   | \$ 128,988,814   | \$ 368,946,837                      |
| Other operating revenues                                    | 6,140,983  | 2,392,268  | 9,629,436                           |
| Net premiums earned   | 123,211  | 50,967   | 688,409                             |
| Net assets released from restrictions used for operations   | 162,854  | 585,042  | 1,144,549                           |
| Total revenues  | 260,754,698  | 132.017.091  | 380,409,231                         |
| Expenses  |  |  |                                     |
| Salaries and benefits                                       | 100,399,611  | 52,762,478   | 145,050,837                         |
| Fringe benefits   | 33,680,846   | 18.478.815   | 51,980,699                          |
| Purchased services  | 56,543,812   | 27.698.602   | 87,685,047                          |
| Supplies and other expenses                                 | 34,206,474   | 17.487.787   | 54,167,261                          |
| Provision for uncollectible accounts                        | (465,136)  | 2,854,558  | 10,952,307                          |
| Depreciation and amortization                               | 12,790,361   | 5,889,326  | 17.446.295                          |
| Losses and loss adjustment expenses                         | (3,079,317)  | 1,677,667  | 3,374,164                           |
| Information technology conversion                           | _  | _  | 7,850,321                           |
| Interest  | 579,711  | 257.427  | 825,646                             |
| Total expenses  | 234,656,362  | 127,106,660  | 379,332,577                         |
| Income from operations, before early extinguishment of debt | 26,098,336   | 4,910,431  | 1.076,654                           |
| Early extinguishment of debt                                | (270,054)  | _  | _                                   |
| Income from operations                                      | 25,828,282   | 4,910,431  | 1.076,654                           |
| Non-operating gains (losses)                                |  |  |                                     |
| Investment income   | 980,761  | 558,464  | 2,847,543                           |
| Unrestricted gifts and bequests                             | 82,749   | 122,144  | 1.195.945                           |
| Gains on sales of securities                                | 17,036   | 7.174  | 4,495,661                           |
| Change in fair value of interest rate swap                  | (2,888,770)  | 1,146,467  | (2,458,798)                         |
| Total non-operating gains                                   | (1,808,224)  | 1.834.249  | 6,080,351                           |
| Excess of revenues over expenses                            | \$ 24,020,058  | \$ 6,744,680   | \$ 7,157,005                        |
|   |  |  |                                     |

### Consolidated Statements of Operations and Changes in Net Assets (continued)

|   |  |   | r Company   |
|---|--|---|---|
|   | Period From<br>February 1, 2011<br>to September 30,<br>2011                                | Period From<br>October 1,<br>2010 to<br>January 31,<br>2011 | Year Ended<br>September 30,<br>2010   |
| Beginning balance of unrestricted net assets Excess of revenues over expenses Pension changes other than net periodic benefit costs Debt forgiveness granted to affiliate Net unrealized (loss) gains on investments Net assets released from restrictions used for capital Ending balance of unrestricted net assets     | \$ 175,432,489<br>24,020,058<br>(52,455,742)<br>-<br>(9,521,848)<br>907,007<br>138,381,964 | _   | \$ 88.386.848<br>7.157.005<br>714.815<br>(586.456)<br>4.400.689<br>529.470<br>100.602.371 |
| Beginning balance of temporarily restricted net assets Net realized and unrealized (loss) gains on investments Income from investments Contributions Net assets released from restrictions used for operations Net assets released from restrictions used for capital Ending balance of temporarily restricted net assets | 17,632,295<br>(758,420)<br>143,460<br>779,291<br>(162,854)<br>(907,007)                    | 113.435<br>1.099.088<br>(585.042)                           | 15.200.271<br>1.097.149<br>364.208<br>1.308.868<br>(1.144.549)<br>(529.470)<br>16.296.477 |
| Beginning balance of permanently restricted net assets Change in assets held in trust by others Ending balance of permanently restricted net assets Net assets at end of period   | 21,323,642<br>(1,234,604)<br>20,089,038<br>\$ 175,197,767                                  | 20.636.262<br>687.380<br>21.323.642<br>\$ 189.994.346       | 19.841.202<br>795.060<br>20.636.262<br>\$ 137.535.110                                     |

See accompanying notes

### Consolidated Statements of Cash Flows

|   |                 | Predecesso     | r Company     |
|---|-----------------|----------------|---------------|
|   | Period From     | Period From    |               |
|   | February 1,     | October 1,     |               |
|   | 2011 to         | <b>2010 to</b> | Y ear Ended   |
|   | September 30,   | January 31,    | September 30, |
|   | 2011            | 2011           | 2010          |
| Operating activities  |                 |                |               |
| Change in net assets  | \$ (39,190,545) | \$ 52,459,236  | \$ 14.106.789 |
| Adjustments to reconcile change in net assets to net cash provided by     |                 |                |               |
| operating activities  |                 |                |               |
| Depreciation and amortization   | 12,790,361      | 5.889.326      | 17.446.295    |
| Change in pension   | 52,455,742      | (38,384,516)   |               |
| Provision for bad debts   | (465,136)       | 2,854,558      | 10,952,307    |
| Net realized and unrealized losses (gains) on assets whose use is limited | 10,280,154      | (6.015.179)    | (5.497.838)   |
| Restricted contributions and investment income                            | 311,853         | (1.899,903)    | (2.468.136)   |
| Debt forgiveness granted to affiliate                                     | _               | _              | 586,456       |
| Debt extinguishment   | 270,054         |                |               |
| Changes in assets and liabilities   |                 |                |               |
| Accounts receivable   | (1,244,397)     | (13,546,420)   | (11.002.020)  |
| Premiums receivable   | 3,143,530       | (3,202,176)    | 280,780       |
| Reinsurance recoverable   | (859,154)       |                | (945,000)     |
| Other receivables   | 7,981           | (707,107)      | 805,666       |
| Due from affiliates   | 698,640         | (1.815.709)    | 318,645       |
| Inventories   | (263,180)       | (473.932)      | 150,430       |
| Prepaid expenses  | 2,390,096       | (3,334,126)    | (1.114.089)   |
| Other assets  | (117,224)       | 27,487         | (619,329)     |
| Accounts payable and accrued expenses                                     | 7,961,524       | (9,832,729)    | 3,882,023     |
| Accrued compensation  | (1,933,636)     | 2,455,307      | (1.266,585)   |
| Due to affiliates   | 374,021         | (40,867)       | 40,867        |
| Reserve for losses and loss adjustment expenses                           | (7,470,552)     | 3,047,480      | 2,335,346     |
| Deferred revenue  | 19,752          | 91.282         | (611,424)     |
| Due to third-party agencies   | (2,002,816)     | 6,391,883      | 4,710,250     |
| Debt service  | (1,573,721)     | (807,058)      | _             |
| Pension, self-insurance and other long-term liabilities                   | (13,788,843)    | (3.251.502)    | (107,761)     |
| Net cash provided by operating activities                                 | 21,794,504      | (10,094,665)   | 31,983,672    |
|   |                 |                |               |
| Investing activities  | (255 274)       | (2.051.75()    | (7.11.1.215)  |
| Net increase in board designated and donor restricted investments         | (255,374)       | (2.051,756)    | (7.414.315)   |
| Net increase in investments in GIC  | (1,313,531)     | 37,905         | (21,420,330)  |
| Net decrease (increase) in each and each equivalents related to GIC       | (17.720.023)    | (2.802.617)    | 20,580,734    |
| Purchases of property, plant and equipment                                | (17,730,932)    |                | (18.695.139)  |
| Net decrease in investments in affiliates                                 | (239,115)       | 348,535        | 550,591       |
| Net cash used in investing activities                                     | (19,538,952)    | (5.557.963)    | (26,398,459)  |
| Financing activities  |                 |                |               |
| Debt forgiveness granted to affiliate                                     | _               | -              | (586,456)     |
| Principal payments on long-term debt, capital leases and line of credit   | (37,241,984)    | (992,364)      | (3.669.409)   |
| Proceeds from borrowings of long-term debt                                | 38,535,493      | 4,318,502      | 1,450,000     |
| Restricted contributions and investment income                            | (311,853)       | 1,899,903      | 2,468,136     |
| Net cash provided (used) in financing activities                          | 981,656         | 5,226,041      | (337.729)     |
| (Decrease) increase in cash and cash equivalents                          | 3,237,208       | (10,426,587)   | 5.247.484     |
| ·   |                 | 1              |               |
| Cash and cash equivalents at beginning of year                            | 17,062,179      | 27,488,766     | 22,241,282    |
| Cash and eash equivalents at end of year                                  | \$ 20,299,387   | \$ 17,062,179  | \$ 27,488,766 |

See accompanying notes

#### Notes to the Consolidated Financial Statements

For the Years Ended September 30, 2011 and 2010

#### 1. Summary of Significant Accounting Policies

The accounting policies that affect significant elements of The Hospital of Central Connecticut (the Hospital) consolidated financial statements are summarized below and in Note 2

#### **Organization**

The Hospital, a voluntary, tax-exempt association incorporated under the General Statutes of the State of Connecticut, is a wholly owned subsidiary of Central Connecticut Health Alliance (CCHA or the Alliance) The Board of Directors is appointed by CCHA and oversees the operations of the Hospital The Hospital has a wholly owned subsidiary, Grand Indemnity Company, Ltd (GIC), which was incorporated under the laws of Bermuda, as a Class 2 insurer, on January 6, 2009 GIC underwrites claims-made hospital medical professional liability and general liability insurance on behalf of the Hospital GIC also underwrites provider medical insurance for the individual physicians in private practice who support the Hospital

On February 1, 2011 (the Acquisition Date), Hartford Healthcare Corporation (HHC) became the sole corporate member of CCHA and a full corporate affiliation was completed All assets and liabilities were revalued to fair value as of February 1, 2011 The Hospital is consolidated in HHC's financials for the period February 1, 2011 to September 30, 2011

In connection with the acquisition, the assets acquired and liabilities assumed were marked to fair value at the Acquisition Date. The increase to the Hospital's net assets at the Acquisition Date was \$24,394,080 when reported at fair value, as compared to the historical value of the net assets as reported by the predecessor company. The \$24,394,080 increase in the Hospital's net assets was comprised of property, plant and equipment.

