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DLN: 93493226022043

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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012 Name of organization THE HOSPITAL OF CENTRAL CONNECTICUT D Employer identification number B Check if applicable Address change 06-0646768 Doing Business As E Telephone number Name change Initial return Number and street (or P O box if mail is not delivered to street address) G Gross receipts \$ 413,414,557 100 GRAND STREET Terminated Amended return City or town, state or country, and ZIP + 4 NEW BRITAIN, CT 06050 . Application pending Name and address of principal officer **H(a)** Is this a group return for CLARENCE J SILVIA affiliates? 100 GRAND STREET NEW BRITAIN, CT 06050 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status **▼** 501(c)(3) Group exemption number 🕨 H(c) Website: ► WWW THOCC ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1893 M State of legal domicile CT Summary Part I Briefly describe the organization's mission or most significant activities HCC'S MISSION IS TO FOSTER, SUSTAIN AND IMPROVE THE HEALTH STATUS OF THE PEOPLE IN THE COMMUNITIES Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 15 Number of independent voting members of the governing body (Part VI, line 1b) . 10 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 3,188 6 429 **6** Total number of volunteers (estimate if necessary) 3,757,270 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 2,046,849 Contributions and grants (Part VIII, line 1h) . 8 2,983,328 402,498,584 Program service revenue (Part VIII, line 2g) . 388,490,564 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,783,908 3,942,956 10 2,826,098 3,003,727 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 396,083,898 411,492,116 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 205,409,513 208,286,192 Professional fundraising fees (Part IX, column (A), line 11e) . . . 17,800 22,034 16a ь Total fundraising expenses (Part IX, column (D), line 25) ▶ 677,397 163,198,089 181,270,682 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 368,625,402 389,578,908 Revenue less expenses Subtract line 18 from line 12 . 27,458,496 21,913,208 Assets or id Balances **Beginning of Current End of Year** Year 374,049,690 400,333,621 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 21 264,813,382 208,172,025 165,877,665 135,520,239 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2013-08-13 Signature of officer Sign Here CAROLYN FREIHEIT CFO Type or print name and title Date Check if Preparer's taxpayer identification number Beth Thurz self-(see instructions) sıgnature Paid employed 🕨 P00346435