The accompanying consolidated financial statements present the financial position and results of the operations for the periods prior to the Acquisition Date, which are reported as the predecessor company at historical value, and subsequent to acquisition, which are reported using fair value as the cost basis established on the Acquisition Date

The consolidated statements of operations, changes in net assets and cash flows disclose activity related to the periods from February 1, 2011 to September 30, 2011, October 1, 2010 to January 31, 2011 and the year ended September 30, 2010 and are hereafter referred to collectively as the "Periods under Audit"

Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

#### **Basis of Presentation**

The accompanying consolidated financial statements have been prepared in conformity with U S generally accepted accounting principles (GAAP), as promulgated by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) The consolidated financial statements include the accounts of the Hospital and GIC All significant inter-company balances and transactions have been eliminated in consolidation

### **New Accounting Pronouncements**

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements, (ASU 2010-06) ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until fiscal year 2012, the guidance in ASU 2010-06 became effective for reporting periods beginning after December 15, 2009 The adoption of the provisions of ASU 2010-06 did not have a significant impact on the Hospital's consolidated financial statements

In August 2010, the FASB issued ASC 954-605, *Measuring Charity Care for Disclosure* ASC 954-605 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided ASC 954-605 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care ASC 954-605 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 The Hospital is evaluating the effect of ASC 954-605 on its consolidated financial statements

Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

In January 2011, the FASB issued ASU2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, which establishes accounting and disclosure requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition, how to account for each, and the required disclosures In addition, ASU 2010-07included amendments to FASB's ASC Topic 350, ASC Topic 810 to make both applicable to not-for-profit entities ASC Topic 350 clarifies the accounting for goodwill and indefinite-lived identifiable intangible assets recognized in a not-for-profit entity's acquisition of a business or nonprofit activity Such assets are not amortized and are tested for impairment at least annually The Hospital adopted the guidance relative to ASU 2010-07 as of October 1, 2010

In July 2011, FASB issued new guidance, *Presentation and Disclosure of Patient Service Revenue*, *Provision for Bad Debts, and the Allowance for Doubtful Accounts* The guidance requires certain health care entities to present the bad debt expense associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) rather than as an operating expense The guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted The Hospital is evaluating the effect of the new guidance on its consolidated financial statements

#### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

#### Cash and Cash Equivalents

The Hospital considers all highly liquid investments with remaining maturities of three months or less at date of purchase to be cash equivalents. Cash equivalents include money market funds. Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

Money market funds are not insured by the FDIC and are not a risk-free investment Money market funds invest in a variety of instruments including mortgage-backed and asset-backed securities Although a money market fund seeks to preserve its \$1 per share value, it is possible that a money market fund's value can decrease below \$1 per share No funds had values below \$1 per share at either September 30, 2011 or September 30, 2010

#### **Inventories**

Inventories, used in general operations of the Hospital, are stated using the average cost method

#### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time frame or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value. The investment income generated from these funds is expendable to support healthcare services and the assets are classified as permanently restricted.

#### **Donor Restricted Gifts**

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the donation is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limits the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are unrestricted contributions in the accompanying financial statements, except those relating to donations of long-lived assets.

#### **Board Designated Endowment**

As of September 30, 2011 and 2010, the Hospital has \$89,632,017 and \$91,527,136, respectively, of unrestricted investments, which have been designated by the Board of Directors and are not available for use without the approval of the Board of Directors

### Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

#### **Investments in Affiliates**

Investments in affiliates are accounted for using the equity method of accounting Equity income related to investments in affiliates included in other operating revenues was approximately \$396,500, \$190,500 and \$1,150,400, respectively, for the Periods under Audit

#### **Investments**

The Hospital's investment portfolio is classified as other than trading, with unrealized gains and losses excluded from excess of revenues over expenses, unless the losses are deemed to be other than temporary. Investments in equity securities with readily determinable fair values and all investments in debt securities and mutual funds are measured at fair value in the consolidated balance sheets. Investment income (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses, unless the income or loss is restricted by donor or law

Alternative investments, those assets whose market value is not readily determinable, are stated at fair value as estimated in an unquoted market. Valuations of those investments and therefore, the Hospitals holdings may be determined by the investment manager and are primarily based on the underlying securities. Assets temporarily restricted (by donor) are recorded at fair value at the date of donation, which is then considered cost. Investment income (including realized gains and losses on investments, interest and dividends) is included in nonoperating income unless the income or loss is restricted by the donor or law. The cost of securities sold is based on the specific identification method.

#### **Other-Than-Temporary Impairments on Investments**

The Hospital continually reviews its securities for impairment conditions, which could indicate that an other-than-temporary decline in market value has occurred In conducting this review, numerous factors are considered, which include specific information pertaining to an individual company or a particular industry, general market conditions that reflect prospects for the economy as a whole, and the ability and intent to hold securities until recovery. The carrying value of investments is reduced to its estimated realizable value if a decline in fair value is considered to be other-than-temporary. Based on recently improving market conditions, as well as the Hospital's ability and intent to hold impaired assets to recovery, no other than temporary impairments were recorded in 2011 or 2010.

Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

#### Fair Value of Financial Instruments

The carrying value of financial instruments classified as assets and liabilities approximate fair value. The fair values of the Hospital's financial instruments are disclosed in Note 5

#### **Investments in Joint Ventures**

The Hospital has invested in several joint ventures and limited liability companies, which are accounted for under the equity method of accounting

|  | Ownership  |
|--|------------|
|  | Percentage |
| New Britain Alliance Occupational Health | 86%        |
| Central Connecticut Sports Medicine      | 50%        |
| New Britain MRI Limited Partnership      | 43%        |
| Total Laundry Collaborative LLC          | 37%        |

New Britain Alliance Occupational Health is not consolidated within the financial statements of the Hospital as of September 30, 2011 and 2010, as it is immaterial to the consolidated financial statements

#### **Property, Plant and Equipment**

Property, plant and equipment is stated at cost Improvements and major renewals are capitalized and maintenance and repairs are charged to expense as incurred The Hospital provides for depreciation of property, plant and equipment and assets under capital leases using the straight-line method in amounts sufficient to amortize the cost of its assets over their estimated useful lives or the lease term

Amortization of intangible assets is included in depreciation expense. The Hospital leases various medical equipment under capital leases with terms of 5 years

### Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

#### **Excess of Revenues Over Expenses**

The statements of operations and changes in net assets include excess of revenues over expenses as the performance indicator Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments, except for losses that are deemed to be other-than-temporary, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets) and change in pension funding obligation

#### **Non-Operating Gains and Losses**

Activities not related to providing health care services are considered to be non-operating Non-operating gains and losses consist primarily of income on invested funds, unrestricted gifts and bequests, gains and losses on sales of securities, other than temporary losses on marketable securities and changes in the fair value of its interest rate swap instruments

#### **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code At times, the Hospital is involved with activities that subject minor amounts of unrelated business federal income tax, which are paid as they come due in accordance with the Code and the regulations there under Such amounts are not material to the Hospital's consolidated financial statements

Certain net operating loss carryforwards of \$2,900,000 from unrelated business activities generated a potential deferred tax asset of approximately \$1,160,000 No deferred tax asset has been reported as this amount is offset by a valuation allowance of the same amount

GIC is an insurance company organized under the laws of Bermuda GIC has received an undertaking from the Bermuda government exempting it from all local income, withholding and capital gains taxes until the year 2016

### Notes to the Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

#### **Unpaid Losses and Loss Adjustment Expenses**

The reserve for losses and loss adjustment expenses and related reinsurance recoverable includes case basis estimates of reported losses, plus supplemental amounts calculated based upon loss projections utilizing actuarial studies, the Hospital's own historical data and industry data. In establishing this reserve and the related reinsurance recoverable, GIC utilizes the findings of an independent consulting actuary

Management believes that its aggregate reserve for losses and loss adjustment expenses and related reinsurance recoverable at year end represents its best estimate, based on the available data, of the amount necessary to cover the ultimate cost of losses, however, because of the nature of the insured risks and limited historical experience, actual loss experience may not conform to the assumptions used in determining the estimated amounts for such asset and liability at the consolidated balance sheet date Accordingly, the ultimate asset and liability could be significantly in excess of or less than the amount indicated in these consolidated financial statements As adjustments to these estimates become necessary, such adjustments are reflected in current operations

#### **Recognition of Premium Revenues**

Premiums written are earned on a pro-rata basis over the related policy period. The portion of premiums that will be earned in the future is deferred and reported as unearned premiums.

#### Reinsurance

In the normal course of business, GIC seeks to reduce its loss exposure by reinsuring certain levels of risk with reinsurers Premiums ceded are expensed over the term of their related policies

#### Reclassifications

Certain reclassifications have been made to the year ended September 30, 2010 balances previously reported in the consolidated balance sheets and statements of operations and changes in net assets in order to conform with the year ended September 30, 2011 presentation

### Notes to the Consolidated Financial Statements (continued)

### 2. Net Revenues from Services to Patients and Charity Care

The following table summarizes net revenues from services to patients

|   | Period From<br>February 1,<br>2011 to<br>September 30<br>2011 | Period From<br>October 1, 2010<br>to January 31,<br>2011 | Year Ended<br>September 30,<br>2010 |
|---|---|--|-------------------------------------|
| Gross revenues from patients Deductions     | \$ 562,868,734  | \$ 287,727,096   | \$ 809.324.847                      |
| Allowances                                  | 299,234,717   | 154.031.976  | 435.992.445                         |
| Connecticut Uncompensated Care Pool         | (1,977,326  |  | (4.035.006)                         |
| Charity care                                | 11,283,693  | 5,978,393  | 8,420,571                           |
|   | 308,541,084   | 158,738,282  | 440,378,010                         |
| Total net revenue from services to patients | \$ 254,327,650  | \$ 128,988,814   | \$ 368,946,837                      |

Patient revenues and accounts receivable are recorded when services are performed Payments received from certain payers are different from established billing rates of the Hospital, and these differences are accounted for as allowances

During the Periods under Audit, approximately 37%, 36% and 35%, of net patient revenue was received under the Medicare program, 14%, 15% and 15%, under the state Medicaid program, and 50%, 49% and 50%, respectively, from contracts with other third parties and self-pay patients Significant concentrations of net patient accounts receivable are comprised of 28% Medicare, 17% Medicaid and 55% other for the year ended September 30, 2011 and 27% Medicare, 20% Medicaid and 53% other for the year ended September 30, 2010

The Hospital accepts all patients regardless of their ability to pay A patient is classified as a charity patient by reference to the established policies of the Hospital Essentially, these policies define charity services as those services for which no payment is anticipated In assessing a patient's inability to pay, the Hospital utilizes the generally recognized federal poverty income levels. These charges are not included in net patient service revenue for financial reporting purposes

Net patient revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third party payers Prior year estimates changed approximately \$622,400, (\$6,065,400) and \$0, respectively, for the Periods under Audit

Notes to the Consolidated Financial Statements (continued)

#### 2. Net Revenues from Services to Patients and Charity Care (continued)

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation Hospital management believes that the Hospital is in compliance with all applicable laws and regulations and is not aware of any significant pending or threatened investigations involving allegations of potential wrongdoing Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs Changes in the Medicare and Medicaid programs and reductions of funding levels could have an adverse impact on the Hospital

The Hospital has agreements with various health maintenance organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the HMOs make fee-for-service payments to the Hospital for certain covered services based upon discounted fee schedules.

#### 3. Community Benefit

The Hospital provides quality health care to all, regardless of their ability to pay Charity care is provided to those who are eligible based on the Hospital's policy. The Hospital receives insufficient payments to covers the costs of Medicare and Medicaid programs which results in community benefits. In addition to charity care responsibilities, the Hospital provides numerous other community benefits which include medical education and research, community health education, screenings, support groups, counseling services, medical and specialty clinics and inkind support

The Hospital utilizes guidelines developed by various organizations to quantify community benefit activities. The Hospital defines community benefit activities as those that improve access to healthcare services, enhance the health of the community and provide education of medical and health issues to the broader community. In addition to charity care and unpaid cost of government sponsored health care (Medicare and/or Medicaid shortfalls), community benefit activities will normally fall into on the following categories unbilled community health service/community health improvement services, health professions education, subsidized health services and research. Services provided to Medicare, Medicaid and charity care patients represent the most significant levels of uncompensated care. The Hospital calculates the cost of other community benefits by identifying specific expenditures incurred by the Hospital that directly benefit the community.

### Notes to the Consolidated Financial Statements (continued)

#### 4. Investments

The Hospital has investments whose use is limited, which are carried on the consolidated balance sheets within investments related to GIC, assets held in trust by others, investments and other assets and investments for restricted purposes. The portion of these amounts required for funding current liabilities is included in current assets.

The composition of assets whose use is limited at September 30 is set forth in the following table

|                                   | 2011          | 2010                     |
|-----------------------------------|---------------|--------------------------|
| Cash and cash equivalents         | \$ 728,25     | 55 \$ 827,221            |
| Equity securities                 | 1,829,11      | 5 2,321,097              |
| Fixed income bonds                | 18,715,79     | 22,043,035               |
| Mutual funds                      | 84,193,80     | 84,572,462               |
| Common collective funds           | 17,577,73     | <b>17</b> ,864,139       |
| Alternative investments and other | 28,142,87     | <b>24</b> ,241,851       |
|                                   | \$ 151,187,58 | <b>86</b> \$ 151,869,805 |

There were no investments in a gross unrealized loss position as of September 30, 2011 No other than temporary impairment was recognized during 2011 or 2010

Interest and dividend income on the unrestricted investments totaled \$980,761, \$558,464 and \$2,847,543 for the Periods under Audit, respectively Realized gains on the investments totaled \$17,036, \$7,174 and \$4,495,661 for the Periods under Audit, respectively

#### 5. Fair Value Measurements

Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs is used to measure fair value into three broad levels, which are described below

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs

### Notes to the Consolidated Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

The following table presents the financial instruments carried at fair value as of September 30, 2011 and 2010, by the valuation hierarchy

|                                   | September 30, 2011 |            |            |            |
|-----------------------------------|--------------------|------------|------------|------------|
|                                   | Level 1            | Level 2    | Level 3    | Total      |
| Assets                            |                    |            |            |            |
| Cash and cash equivalents         | \$ 20,299,387      | \$ - \$    | - \$       | 20,299,387 |
| Assets whose use is limited       |                    |            |            |            |
| Cash and cash equivalents         | 45,322             | _          | _          | 45,322     |
| Equity securities                 |                    |            |            |            |
| US                                | 328,923            | _          | _          | 328,923    |
| International                     | 55,031             | _          | _          | 55,031     |
| Emerging markets                  | 24,242             | _          | _          | 24,242     |
| Fixed income securities           |                    |            |            |            |
| U S                               | _                  | 17,786,469 | _          | 17,786,469 |
| International                     | _                  | 20,739     | _          | 20,739     |
| Domestic mutual funds             | 84,193,803         | _          | _          | 84,193,803 |
| Domestic common collective        |                    |            |            |            |
| funds                             |                    | 7,369,675  | _          | 7,369,675  |
| Alternative investments and other | 8,475              | 2,361,878  | 25,504,435 | 27,874,788 |

## Notes to the Consolidated Financial Statements (continued)

### 5. Fair Value Measurements (continued)

|                                    | <b>September 30, 2011</b> |         |            |           |             |
|------------------------------------|---------------------------|---------|------------|-----------|-------------|
|                                    | Level                     | 1       | Level 2    | Level 3   | Total       |
| Assets held in trust by others     |                           |         |            |           |             |
| Cash and cash equivalents          | \$ 682.                   | .933 \$ | _          | \$ -      | \$ 682,933  |
| Equity securities                  |                           |         |            |           |             |
| US                                 | 1,002.                    | 464     | _          | _         | 1,002,464   |
| International                      | 274.                      | 187     | _          | _         | 274,187     |
| Emerging markets                   | 144.                      | 268     | _          | _         | 144,268     |
| Fixed income securities            |                           |         |            |           |             |
| U S                                |                           | _       | 495,348    | _         | 495,348     |
| International                      |                           | _       | 413,242    | _         | 413,242     |
| Common collective funds            |                           |         |            |           |             |
| U S                                |                           | _       | 9,583,101  | _         | 9,583,101   |
| International                      |                           | _       | 624,960    | _         | 624,960     |
| Alternative investments and other  | 159,                      | 091     | _          | 109,000   | 268,090     |
| Funds designated for debt services |                           |         |            |           |             |
| Money market funds                 | 2,397.                    | 206     | _          | _         | 2,397,206   |
| Pension fund assets                |                           |         |            |           |             |
| Cash and cash equivalents          | 3,868.                    | 179     | _          | _         | 3,868,179   |
| Domestic mutual funds              | 199,164,                  | 121     | _          | _         | 199,164,121 |
| Domestic common collective funds   |                           | _       | 15,867,720 | _         | 15,867,720  |
| Alternative investments and other  |                           | _       | _          | 6,089,569 | 6,089,569   |
| Other assets                       |                           |         |            |           |             |
| Mutual funds                       |                           |         |            |           |             |
| US                                 | 1.406.                    | 466     | 238,170    | _         | 1,644,636   |
| International                      | 1.079.                    | 471     | _          | _         | 1,079,471   |

## Notes to the Consolidated Financial Statements (continued)

### 5. Fair Value Measurements (continued)

|                                    | <b>September 30, 2010</b> |            |            |            |
|------------------------------------|---------------------------|------------|------------|------------|
|                                    | Level 1                   | Level 2    | Level 3    | Total      |
| Assets                             |                           |            |            |            |
| Cash and cash equivalents          | \$ 27,488,766             | \$ - 5     | - \$       | 27,488,766 |
| Assets whose use is limited        |                           |            |            |            |
| Cash and cash equivalents          | 100,305                   | _          | _          | 100,305    |
| Equity securities                  |                           |            |            |            |
| International                      | 51,352                    | _          | _          | 51,352     |
| Emerging markets                   | 20,457                    | _          | _          | 20,457     |
| Fixed income securities            |                           |            |            |            |
| U S                                | _                         | 21,073,670 | _          | 21,073,670 |
| International                      | _                         | 21,788     | _          | 21,788     |
| Domestic mutual funds              | 84,572,462                | _          | _          | 84,572,462 |
| Domestic common collective         |                           |            |            |            |
| funds                              | _                         | 8,422,566  | _          | 8,422,566  |
| Alternative investments and other  | 8,600                     | 2,346,660  | 21,216,125 | 23,571,385 |
| Assets held in trust by others     |                           |            |            |            |
| Cash and cash equivalents          | 726,916                   | _          | _          | 726,916    |
| Equity securities                  |                           |            |            |            |
| U S                                | 2,107,899                 | _          | _          | 2,107,899  |
| International                      | 138,427                   | _          | _          | 138,427    |
| Emerging Markets                   | 2,962                     | _          | _          | 2,962      |
| Fixed income securities            |                           |            |            |            |
| U S                                | _                         | 554,879    | _          | 554,879    |
| International                      | _                         | 392,698    | _          | 392,698    |
| Common collective funds            |                           |            |            |            |
| U S                                | _                         | 8,549,231  | _          | 8,549,231  |
| International                      | _                         | 892,342    | _          | 892,342    |
| Alternative investments and other  | 565,565                   | _          | 104,901    | 670,465    |
| Funds designated for debt services |                           |            |            |            |
| Money market funds                 | 16,427                    | _          | _          | 16,427     |

### Notes to the Consolidated Financial Statements (continued)

### 5. Fair Value Measurements (continued)

|                                  | <b>September 30, 2010</b> |            |           |             |
|----------------------------------|---------------------------|------------|-----------|-------------|
|                                  | Level 1                   | Level 2    | Level 3   | Total       |
| Pension fund assets              |                           |            |           |             |
| Cash and cash equivalents        | \$ 661.213 \$             | _          | \$ -      | \$ 661,213  |
| Domestic mutual funds            | 188,271,619               | _          | _         | 188,271,619 |
| Domestic common collective funds | _                         | 17,020,467 | _         | 17,020,467  |
| Other                            | _                         |            | 6,016,022 | 6,016,022   |
| Other assets                     |                           |            |           |             |
| Mutual funds                     |                           |            |           |             |
| US                               | 1,551,974                 | 767,314    | _         | 2,319,288   |
| International                    | 365,025                   | _          | -         | 365,025     |
| Liabilities                      |                           |            |           |             |
| Interest rate swap agreements    | _                         | 3,819,673  | _         | _           |

For the year ended September 30, 2011, the changes in the fair value of assets measured using significant unobservable inputs (Level 3) were comprised of the following

| Beginning balance at October 1, 2010  | \$ 27,337,048 |
|---------------------------------------|---------------|
| Change in unrealized gains and losses | (876,644)     |
| Investment income, net                | 242,600       |
| Purchases                             | 5,000,000     |
| Ending balance at September 30, 2011  | \$ 31,703,004 |

For the year ended September 30, 2010, the changes in the fair value of assets measured using significant unobservable inputs (Level 3) were comprised of the following

| Beginning balance at October 1, 2009  | \$ 5,532,958  |
|---------------------------------------|---------------|
| Change in unrealized gains and losses | 817,663       |
| Investment income, net                | 271,535       |
| Purchases                             | 20,758,885    |
| Distributions                         | (43,993)      |
| Ending balance at September 30, 2010  | \$ 27,337,048 |