Firm's name (or yours if self-employed), address, and ZIP + 4

SASLOW LUFKIN & BUGGY LLP

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

TEN TOWER LANE

AVON, CT 06001

Preparer's

Use Only

EIN ▶ 06-1533253

Phone no (860) 678-9200

▼Yes 「No

Par	Statement of Check if Schedul			lishments Jestion in this Part	III		.া~
1	Briefly describe the org	anızatıon's mıss	ion				
NEW AFFI FOR OF C EXC CEN	HOSPITAL OF CENTRA / BRITAIN GENERAL HO (LIATED WITH THE UNI) THE CENTRAL CONNECTICU ENTRAL CONNECTICU ELLENCE THEY INCLUE TER FOR DIABETES AT TICAL CARE SERVICES,	SPITAL AND BR VERSITY OF CO CTICUT REGION T OFFERS MAN' DE THE GEORG THE HOSPITAL	ADLEY MEMORI NNECTICUT SC N, SERVING A PC Y CLINICAL SER E BRAY CANCER OF CENTRAL CO	AL HOSPITAL IT HOOL OF MEDICI PULATION OF 25 VICES THAT ARE CENTER, THE WO ONNECTICUT, TH	IS A 414-BED ACUTE NE AND SERVES AS THE 0,000 AS A FULL-SER RECOGNIZED FOR THE 0LFSON PALLIATIVE C	CARE TEACHING H HE PRIMARY REFER VICE HOSPITAL, TH EIR COMPREHENSI ARE PROGRAM, TH	OSPITAL RAL CENTER HE HOSPITA VENESS AND E JOSLIN
2	Did the organization und the prior Form 990 or 9	90-EZ?		ervices during the y	ear which were not listed	don . ∀Yes N	o
2	If "Yes," describe these Did the organization cea						
3	services?			_	· · · · · · · · ·		o
	If "Yes," describe these	_					
4	Describe the organization of the expenses Section 501 (grants and allocations to the expense of	(c)(3) and 501(c)(4) organizations	and section 4947	(a)(1) trusts are require	d to report the amour	
4a	(Code) (Expenses \$	33,858,587	including grants of \$) (Reve	enue \$ 79,761,	089)
		N COMMUNITY NEED	S ARE RESPECTIVELY		4 WITH TOTAL PATIENT DAYS VICES THE AREAS OF SPECIA		
4b	(Code) (Expenses \$	20,892,282	including grants of \$) (Reve	enue \$ 45,753,	705)
	VOLUMES WERE APPROXIMA PATTERNS AND IMPROVEME	ATELY 91,192 AND 19 ENTS IN WORK FLOW LEFT WITHOUT BEIN	9,004 AT THE NBG AN V TO MEET DEMAND A NG SEEN RATES, TIME	ID BRADLEY MEMORIAL AND INCREASED VOLUM E UNTIL SEEN BY CLINIC	INCREASE OF 1,142 PATIENTS CAMPUSES RESPECTIVELY C E QUALITY INDICATORS FOR CIAN, BOARDING TIMES AND F LEADERSHIP	ONTINUED WORK ON STA THE EMERGENCY ROOM,	FFING, STAFFING CONTINUE TO
	(Code) (Expenses \$	17,015,149	including grants of \$) (Reve	enue \$ 52,088,	354)
- TC	RADIOLOGY-DERIVED INFOI INTERVENTIONARY IMAGINI BRITAIN AND BRADLEY MEM IMAGING EXAMS IN FY2012	RMATION IS AN INEX ING, RADIOGRAPHIC IORIAL CAMPUSES (V THE PRIOR YEAR MAGING STUDIES TI	TRICABLE COMPONEI TECHNOLOGY CONTI DE THESE, MORE THA , THE DECLINE IS LES HAT REFERRAL SOUR	NT OF OUR PATIENTS' (INUED TO EVOLVE IN 20 N 76% WERE PERFORI SS THAN PUBLISHED DE CE DECLINE, COMBINEI	CARE CONTINUUM FROM SCF 012 OVER 161,000 IMAGING I MED ON OUTPATIENTS WHILE CLINES IN PRIMARY CARE AN D WITH ECONOMIC INFLUENC	REENING EXAMS, TO ACUT EXAMS WERE PERFORMED THERE WAS A 1 8% OVE D SELECT SPECIALTY OFF	E AT THE NEW RALL DECLINE IN ICE VISITS - THE
	(Code) (Expenses \$	274,034,156	including grants of \$) (Reve	enue \$ 221,427,	356.)
	•	, , ,	, ,	,	AND PEDIATRIC AND ANCILLAR		•
	Other program service	s (Dosserbale C	schodulo O)				
4d	· -	•	including grants o	of\$) (Revenue \$	221,427,356)	
4e	Total program service	expenses > \$	345.800.17	4			

art IV	Checklist	t of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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	
С	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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, Part 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, Part 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? If "Yes," complete Schedule G, Part I	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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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		N o
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 owner? <i>If</i> "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 Ma	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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	35b	Yes	
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 328			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
•	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a	Yes	
h	·		162	
b	If "Yes," enter the name of the foreign country ▶CA, BD, EI See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See manactions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		OD.		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	er		
	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).	_ _		ь.
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		Νo
b	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?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Dath a second of the first describe and the second of the			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
0	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-,10
_	z	_ 10		

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	ction 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	2	Yes	
3	other officer, director, trustee, or key employee?			
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was	3	Yes	
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Did the organization have members or stockholders?	6	Yes	110
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or		163	
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal	•		
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
S-	ction C. Disclosure	TOD	162	
17	List the States with which a copy of this Form 990 is required to be filed▶CT			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization CAROLYN FREIHEIT
 389 JOHN DOWNEY DRIVE