The Hospital's valuation methodologies used to measure financial assets and liabilities at fair value are outlined below. Where applicable, the Hospital uses quoted prices in active markets for identical assets and liabilities to determine fair value (Level 1 inputs) This pricing methodology applies to equities and fixed income mutual funds

Notes to the Consolidated Financial Statements (continued)

#### 5. Fair Value Measurements (continued)

If quoted prices in active markets for identical assets and liabilities are not available, then quoted prices for similar assets and liabilities, quoted prices for identical assets or liabilities in inactive markets or inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly, will be used to determine fair value (Level 2 inputs) The Level 2 classifications include fixed income securities, collective investment funds and interest rate swap agreement. The interest rate swap agreement is valued based on a determination of market expectations relating to the future cash flows associated with the swap contract using sophisticated modeling based on observable market-based inputs, such as interest rate curves

Assets and liabilities that are valued using significant unobservable inputs, such as extrapolated data, proprietary models or indicative quotes that cannot be corroborated with market data are classified in Level 3 within the fair value hierarchy. The Level 3 classification includes the equity funds held by the Hospital and GIC. The equity funds are valued based on the ownership interest in the NAV of the fund as the practical expedient to estimate fair value. The Hospital routinely monitors and assesses methodologies and assumptions used in valuing these interests. The funds include certain liquidity restrictions that may require at least 90 days advance notice for redemptions. The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

#### 6. Net Assets

Temporarily restricted net assets are available for the following purposes as of September 30

|  | 2011                     | 2010                     |
|--|--------------------------|--------------------------|
| Indigent care Other healthcare services and capital acquisitions | \$ 783,781<br>15,942,984 | \$ 753,845<br>15,542,632 |
|  | \$ 16,726,765            | \$ 16,296,477            |

### Notes to the Consolidated Financial Statements (continued)

#### 6. Net Assets (continued)

Permanently restricted net assets are restricted for the following purposes as of September 30

| Investments to be held in perpetuity, the income from     |
|---|
| which is expendable to support health care services       |
| Restricted funds held in trust by others, the income from |
| which is expendable to support health care services       |

| 2011          | 2010          |  |  |  |  |
|---------------|---------------|--|--|--|--|
| \$ 6,600,444  | \$ 6,600,444  |  |  |  |  |
| 13,488,594    | 14,035,818    |  |  |  |  |
| \$ 20,089,038 | \$ 20,636,262 |  |  |  |  |

The Hospital's endowments consist of multiple funds established for a variety of purposes. The endowments include both donor-restricted endowment funds, funds designated by the Board of Directors to function as endowments and assets held in trust by others. As required by GAAP, endowments, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor restrictions.

The Hospital has interpreted the relevant laws as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital during its annual budgeting process.

The Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds (1) the duration and preservation of the fund, (2) the purposes of the Hospital and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Hospital, and (7) the investment policies of the Hospital

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a reasonably stable and predictable stream of earnings to support the operations of the endowments and to preserve and enhance over time the real value of the endowment assets Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment and management costs, of at least 6% over the long-term Actual returns in any given year may vary from this amount

### Notes to the Consolidated Financial Statements (continued)

#### 6. Net Assets (continued)

The Investment Committee of the Board is responsible for defining and reviewing the investment policy to determine an appropriate long-term asset allocation policy reflects the objective with allocations structured for capital growth and inflation protection over the long-term

The current asset allocation targets and ranges as of September 30, 2011, are as follows

|                                   | Asset Allocation Targets |           |  |  |  |  |  |  |
|-----------------------------------|--------------------------|-----------|--|--|--|--|--|--|
| Asset Class                       | Policy Target            | t Ranges  |  |  |  |  |  |  |
|                                   |                          |           |  |  |  |  |  |  |
| Global equities                   | 46%                      | 30% - 60% |  |  |  |  |  |  |
| Marketable alternative assets     | 20%                      | 15% - 25% |  |  |  |  |  |  |
| Non-marketable alternative assets | 4%                       | 0% - 6%   |  |  |  |  |  |  |
| Real assets                       | 14%                      | 6% - 20%  |  |  |  |  |  |  |
| US bonds                          | 11%                      | 8% - 20%  |  |  |  |  |  |  |
| Non-U S bonds                     | 5%                       | 0% - 10%  |  |  |  |  |  |  |

To satisfy its long-term rate of return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Hospital targets a diversified asset allocation that places a greater emphasis on equity based investments to achieve its long-term return objectives within prudent risk constraints

Changes in endowments for the year ended September 30, 2011 and 2010 are as follows

|   |           |              | 7  | <b>Femporarily</b> | P  | ermanently |                   |
|---|-----------|--------------|----|--------------------|----|------------|-------------------|
| 2011  | 1         | Unrestricted |    | Restricted         |    | Restricted | Total             |
| Endowment net assets at beginning of year   | \$        | 91,527,136   | \$ | 2,788,126          | \$ | 6,600,444  | \$<br>100,915,706 |
| Investment return Investment income Not (depresention) empresention (realized and |           | 1,628,002    |    | 147,925            |    | -          | 1,775,927         |
| Net (depreciation) appreciation (realized and unrealized)                         |           | (3,731,116)  |    | 54,166             |    | _          | (3,676,950)       |
| Contributions Appropriation of endowment assets for                               |           | 207,995      |    | 10,603             |    | _          | 218,598           |
| expenditure   | _         | _            |    | (236,538)          |    | _          | (236,538)         |
| Endowment net assets at end of year   | <u>\$</u> | 89,632,017   | \$ | 2,764,282          | \$ | 6,600,444  | \$<br>98,996,743  |

### Notes to the Consolidated Financial Statements (continued)

#### 6. Net Assets (continued)

| 2010                                       | τ  | J <b>nrestricted</b> | emporarily<br>Restricted | ermanently<br>Restricted | Total             |
|--|----|----------------------|--------------------------|--------------------------|-------------------|
| Endowment net assets at beginning of year  | \$ | 80,516,608           | \$<br>2,106,953          | \$<br>6,600,444          | \$<br>89,224,005  |
| Investment return Investment income        |    | 2.390,873            | 216,910                  | _                        | 2,607,783         |
| Net appreciation (realized and unrealized) |    | 7.256,269            | 730,864                  | _                        | 7,987,133         |
| Contributions                              |    | 1,363,386            | 18,663                   | _                        | 1.382.049         |
| Appropriation of endowment assets for      |    |                      |                          |                          |                   |
| expenditure                                |    | _                    | (285,265)                | _                        | (285,265)         |
| Endowment net assets at end of year        | \$ | 91,527,136           | \$<br>2,788,125          | \$<br>6,600,444          | \$<br>100,915,705 |

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor or relevant law requires the Hospital to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. As of September 30, 2011 and 2010, there were no funds that were below the level required by donor or law

#### 7. Property, Plant and Equipment

Property, plant and equipment consist of the following as of September 30

|                                 | 2011                         | 2010                         |
|---------------------------------|------------------------------|------------------------------|
| Land Buildings and improvements | \$ 6,138,259<br>231,855,821  | \$ 2,637,259<br>199,708,600  |
| Equipment Equipment             | 173,958,427                  | 165,976,070                  |
| Less accumulated depreciation   | 411,952,507<br>(260,274,904) | 368,321,929<br>(246,081,335) |
| Construction in progress        | 151,677,603<br>1,087,467     | 122,240,594<br>3,186,504     |
| Construction in progress        | \$ 152,765,070               | \$ 125,427,098               |

The cost to complete the construction in progress is \$588,934 and \$2,600,000 as of September 30, 2011 and 2010, respectively Depreciation and amortization expense for the Periods under Audit amounted to \$12,790,361, \$5,889,326 and \$17,446,295, respectively Equipment held under capital leases of \$13,073,525 and \$10,839,285 are included in equipment as of September 30, 2011 and 2010, respectively

Notes to the Consolidated Financial Statements (continued)

#### 8. Long-Term Debt, Lines of Credit and Capital Leases

Details of long-term debt are as follows

|   | September 30  |               |  |  |
|---|---------------|---------------|--|--|
|   | 2011          | 2010          |  |  |
| Intercompany debt with HHC                                |               |               |  |  |
| Series A, consisting of a tax-exempt serial bond and term |               |               |  |  |
| bonds, interest at rates ranging from 4 4% to 5 0%        | \$ 31,199,642 | \$ -          |  |  |
| Series C, taxable variable rate term                      | 4,544,163     | _             |  |  |
| CHEFA Series A  | _             | 30,545,000    |  |  |
| Barnes construction loan                                  | 367,534       | 1,264,422     |  |  |
| Capital lease obligations                                 | 5,997,231     | 6,297,674     |  |  |
| Unamortized bond premium                                  | 618,287       | _             |  |  |
|   | 42,726,857    | 38,107,096    |  |  |
| Less current portion                                      | (2,724,400)   | (3,889,577)   |  |  |
| Long term portion   | \$ 40,002,457 | \$ 34,217,519 |  |  |

On September 29, 2011, HHC issued approximately \$375,815,000 of CHEFA Revenue Bonds Series A, B, and C (the HHC 2011 Bonds) In conjunction with the issuance of the 2011 Bonds, an obligated group was formed The members of the obligated group are HHC, Hartford Hospital, The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital and MidState Medical Center (collectively referred to as the "Obligated Group") Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI HHC does have the right to name designated affiliates, although presently none exist Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with HHC with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation In addition, HHC may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the terms of the MTI, including payment of the outstanding obligations

### Notes to the Consolidated Financial Statements (continued)

#### 8. Long-Term Debt, Lines of Credit and Capital Leases (continued)

The HHC 2011 Bonds were issued to refund portions of existing debt under HHC, and to obtain funds for future capital needs. As such, the HHC 2011 Bonds are reflected as intercompany debt in the schedule above. The Medical Center is party to the HHC Series A and Series C Revenue Bonds. The HHC Series A Revenue Bonds consist of serial bonds that mature annually from July 1, 2014 through July 1, 2023 and the term bonds mature from July 1, 2024 through July 1, 2041 The HHC Series C Revenue Bonds consist of term bonds that mature from July 1, 2042 through July 1, 2049. The HHC Series C Revenue Bonds are secured by an irrevocable letter of credit issued by JP Morgan Chase Bank which expires on October 1, 2016. The reimbursement terms of the letters of credit for the HHC Series C Revenue Bonds are such that in the event a letter of credit is drawn upon due to a failed remarketing the components available shall equal the aggregate principal and interest amount of bonds outstanding

The MTI and Supplemental MTI provide for the potential establishment and maintenance of a Debt Service Reserve Fund, a pledge of gross receipts, as defined, and parity with the HHC Series A Revenue Bonds that remain outstanding. The MTI and loan agreements establish certain restrictive covenants, including a debt service coverage ratio and days cash on hand requirement No violations of covenants existed as of September 30, 2011

As part of the HHC 2011 Bonds, the Obligated Group entered into a new line of credit for \$20,000,000 from Bank of America which expires in September 2012. As of September 30, 2011, the Hospital had not drawn on the line of credit

Prepaid expenses of \$270,054 associated with the previous CHEFA debt were extinguished on September 29, 2011

In October 2005, the Hospital entered into a ten-year, non-interest bearing loan agreement for \$2,400,000 from the Barnes Memorial Trust The Hospital is required to make annual payments of \$240,000 toward the loan The outstanding balance on this loan as of September 30, 2011 and 2010 was \$367,534 and \$1,264,422, respectively

In May 2008, the Hospital entered into a five-year, \$4,950,000 capital lease agreement with CHEFA for novalis medical equipment. This lease has an interest rate of 3.75% The bank has a lien on the novalis medical equipment. The outstanding balance on this lease as of September 30, 2011 and 2010 was \$1,753,967 and \$2,755,244, and the net book value of the leased equipment was \$3,133,912 and \$3,748,369, respectively

## Notes to the Consolidated Financial Statements (continued)

## 8. Long-Term Debt, Lines of Credit and Capital Leases (continued)

In August 2008, the Hospital entered into a five-year, \$3,690,000 capital lease agreement with CHEFA for pet scan equipment. This lease has an interest rate of 4 27%. The bank has a lien on the pet scan equipment. The outstanding balance on this lease as of September 30, 2011 and 2010 was \$1,508,137 and \$2,247,630 and the net book value of the leased equipment was \$2,333,867 and \$2,803,685, respectively

In February 2010, the Hospital entered into a five-year, \$1,450,000 capital lease agreement with CHEFA for MRI equipment. This lease has an interest rate of 3 84%. The bank has a lien on the MRI equipment. The outstanding balance on this lease as of September 30, 2011 and September 30, 2010 was \$1,020,534 and \$1,294,800 and the net book value of the leased equipment was 1,142,009 and \$1,407,886, respectively

In December 2010, the Hospital entered into a five-year, \$2,000,000 capital lease agreement with CHEFA for DaVinci Robotic equipment. This lease has an interest rate of 2 25%. The bank has a lien on the DaVinci equipment. The outstanding balance on this lease as of September 30, 2011 was \$1,714,593 and the net book value of the leased equipment was \$2,074,651.

The Hospital had an available line of credit with bank for credit availability of up to \$2,000,000 at September 30, 2010 There were no outstanding balances under this line of credit as of September 30, 2010 The line of credit was at customary terms and carried a variable rate of interest equal to the prevailing prime rate of a large New York-based bank (2 25% as of September 30, 2010)

During the years ended September 30, 2011 and 2010, the Hospital paid interest of \$254,398, \$582,741 and \$775,109, respectively, for the Periods under Audit

## Notes to the Consolidated Financial Statements (continued)

#### 8. Long-Term Debt, Lines of Credit and Capital Leases (continued)

The following is a schedule of future principal payments by fiscal year on long-term debt as of September 30, 2011

|                      | Intercompany<br>Loan | Notes<br>Payable | Capital<br>Leases | Total         |
|----------------------|----------------------|------------------|-------------------|---------------|
| Year                 |                      | <u>-</u>         |                   |               |
| 2012                 | \$ -                 | \$ 240,000       | \$ 2,484,400      | \$ 2,724,400  |
| 2013                 | _                    | 127,534          | 2,145,090         | 2,272,624     |
| 2014                 | 339,273              | _                | 714,292           | 1,053,565     |
| 2015                 | 383,979              | _                | 547,568           | 931,547       |
| 2016                 | 459,305              | _                | 105,881           | 565,186       |
| Thereafter           | 34,561,248           | _                | _                 | 34,561,248    |
| Total principal paid | 35,743,805           | 367,534          | 5,997,231         | 42,108,570    |
| Add bond premium     | 618,287              | _                | _                 | 618,287       |
| Less current portion | _                    | 240,000          | 2,484,400         | 2,724,400     |
| Long-term portion    | \$ 36,362,092        | \$ 127,534       | \$ 3,512,831      | \$ 40,002,457 |

#### 9. Derivatives

In connection with the issuance of the CHEFA Series A bonds, the Hospital entered into an interest rate swap agreement (swap agreement) to synthetically fix the interest payment Under the swap agreement, the fair value of the interest rate swap (a liability of \$3,819,673 as of September 30, 2010) has been recorded in the accompanying consolidated balance sheets within other long-term liabilities. The change in fair value of the interest rate swap of \$2,173,398, \$(1,501,171) and \$1,343,101 for the Periods under Audit, respectively, is recorded in the consolidated statements of operations and changes in net assets as a component of non-operating income. The swap agreement was terminated with the refinancing of the hospital debt on September 29, 2011

#### 10. Retirement Plans

The Hospital has two noncontributory, defined benefit pension plans (New Britain and Bradley campuses) covering substantially all of its employees hired prior to January 1, 2006 Benefits are based on years of service and the employee's compensation during the last five years of employment Employees hired after January 1, 2006 are eligible to participate in a defined contribution plan, as the defined benefit plans are closed to employees hired after January 1, 2006

## Notes to the Consolidated Financial Statements (continued)

## 10. Retirement Plans (continued)

In addition, the Hospital has a Supplemental Executive Retirement Plan (SERP) under section 457(b) and 457(f) of the Internal Revenue Code of 1986, as amended

The SERP has been established to supplement the retirement benefits of eligible employees designated by the Hospital's Board of Directors The fair value of the assets relating to the SERP are \$2,724,107 and \$2,684,313 as of September 30, 2011 and 2010 The accrued liability relating to the SERP, which is funded annually, amounted to \$4,083,217 and \$3,084,313 as of September 30, 2011 and 2010, respectively The expenses incurred related to the SERP amounted to \$545,778, \$353,350 and \$1,019,098 for the Periods under Audit, respectively

Significant disclosures relating to the retirement benefit plans, which are measured as of September 30, 2011 and 2010 are as follows

|  | NBGH     |   |    |  | Bradley  |  |    |  |
|--|----------|---|----|--|----------|--|----|--|
|  |          | 2011  |    | 2010   |          | 2011   |    | 2010   |
| Change in benefit obligation   |          |   |    |  |          |  |    |  |
| Benefit obligation, beginning of vear  | \$       | (271,626,303)   | \$ | (252,886,218)  | \$       | (33,733,867)   | \$ | (31,676,934)   |
| Service cost   |          | (7,754,005)   |    | (7.811.748)  |          | (977,386)  |    | (947,405)  |
| Interest cost  |          | (14,427,418)  |    | (13.643.971)   |          | (1,788,240)  |    | (1.708.268)  |
| Actuarial loss   |          | 3,043,406   |    | (3.888.119)  |          | 537,168  |    | (472,485)  |
| Benefits paid  |          | 6,986,683   |    | 6,242,594  |          | 942,654  |    | 844,432  |
| Administrative expenses paid   |          | 300,960   |    | 361.159  |          | 156,590  |    | 226,793  |
| Benefit obligation, end of vear  | \$       | (283,476,677)   | \$ | (271,626,303)  | \$       | (34,863,081)   | \$ | (33,733,867)   |
| Change in plan assets Fair value of plan assets, beginning Actual return on plan assets Employer contributions Benefits paid Administrative expenses paid Fair value of plan assets, end of year | <u>s</u> | 187,165,367<br>(1,799,902)<br>20,500,000<br>(6,986,683)<br>(300,960)<br>198,577,822 | \$ | 166,505,275<br>16,063,845<br>11,200,000<br>(6,242,594)<br>(361,159)<br>187,165,367 | <b>s</b> | 24,803,955<br>(292,943)<br>2,999,999<br>(942,654)<br>(156,590)<br>26,411,767 | \$ | 22,319,867<br>2,155,313<br>1,400,000<br>(844,432)<br>(226,793)<br>24,803,955 |
| Accrued pension liability Unfunded status  | <u>s</u> | (84,898,855)  | \$ | (84.460.936)   | s        | (8,451,314)  | \$ | (8.929.912)  |

## Notes to the Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

|                            | NBGH |   |    |  | Bradley         |    |   |    |  |                 |
|----------------------------|------|---|----|--|-----------------|----|---|----|--|-----------------|
|                            |      | October 1,<br>2010 to<br>anuary 31,<br>2011 |    | February 1,<br>2011 to<br>eptember 30,<br>2011 | 2010            |    | October 1,<br>2010 to<br>anuary 31,<br>2011 |    | February 1,<br>2011 to<br>eptember 30,<br>2011 | 2010            |
| Components of net periodic |      |   |    |  |                 |    |   |    |  | _               |
| benefit cost:              |      |   |    |  |                 |    |   |    |  |                 |
| Service cost               | \$   | 2,825,690                                   | \$ | 4,928,315                                      | \$<br>7,811,748 | \$ | 345,069                                     | \$ | 632,317  | \$<br>947,405   |
| Interest cost              |      | 4,691,377                                   |    | 9,736,041                                      | 13,643,971      |    | 581,142                                     |    | 1.207.098                                      | 1.708.268       |
| Expected return on plan    |      |   |    |  |                 |    |   |    |  |                 |
| assets                     |      | (5,213,859)                                 |    | (9.981,137)                                    | (16,179,756)    |    | (625,704)                                   |    | (1.322.406)                                    | (1,876,140)     |
| Net amortization and       |      |   |    |  |                 |    |   |    |  |                 |
| deferral                   |      | 1,653,648                                   |    | _  | 3,911,839       |    | 319,916                                     |    | _  | 1,000,319       |
| Net periodic benefit cost  | \$   | 3,956,856                                   | \$ | 4.683.219                                      | \$<br>9,187,802 | \$ | 620,423                                     | \$ | 517,009  | \$<br>1.779.852 |

|   | NBGH_ |       | Bra   | dley  |
|---|-------|-------|-------|-------|
|   | 2011  | 2010  | 2011  | 2010  |
| Assumptions:                                  |       |       |       |       |
| Weighted average assumption used to determine |       |       |       |       |
| benefit obligations were                      |       |       |       |       |
| Discount rate                                 | 5.30% | 5 25% | 5.25% | 5 25% |
| Rate of compensation increase                 | 3.50% | 3 50% | 3.50% | 3 50% |
| Weighted average assumption used to determine |       |       |       |       |
| periodic benefit cost were                    |       |       |       |       |
| Discount rate                                 | 5.25% | 5 60% | 5.25% | 5 60% |
| Rate of compensation increase                 | 3.50% | 4 00% | 3.50% | 4 00% |
| Expected return on plan assets                | 7.50% | 8 25% | 7.50% | 8 25% |

The unfunded status of the accrued pension liability is included within the current and long-term portion of the pension, self-insurance and other long-term liabilities on the accompanying consolidated balance sheets. The accumulated benefit obligation for the NBGH plan was \$250,666,538 and \$236,601,618 as of September 30, 2011 and 2010, respectively. The accumulated benefit obligation for the Bradley plan was \$32,010,945 and \$30,726,333 as of September 30, 2011 and 2010, respectively.