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) Position (do not check more than one box, unless person is both an officer and a					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A Name ar	(B) A verage hours per week (describe hours	Average Position (do not check more than one box, per unless person is both week an officer and a director/trustee) 2						Rep comp fro organiz	(D) Reportable compensation from the lanization (W- 1099-MISC) (E) Reportable compensatio from relate organization (W- 2/1099 MISC)			compensation from the			
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			11130)		0	rganiza	
See Additional Data Tab	le														
							_								
	ntinuation sheets				•	•		<u>▶</u>							
	es 1b and 1c) .				•	•		P		7,886,187	2,71	4,344		:	2,167,146
	of individuals (incl reportable compen						above) who	receive	ed more tha	n				
														Yes	No
	zation list any fori "Yes," complete Scl											1	3	Yes	
	dual listed on line : nd related organiz												4	Yes	
	n listed on line 1a ered to the organiz								_	•	or individual fo	or 🗀	5		No
Section B. Ind	lependent Con	tractors													
1 Complete this \$100,000 of 6	table for your five compensation from rganization's tax y	highest comper the organizatio													
		(A) ne and business ad	dress							Desci	(B) ription of services	s		(C Comper	
CERNER CORPORATION 2702 ROCKCREEK PARK KANSAS CITY, MO 6411	(WAY									INFORMATIC	N SYSTEMS			9	,954,450
UCONN HEALTH CENTER FARMINGTON AVE FARMINGTON, CT 0603										RESIDENT SI	ERVICES			5	,565,979
MRI OF NEW BRITAIN 40 HART ST NEW BRITAIN, CT 0605	0									MRI SERVICI	ES			3	,465,720
KNAUS BUILDERS 150 PRODUCTION COUR NEW BRITAIN, CT 0605										CONSTRUCT	ION SERVICES			2	,626,629
CENTRAL CT SPORTS ME										DHYSICAL TH	FRAPY SERVICE	<u> </u>	T	1	874 710

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►119

Form **990** (2011)

Form 99		•						Page 9
Part \	<u>/1111</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated cam	paigns 1a					
흔	ь	Membership du	ies 1b					
s, ç	c	Fundraising ev	ents 1c	161,331				
∄ੁ≅	d	Related organiz	zations 1d					
ξĒ	e	Government grant	s (contributions) 1e		ļ			
atío er .	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	765,789				
Contributions, gifts, grants and other similar amounts	g		ibutions included in					
<u> </u>	h		s 1a-1f	▶	2,046,849			
	"	Totali Add IIIIc.	314 11	Business Code	, ,			
Program Service Revenue	2a	PATIENT SERVICE	REVENU	900099	351,211,262	351,211,262		
æ Æ	ь	LABORATORY SERV	VICES	621500	42,317,724	38,685,292	3,632,432	
H e	c	OTHER PATIENT S	ERVICE	900099	8,969,598	8,969,598	, .	
er K	d		_					
e G	e							
Ĉ. B	f	All other progra	am service revenue					
δ	g	Total. Add lines	s 2a-2f		402,498,584			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	⊢	3,389,351			3,389,351
	4		stment of tax-exempt bond	· · · · · · · F				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	1,468,419	(II) Fersonal				
	ь	Less rental	1,111,412					
	c	expenses Rental income	357,007					
	d	or (loss) Net rental inco	L me or (loss)		357,007		-8,985	365,992
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	827,233	221,146				
	Ь	Less cost or other basis and sales expenses	22,324	472,450				
	C	Gain or (loss)	804,909	-251,304				
	d 8a	Net gain or (los	ss) Trom fundraising	>	553,605			553,605
Other Revenue		events (not inc \$161 of contributions						
Je.	b	Less directex	penses b	129,420 98,457				
₹	С		(loss) from fundraising		30,963			30,963
	9a		rom gaming activities ne 19 a					
	b		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		397,487				
	b	Less cost of g	oods sold b	217,798				
	С	Net income or	(loss) from sales of ınv		179,689			179,689
		Miscellaneou		Business Code	4 705 40-			4 705 455
	11a	DIETARY/CAR		722210	1,725,420		20.403	1,725,420
	b	CHILD CARE I		624410 518210	442,575 268,073	164,352	30,102 103,721	412,473
	C	OUTSIDE SER		218210	208,073	104,352	103,721	
	d e	All other reven Total. Add lines						
	12			*	2,436,068			
	1				411,492,116	399,030,504	3,757,270	6,657,493