As a result of the acquisition described in Note 1, the funded status of the post retirement obligations was adjusted to fair value on the Acquisition Date In connection with the acquisition, previously unrecognized prior service costs and actuarial loss, including amounts previously recognized in unrestricted net assets, were eliminated Such amounts totaled \$70,816,103

## Notes to the Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

Accumulated amounts recorded in unrestricted net assets as of September 30 not yet amortized as components of net periodic benefit costs are as follows

|  | 20            | 11           | 2010           |               |  |  |
|--|---------------|--------------|----------------|---------------|--|--|
|  | NBGH          | Bradley      | NBGH           | Bradley       |  |  |
| Unamortized prior service (credit) costs             |               |              | \$ (1,630,408) | \$ 88,862     |  |  |
| Unamortized actuarial loss                           | \$ 46,757,359 | \$ 5,276,841 | 98,297,959     | 12,200,542    |  |  |
| Amount recognized as a reduction in unrestricted net |               |              |                |               |  |  |
| assets   | \$ 46,757,359 | \$ 5,276,841 | \$ 96,667,551  | \$ 12,289,404 |  |  |

The amortization of the above items expected to be recognized in net periodic benefit costs for the year ended September 30, 2012 is \$252,644

The Hospital's expected long-term rate of return on plan assets is updated periodically, taking into consideration asset allocation, historical return on the type of assets held and the current economic environment

The Hospital's investment objective is to meet the out going pay out requirements of the plans' and to offset future inflation and minimize future contributions. Investment risk is effectively managed through the diversification of assets for a mix of capital growth and capital protection across various investment styles. The performance goal is to have a minimum total return of the CPI plus 3% over a rolling ten-year period.

The weighted average asset allocations as of September 30, 2011 and 2010 are as follows

|                           | Target<br>Allocation | NB   | GH   | Bra  | dley |
|---------------------------|----------------------|------|------|------|------|
| Asset Category            | 2011                 | 2011 | 2010 | 2011 | 2010 |
| Cash and cash equivalents | 3%                   | 2%   | 0%   | 2%   | 0%   |
| Equity securities         | 65%                  | 57%  | 64%  | 59%  | 65%  |
| Fixed income              | 32%                  | 38%  | 33%  | 37%  | 32%  |
| Other                     | 0%                   | 3%   | 3%   | 2%   | 2%   |

## Notes to the Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

The Hospital expects to make contributions of \$13,000,000 to the NBGH plan, \$1,400,000 to the Bradley plan and \$317,159 to its SERP during fiscal 2012

The following benefit payments, which reflect expected future service, are expected to be paid during the fiscal years indicated

| <b>Benefit Payments</b> | NBGH          | Bradley       |
|-------------------------|---------------|---------------|
|                         |               |               |
| Year                    |               |               |
| 2012                    | \$ 8,051,621  | \$ 1,193,087  |
| 2013                    | \$ 8,636,718  | \$ 1,290,215  |
| 2014                    | \$ 9,345,686  | \$ 1,391,399  |
| 2015                    | \$ 10,478,668 | \$ 1,487,987  |
| 2016                    | \$ 11,520,209 | \$ 1,600,917  |
| 2017-2021               | \$ 77,233,227 | \$ 10,754,186 |

The Hospital has a defined contribution benefit plan, which became effective January 1, 2006 Substantially all full-time employees, hired after January 1, 2006, are eligible to participate in the new plan Employees may contribute a percentage of their annual contribution subject to IRS limitations and the Hospital contributes up to 4% of annual compensation for employees that work greater than 20 hours a week and 3% of annual compensation for employees that work less than 20 hours a week. The Hospital has made employer contributions to this plan totaling \$71,015, \$1,215,415 and \$1,749,494 and for the Periods under Audit, respectively Employees become vested in the Hospital's contributions over three years. The portion of the employer contributions unvested upon termination of an employee are forfeited and used to reduce future contributions made by the Hospital on a dollar-for-dollar basis

#### 11. Professional and General Liability Insurance

Effective January 6, 2009, the Hospital transferred all assets and liabilities to GIC through a loss portfolio transfer GIC, which is a wholly owned subsidiary of the Hospital, provides professional and general liability coverage on a claims-made basis to the Hospital

The Hospital does not self-insure any professional liability risks other than exposures greater than its excess coverage's, however, as of September 30, 2011 and 2010, the Hospital has recorded a liability for estimated incurred but not reported claims, as it currently has a claimsmade policy with GIC

# Notes to the Consolidated Financial Statements (continued)

## 11. Professional and General Liability Insurance (continued)

Coverage provided in the attending physician program is on a claims-made basis and is based on each physician's retroactive coverage date. The limits of coverage per physician are \$1 million per claim and \$4 million in aggregate.

In 2011 and 2010, the Hospital purchased excess insurance limits of \$35 million, above the insured retention noted above

A reconciliation of direct to net premiums on a written and earned basis is summarized as follows for year ended September 30, 2011

|        | <u>Written</u> | Earned       |
|--------|----------------|--------------|
|        |                |              |
| Direct | \$ 7,191,667   | \$ 7,179,162 |
| Ceded  | (2,451,984)    | (2,451,984)  |
|        | \$ 4,739,683   | \$ 4,727,178 |

Activity in the reserve for losses and loss adjustment expenses is summarized as follows for the year ended September 30, 2011

|  | September 30            |                         |  |  |  |
|--|-------------------------|-------------------------|--|--|--|
|  | 2011                    | 2010                    |  |  |  |
| Net reserve, beginning of year Incurred related to           | \$ 17,936,438           | \$ 16,546,092           |  |  |  |
| Current year   | 3,873,000               | 2,923,380               |  |  |  |
| Prior years  | (5,274,650)             | 450,784                 |  |  |  |
| Total incurred   | (1,401,650)             | 3,374,164               |  |  |  |
| Paid related to Current year Prior years                     | 3,024<br>3,877,552      | 24,124<br>1,959,694     |  |  |  |
| Total paid   | 3,880,576               | 1,983,818               |  |  |  |
| Net reserve, end of the year<br>Plus reinsurance recoverable | 12,654,212<br>7,355,995 | 17,936,438<br>6,496,841 |  |  |  |
| Gross balance, end of the year                               | \$ 20,010,207           | \$ 24,433,279           |  |  |  |

## Notes to the Consolidated Financial Statements (continued)

#### 11. Professional and General Liability Insurance (continued)

As a result of changes in estimates of insured events in prior years, the reserve for losses and loss adjustment expenses decreased by \$5,274,650 in 2011

The Hospital also maintains a tail reserve for claims made policies prior to the movement to the captive The reserve is discounted at 3% and has a balance of \$3,715,224 as of September 30, 2011

The ultimate settlement of losses may vary significantly from the reserves recorded In particular, ultimate settlements on medical malpractice claims depend, among other things, on the resolution of litigation, the outcome of which is difficult to predict In addition, since the reserves have been discounted, there is the possibility that the timing of loss payments and income earned on invested assets will be significantly different than anticipate

## 12. Self-Insurance of Workers' Compensation

The Hospital self insures workers' compensation claims with retention on the first \$350,000 per claim. The Hospital has also purchased excess liability insurance, which provides coverage for workers' compensation claims in excess of \$350,000, and up to aggregate limits of \$1,000,000 per employers' liability claim. The self-insurance plan is unfunded

During the year, potential losses from asserted and unasserted claims identified by the Hospital's risk management system are accrued based upon estimates that incorporate the Hospital's past experience, as well as the nature of each claim or incident and relevant trend factors

The Hospital's year-end workers' compensation reserve, as estimated by Hospital management in conjunction with its independent actuaries, is included in pension, self-insurance and other long-term liabilities on the consolidated balance sheets and is discounted at 0.5% and 1.0% in 2011 and 2010, respectively. The balances as of September 30, 2011 and 2010 are \$2,614,140 and \$2,123,088, respectively

#### 13. Transactions with Affiliated Entities

Due from affiliates on the accompanying consolidated balance sheets represent amounts due from CCHA of \$2,225,682 and \$1,192,649 and due from other CCHA affiliates of \$73,947 and \$19,913 for the years ended September 30, 2011 and 2010, respectively Due to affiliates on the accompanying consolidated balance sheets represent amounts due to other affiliates of \$374,019 and \$40,867 as of September 30, 2011 and 2010, respectively

Notes to the Consolidated Financial Statements (continued)

#### 13. Transactions with Affiliated Entities (continued)

CCHA provides administrative and management services to the Hospital There is no formal agreement and the monthly fee is agreed to during the budget process of CCHA The administrative fee for the Periods under Audit was \$545,778, \$353,350 and \$1,929,786, respectively During 2010, the Hospital forgave \$586,456 due from New Britain Alliance Occupational Health which has been included within the consolidated statements of operations and changes in net assets

#### 14. Leases

The Hospital has leases for various equipment and office space, which are accounted for as operating leases Operating lease expense in the Periods under Audit was \$2,868,605, \$1,768,423 and \$3,691,607, respectively

As of September 30, 2011, future lease commitments on noncancelable leases with remaining terms of one year or more consisted of the following

| Year       | Operating<br>Leases |
|------------|---------------------|
| 2012       | \$ 2,460,523        |
| 2013       | 1,696,715           |
| 2014       | 1,080,323           |
| 2015       | 1,041,283           |
| 2016       | 824,924             |
| Thereafter | 1,721,402           |
|            | \$ 8,825,170        |

#### 15. Contingencies

The Hospital is a party to various lawsuits incidental to its business Management believes that the lawsuit will not have a material adverse effect on its financial position

The Hospital and the Hospital's defined benefit pension plans invest in various investment securities Investment securities are exposed to various risks such as interest rate, market and credit risks Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term

Notes to the Consolidated Financial Statements (continued)

#### 15. Contingencies (continued)

FASB ASC 410, Asset Retirement and Environmental Obligations addresses financial accounting and reporting for obligations associated with the retirement of tangible long-lived assets such as asbestos-containing facilities, when the amount of the liability can be reasonably estimated Management is currently evaluating the fair market value of its Asset Retirement Obligation (ARO), relating to its various facilities

An ARO liability of \$1,370,379 and \$1,698,359 has been established as of September 30, 2011 and 2010, respectively, and is included within self-insurance and other long-term liabilities on the consolidated balance sheets

During 2010, the Hospital incurred asbestos abatement expenses of \$84,604 Management will continue to evaluate its exposure to asbestos removal and adjust the ARO for the fair value of the associated costs

Prior to 2010, the Hospital contracted with an external information systems vendor for all information technology services, including personnel and hardware During 2010, the Hospital signed a release and settlement agreement to regards to the termination of the Master Agreement for information technology services. The agreement resulted in a \$5.5 million termination fee to be paid in three equal installments beginning in 2011. Information technology conversion expense as of September 30, 2010 consists of transition costs of \$3.5 million and a termination fee of \$4.3 million.