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck it Schedule O contains a response to any question in this Part IX		(B))	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,181,097		7,181,097	
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	159,463,423	149,363,933	9,667,846	431,644
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,021,414	7,992,081	29,333	
9	Other employee benefits	22,505,171	20,546,136	1,959,035	
10	Payroll taxes	11,115,087	10,229,148	863,296	22,643
11	Fees for services (non-employees)				
а	Management	4,615,508	3,826,256	789,252	
ь	Legal	351,166	199,614	151,552	_
c	Accounting	409,431	,	409,431	
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17	22,034			22,034
f	Investment management fees	22,031			22,031
g.	Other	32,476,536	26,941,315	5,535,221	
12	Advertising and promotion	1,153,828	956,523	197,305	
13	Office expenses	64,705,674	61,918,551	2,787,123	
14	Information technology	15,729,082	13,039,409	2,689,673	
15	Royalties	13,723,002	13,039,409	2,009,073	
16	.	8,624,942	6,975,867	1,649,075	
	Occupancy			<u> </u>	
17	Travel	798,501	661,957	136,544	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	244,459	202,657	41,802	
20	Interest	1,724,038	1,428,973	295,065	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,353,058	12,934,165	6,418,893	
23	Insurance	5,586,377	4,630,348	956,029	
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)				
а	BAD DEBT	17,293,190	17,293,190		
b	DIETARY	2,932,413	2,430,647	501,766	
С	STRAT INITIATIVE	1,505,196	1,247,807	257,389	
d	COLLECTION EXPENSE	1,182,002	979,880	202,122	
e					
f	All other expenses	2,585,281	2,001,717	382,488	201,076
25	Total functional expenses. Add lines 1 through 24f	389,578,908	345,800,174	43,101,337	677,397
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	-			m 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 17,548,741 27,607,790 1 2 2 3 3 4 48.945.018 48.473.300 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 65,580 31,917 7 5.642.776 8 5.998.294 9 4.287.847 3,609,849 Prepaid expenses and deferred charges 425.063.092 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 274,632,798 b Less accumulated depreciation 152,765,070 10c 150,430,294 11 11 12 143,400,598 12 128,888,836 Investments—other securities See Part IV, line 11 13 8,643,214 13 7,530,923 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 7,262,608 15 13,250,656 15 374,049,690 400,333,621 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 23,363,595 17 24,789,697 17 Accounts payable and accrued expenses . 18 18 19 434,859 19 572,719 20 35.743.805 20 35.743.805 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 6.983.052 23 4,122,249 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 141,646,714 25 199,584,912 D 26 208,172,025 26 264,813,382 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 129,061,862 27 Unrestricted net assets 93,712,366 16,726,765 28 20,015,125 28 Temporarily restricted net assets Fund 29 20,089,038 29 21,792,748 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 165.877.665 33 135,520,239 34 Total liabilities and net assets/fund balances 374.049.690 34 400.333.621

Par	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		411,4	192,116
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		21,9	913,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		165,8	377,66
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-52,2	270,634
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		135,5	520,239
Par	The 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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493226022043

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493226022043

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
THE HOSPITAL OF CENTRAL CONNECTICUT	

Employer identification number

06-0646768

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	⁷ organization.

- in opposition to candidates for public office in Part IV 2 Political expenditures
- 3 Volunteer hours

Part I-B	Comp	lete if	the or	ganization	is exem	pt under	section	501(c)(3)	

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? Yes
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 If the excess over \$1,000			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
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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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	,	·	~ 9 '
Part II-B	Complete if the o	rganization is exempt under section 501(c)(3) and has NOT filed Form 5768	3
	(election under s	ection 501(h)).	