#### 16. Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location including acute inpatient and outpatient services Expenses related to providing these services are as follows

|                            | Period From<br>February 1, 2011<br>to September 30,<br>2011 | Period From<br>October 1, 2010<br>to January 31,<br>2011 | Year Ended<br>September 30,<br>2010 |
|----------------------------|---|--|-------------------------------------|
| Health care services       | \$ 216,397,003  | \$ 114,424,307   | \$ 346,177,514                      |
| General and administrative | 18,143,306  | 12,486,505   | 32,599,952                          |
| Fundraising                | 386,107   | 195,848  | 555,111                             |
|                            | \$ 234,926,416  | \$ 127,106,660   | \$ 379,332,577                      |
|                            |   |  |                                     |

Notes to the Consolidated Financial Statements (continued)

## 17. Subsequent Events

For the year ended September 30, 2011, the Hospital evaluated subsequent events through January 27, 2012, which is the date the financial statements were issued No events occurred that require disclosure or adjustment to the consolidated financial statements, except for the Hospital has given notice of its plan to withdraw from its investment in Total Laundry Collaborative, LLC of which the Hospital owned 37% The impact of the withdrawal will be a loss of approximately \$925,000





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# Report of Independent Auditors on Other Consolidating Financial Information

The Board of Directors
The Hospital of Central Connecticut

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations and changes in net assets of the individual entities. The consolidating information has been subjected to the auditing procedures applied in our audit of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole. The financial statements of the Hospital for the year ended September 30, 2010 were audited by other auditors whose report, dated December 14, 2010, expressed an unqualified opinion on those statements. In addition, we did not audit the financial statements of Grand Indemnity Company, LTD, a wholly owned subsidiary, whose statements reflect total assets of \$35,280,376 and \$34,153,903 as of September 30, 2011 and 2010, respectively, and total revenues of \$4,727,178 and \$5,577,409 for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Hospital and Grand Indemnity Company, LTD, is based solely on the report of the other auditors

January 27, 2012

Ernst + Young LLP

## Consolidating Balance Sheets

September 30, 2011

|  | The Hospital of<br>Central<br>Connecticut | Grand<br>Indemnity<br>Company,<br>LTD. | Eliminations   | Total                                 |
|--|---|--|----------------|---------------------------------------|
| Assets   | Connecticut                               | LID.                                   | Elililliations | Total                                 |
| Current assets   |   |  |                |                                       |
| Cash and cash equivalents Accounts receivable, less allowance for bad debts of \$11,289,428 Premiums receivable  | \$ 17.170.654<br>48.945.018               | \$ 3,128,733<br>-<br>95,727            |                | \$ 20,299,387<br>48,945,018<br>95,727 |
|  | _   | 7,355,995                              |                |                                       |
| Reinsurance recoverable Other receivables  | 1,564,794                                 | 1,555,995                              | \$ (147,573)   | 7,355,995<br>1,417,221                |
|  | 1.304.794                                 | _                                      | 3 (1+7.575)    | 1,417,221                             |
| Current portion of pledges receivable, net  Due from affiliates  | -<br>73,947                               | _                                      | _              | -<br>73,947                           |
| Inventories  | 5,586,310                                 | _                                      | _              | 5,586,310                             |
| Prepaid expenses   | 4.287.847                                 | 3,965                                  | _              | 4,291,812                             |
| Assets whose use is limited - related to GIC   | -   | 2,000,000                              | =              | 2,000,000                             |
| Total current assets   | 77,628,570                                | 12,584,420                             | (147,573)      | 90,065,417                            |
|  | 7710201070                                | 12,501,120                             | (11,10,11)     | 30,000,117                            |
| Assets whose use is limited  |   |  |                |                                       |
| Investments related to GIC   | _   | 22,695,956                             | =              | 22,695,956                            |
| Assets held in trust by others   | _   | =                                      | =              | =                                     |
| Board restricted endowment   | 89,632,017                                | _                                      | _              | 89,632,017                            |
| Temporary and permanently donor restricted investments   | 23,371,019                                | _                                      | _              | 23,371,019                            |
|  | 113,003,036                               | 22,695,956                             | -              | 135,698,992                           |
|  |   |  |                |                                       |
| Assets held in trust by others   | 13,488,594                                | _                                      | _              | 13,488,594                            |
| Funds designated for debt services   | 2,397,206                                 | _                                      | _              | 2,397,206                             |
| Investments in affiliates  | 8.643.214                                 | _                                      | (5,267,875)    | 3,375,339                             |
| Other assets   | 3,433,763                                 | -                                      | -              | 3,433,763                             |
| Due from affiliates  | 2,255,684                                 | _                                      | _              | 2,255,684                             |
| Property, plant and equipment, net   | 152,765,070                               | _                                      | _              | 152,765,070                           |
|  | 182,983,531                               |  | (5.267.875)    | 177.715.656                           |
| Total assets   | \$ 373,615,137                            | \$ 35,280,376                          | \$ (5,415,448) | \$ 403,480,065                        |
| Liabilities and net assets   |   |  |                |                                       |
| Current liabilities  |   |  |                |                                       |
| Accounts payable   | \$ 11,992,115                             | \$ 38,000                              |                | \$ 12,030,115                         |
| Accrued expenses   | 11,371,480                                | 46.671                                 |                | 11,418,151                            |
| Accrued compensation   | 12,301,012                                | -                                      |                | 12,301,012                            |
| Due to affiliates  | 374.021                                   | 147.573                                | \$ (147,573)   | 374,021                               |
| Unearned premiums  | -   | -                                      | -              | -                                     |
| Reserve for losses and loss adjustment expenses  | _   | 2,000,000                              | _              | 2,000,000                             |
| Deferred revenue   | 434,859                                   | 15,395                                 | _              | 450,254                               |
| Due to third-party agencies  | 23,838,552                                | _                                      | _              | 23,838,552                            |
| Current portion of long-term debt  | 2,724,400                                 | =                                      | =              | 2,724,400                             |
| Current portion of pension   | 14,717,159                                | _                                      | _              | 14,717,159                            |
| Total current liabilities  | 77,753,598                                | 2,247,639                              | (147,573)      | 79,853,664                            |
|  |   |  |                |                                       |
| Reserve for losses and loss adjustment expenses  | _   | 18,010,207                             | _              | 18,010,207                            |
| Long-term debt   | 40,002,457                                | _                                      | _              | 40,002,457                            |
| Accrued pension  | 82,716,227                                | -                                      | _              | 82,716,227                            |
| Self-insurance and other long-term liabilities   | 7.699.743                                 | - 20 257 046                           | - (1.17.573)   | 7,699,743                             |
| Total liabilities  | 208,172,025                               | 20,257,846                             | (147,573)      | 228,282,298                           |
| Net assets   |   |  |                |                                       |
| Share capital  | _   | 120,000                                | (120,000)      |                                       |
| Contributed surplus  | _   | 5,147,875                              | (5.147.875)    | _                                     |
| Unrestricted net assets surplus  | 128,627,309                               | 9.754.655                              | (3.147.873)    | 138,381,964                           |
| Temporarily restricted net assets  | 16,726,765                                | 9.734.033                              | _              | 16,726,765                            |
| Permanently restricted net assets  | 20,089,038                                | _                                      | _              | 20,089,038                            |
| Total net assets surplus   | 165,443,112                               | 15,022,530                             | (5,267,875)    | 175,197,767                           |
| Total liabilities and net assets   | \$ 373,615,137                            | \$ 35,280,376                          | \$ (5,415,448) |                                       |
| A COMPARISON OF A COMPARISON O | ψ 5/5,015,15/                             | J 55,200,570                           | ~ (J. 11J.TTO) | \$ 100,100,000                        |

## Consolidating Statement of Operations and Changes in Unrestricted Net Assets

For the Year Ended September 30, 2011

|   | The Hospital of<br>Central<br>Connecticut | Grand<br>Indemnity<br>Company,<br>LTD. | Eliminations   | Total          |
|---|---|--|----------------|----------------|
| Rev enues   |   |  |                |                |
| Net revenues from services to patients                      | \$ 383,316,464                            |  |                | \$ 383,316,464 |
| Other operating revenues                                    | 8,533,251                                 |  |                | 8,533,251      |
| Net premiums earned   | _   | \$ 4,727,178                           | \$ (4,553,000) | 174,178        |
| Net assets released from restrictions used for operations   | 747,896                                   | _                                      |                | 747.896        |
| Total revenues  | 392.597.611                               | 4,727,178                              | (4,553,000)    | 392,771,789    |
| Expenses  |   |  |                |                |
| Salaries  | 153,162,089                               | _                                      | _              | 153,162,089    |
| Fringe benefits   | 52,159,661                                | -                                      | _              | 52,159,661     |
| Purchased services  | 88,795,414                                | _                                      | (4,553,000)    | 84,242,414     |
| Supplies and other expenses                                 | 52,279,921                                | (585,660)                              | _              | 51,694,261     |
| Provision for bad debts, net of recoveries of \$3,136,962   | 2,389,422                                 | _                                      | _              | 2,389,422      |
| Depreciation and amortization                               | 18.679.687                                | -                                      | -              | 18.679.687     |
| Losses and loss adjustment expenses                         | -   | (1.401.650)                            | _              | (1.401.650)    |
| Information technology conversion                           | _   | _                                      | _              | _              |
| Interest  | 837,138                                   | _                                      | _              | 837,138        |
| Total expenses  | 368,303,332                               | (1,987,310)                            | (4,553,000)    | 361,763,022    |
| Income from operations, before early extinguishment of debt | 24.294.279                                | 6.714.488                              | -              | 31,008,767     |
| Early extinguishment of debt                                | 270,054                                   | -                                      | -              | 270,054        |
| Non-operating gains (losses)                                |   |  |                |                |
| Investment income   | 1,539,225                                 | -                                      | -              | 1,539,225      |
| Unrestricted gifts and bequests                             | 204,893                                   | -                                      | -              | 204,893        |
| Gains on sales of securities                                | 24,210                                    | _                                      | _              | 24,210         |
| Change in fair value of interest rate swap                  | (1,742,303)                               | _                                      | -              | (1,742,303)    |
| Total non-operating gains                                   | 26.025                                    | _                                      | _              | 26,025         |
| Excess of revenues over expenses                            | 24,050,250                                | 6.714.488                              | -              | 30,764,738     |
| Changes in unrestricted net assets                          |   |  |                |                |
| Pension changes other than net periodic benefit costs       | (14.071.226)                              | _                                      | _              | (14.071.226)   |
| Net unrealized gains on investments                         | (3,308,136)                               | (939,803)                              | _              | (4,247,939)    |
| Fixed asset fair value adjustment                           | 24,394,080                                | -                                      | _              | 24,394,080     |
| Net assets released from restrictions for capital           | 940,054                                   | _                                      | _              | 940,054        |
|   | \$ 32,005,022                             | \$ 5,774,685                           | <u>\$</u> –    | \$ 37,779,707  |

## Emst & Young LLP

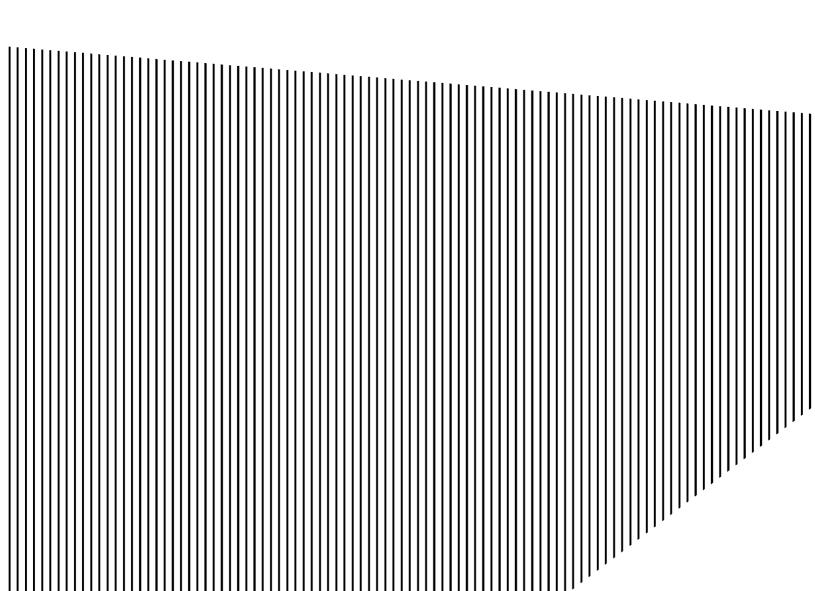
Assurance | Tax | Transactions | Advisory

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**EIN:** 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors |                         |                                     |                       |         |   |                              |        |  |   |  |
|--|-------------------------|-------------------------------------|-----------------------|---------|---|------------------------------|--------|--|---|--|
| (A)<br>Name and Title                              | (B)<br>Average<br>hours | (C) Position (check all that apply) |                       |         |   |                              |        | <b>(D)</b><br>Reportable<br>compensation | (E)<br>Reportable<br>compensation                     | <b>(F)</b><br>Estimated<br>amount of other                               |
|  | per<br>week             | individual trustee<br>or director   | Institutional Trustee | Officei |   | Highest compensated employee | Former | from the organization (W-2/1099-MISC)    | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| LAURENCE A TANNER<br>EX-PRESIDENT/DIRECTOR         | 50                      | Х                                   |                       | х       |   |                              |        | 0  | 1,007,618   | 112,404  |
| CLARENCE J SILVIA<br>PRESIDENT/CEO/DIRECTOR        | 50 00                   | Х                                   |                       | х       |   |                              |        | 2,253,336                                | 117,409   | 409,121  |
| JOHN WANDREOLI JR MD<br>DIRECTOR                   | 1 50                    | Х                                   |                       |         |   |                              |        | 47,000                                   | 0   | 0  |
| FRANK R MILLER<br>DIRECTOR                         | 2 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| EDWARD P TOFFOLON MD<br>DIRECTOR                   | 4 00                    | Х                                   |                       |         |   |                              |        | 16,255                                   | 0   | 0  |
| MARIE S GUSTIN PHD<br>DIRECTOR                     | 2 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| LINDSLEY WELLMAN<br>DIRECTOR                       | 1 70                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| CONNIE W COLLINS<br>DIRECTOR                       | 1 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| JOHN E DILLAWAY<br>VICE CHAIRMAN                   | 1 50                    | Х                                   |                       | х       |   |                              |        | 0  | 0   | 0  |
| JOHN S MANNING<br>CHAIRMAN                         | 2 50                    | Х                                   |                       | х       |   |                              |        | 0  | 0   | 0  |
| ANTHONY CIARDELLA MD<br>DIRECTOR                   | 2 00                    | Х                                   |                       |         |   |                              |        | 30,000                                   | 0   | 0  |
| JOSEPH R CRISPINO<br>DIRECTOR                      | 2 50                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| DANIEL DAIGLE<br>DIRECTOR                          | 1 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| JOHN J PATRICK JR<br>DIRECTOR                      | 50                      | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| DENNIS J STANEKJR<br>DIRECTOR                      | 1 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| ROBERT A LAPKIN MD<br>DIRECTOR                     | 1 50                    | Х                                   |                       |         |   |                              |        | 147,605                                  | 0   | 0  |
| BARBARA R MACKAY<br>DIRECTOR                       | 2 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| WILLIAM W WEBER<br>SECRETARY                       | 1 50                    | Х                                   |                       | х       |   |                              |        | 0  | 0   | 0  |
| LETTERIO ASCIUTO MD<br>DIRECTOR                    | 1 50                    | Х                                   |                       |         |   |                              |        | 20,000                                   | 0   | 0  |
| REV THOMAS A MILLS JR<br>DIRECTOR                  | 2 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| ANNETTE B SALINA<br>DIRECTOR                       | 1 00                    | Х                                   |                       |         |   |                              |        | 0  | 0   | 0  |
| BRIAN A ROGOZ<br>VP FINANCE/TREASURER              | 50 00                   |                                     |                       | х       |   |                              |        | 348,020                                  | 0   | 65,289   |
| STEVEN D HANKS MD<br>SR VP, MED AFFAIRS & CMO      | 50 00                   |                                     |                       | х       |   |                              |        | 570,856                                  | 0   | 165,889  |
| ELIZABETH A LYNCH<br>VP HUMAN RESOURCES            | 50 00                   |                                     |                       | х       |   |                              |        | 367,876                                  | 0   | 82,950   |
| JOYCE HAWRYLIK<br>ASSISTANT SECRETARY              | 40 00                   |                                     |                       | Х       |   |                              |        | 60,550                                   | 0   | 21,089   |
| <u></u>  | •                       | •                                   |                       | •       | • | •                            |        |  |   |  |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                             | (B)<br>Average<br>hours | <b>(C)</b><br>Position (check all<br>that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation            | (E) Reportable compensation                           | <b>(F)</b> Estimated amount of other                                     |
|---|-------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
|   | per<br>week             | Individual trustee<br><i>o</i> r director        | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| STEVEN A GODFREY<br>VP PAYER & GOV'T RELATIONS    | 50 00                   |  |                       | ×       |              |                              |        | 260,110                                      | 0   | 114,177  |
| MAUREEN FITZSIMMONS<br>VP PATIENT CARE SERVICES   | 50 00                   |  |                       | X       |              |                              |        | 152,586                                      | 0   | 27,016   |
| NANCY KROEBER<br>VP CLINICAL OPERATIONS           | 50 00                   |  |                       | Х       |              |                              |        | 119,187                                      | 0   | 61,453   |
| DENISE PETERSON<br>VP PATIENT CARE SERVICES       | 50 00                   |  |                       | Х       |              |                              |        | 166,412                                      | 0   | 30,623   |
| JEFFREY A FINKELSTEIN MD<br>CHIEF ER PHYSICIAN    | 50 00                   |  |                       |         | ×            |                              |        | 380,593                                      | 0   | 153,221  |
| MICHAEL BALKUNAS MD<br>CHIEF OF PSYCHIATRY        | 50 00                   |  |                       |         | х            |                              |        | 312,316                                      | 0   | 149,957  |
| MICHAEL GREY MD<br>CHIEF OF MEDICINE              | 50 00                   |  |                       |         | х            |                              |        | 369,592                                      | 0   | 105,461  |
| JAMES L MASSI MD<br>CHIEF OF SURGERY              | 50 00                   |  |                       |         | х            |                              |        | 285,627                                      | 0   | 39,459   |
| FRANCIS H PINTO<br>CHIEF INFORMATION OFFICER      | 50 00                   |  |                       |         | х            |                              |        | 196,857                                      | 0   | 111,354  |
| ANTOINETTA CAPRIGLIONE MD<br>CHIEF OF PEDIATRICS  | 32 00                   |  |                       |         | х            |                              |        | 347,467                                      | 0   | 125,556  |
| ELIZABETH SCHLAFF<br>RISK MANAGER/GENERAL COUNSEL | 50 00                   |  |                       |         | х            |                              |        | 182,972                                      | 0   | 62,254   |
| HAKLAI P LAU MD<br>HOSPITALIST                    | 50 00                   |  |                       |         |              | х                            |        | 446,859                                      | 0   | 53,719   |
| JAMES F FLAHERTY<br>ONCOLOGIC SURGEON             | 50 00                   |  |                       |         |              | Х                            |        | 367,114                                      | 0   | 54,815   |
| MICHELLE MCDADE<br>EMERGENCY ROOM PHYSICIAN       | 50 00                   |  |                       |         |              | Х                            |        | 342,335                                      | 0   | 49,039   |
| RONALD G CLARK<br>EMERGENCY ROOM PHYSICIAN        | 50 00                   |  |                       |         |              | Х                            |        | 337,279                                      | 0   | 52,072   |
| RENE HIPONA<br>MEDICAL DIRECTOR BMH ED            | 50 00                   |  |                       |         |              | Х                            |        | 334,802                                      | 0   | 97,002   |

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services (Code ) (Expenses \$ 230,916,265 including grants of \$ ) (Revenue \$ 197,516,639) OTHER ROUTINE SERVICES SUCH AS LABORATORY, MATERNITY, NEWBORN, PSYCHIATRIC AND PEDIATRIC AND ANCILLARY SERVICES PROVIDED TO PATIENTS