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
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?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		39,984	
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?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			39,984	
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		İ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī		

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".

	alisweled tes.		
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	

- b Carryover from last year
 c Total
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
 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 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities		CENTRAL CT HEALTH ALLIANCE, THE PARENT COMPANY OF THE HOSPITAL OF CENTRAL CONNECTICUT, ENGAGED THE FIRM OF KOZAK & SALINA TO LOBBY ON ITS BEHALF PAYMENT MADE TO KOZAK & SALINA DURING THE FISCAL YEAR WAS \$34,500 ADDITIONALLY, THE HOSPITAL OF CENTRAL CONNECTICUT IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE CONNECTICUT HOSPITAL ASSOCIATION WHO ENGAGE IN LOBBYING AND ADVOCACY EFFORTS ON BEHALF OF ITS MEMBERS

2b 2c

3

4

5

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

DLN: 93493226022043

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

itema	Revenue Service Attach to F	orm 990. ► See separate instructions.			Inspec	don
	me of the organization E HOSPITAL OF CENTRAL CONNECTICUT		Emplo	oyer identificat	ion numbe	er
ITIE	: HOSPITAL OF CENTRAL CONNECTION		06-0	646768		
Pa	rt I Organizations Maintaining Donor A				Comple	te if the
	organization answered "Yes" to Form 99					
	T	(a) Donor advised funds	(1) Funds and ot	ner accou	nts
1	Total number at end of year					
2 3	Aggregate contributions to (during year) Aggregate grants from (during year)					
4	Aggregate value at end of year					
T 5	Did the organization inform all donors and donor adv	Lucare in westing that the access hold in don	or advis			
•	funds are the organization's property, subject to the	3	orauvis	ed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form	990, Part IV,	lıne 7.	
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	non or pleasure) Preservation of an Preservation of a c	ertified	historic structi	•	a
	easement on the last day of the tax year	Г		Held at the E	nd of the	Year
а	Total number of conservation easements		2a	ricia at the t	ind or the	- reui
ь	Total acreage restricted by conservation easements	5	2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a	ocquired after 8/17/06	2d			
3	Number of conservation easements modified, transf	ے erred, released, extinguished, or terminate	d by the	e organization d	urıng	
	the taxable year 🛌		•	_	_	
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		lling of v	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents du	ring the year 🛌		
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during	the year		
В	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tıon			
9	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports of	onservation easements in its revenue and	expens	e statement, ar	√Yes	No
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial				
Par	Complete if the organization answered		or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	for public exhibition, education or researc	h in fur			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financ	ıal gaın, provide	the the	_
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Pari	311 Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	toric	<u>al Tre</u>	asures, o	<u>r Oth</u>	<u>er Similar A</u>	sse	ts (coi	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing th	at are a sıgn	ıfıcant	use of its colle	ction	1	
а	Public exhibition		d	Γ	Loan or	exchange p	rogran	ıs			
b	Scholarly research		e	Г	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further	the organıza	tion's	exempt purpose	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							mılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang						ered '	'Yes" to Form	990),	
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons or other	assets	s not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng tal	ole			1			
_							-		mou	ınt	
C	Beginning balance						10				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe		e 21?						Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered Prior Ye		' to Form 9 (c)Two Years		art IV, line 10 (d)Three Years Ba		NEour V	ears Bac
1a	Beginning of year balance	126,491,630	(0)		49,477		33,988	110,529,	-	=) 1 Out 1	ears bac
b	Contributions	1,007,071			86,374	•	72,254	2,235,:			
c	Investment earnings or losses	15,195,409			56,272	•	93,366	4,211,:			
d	Grants or scholarships										
e	Other expenditures for facilities	1,415,775		1,6	87,950	1,40	00,131	1,491,8	301		
	and programs										
f	Administrative expenses										
g	End of year balance	141,278,335		126,4	91,629	128,44	19,477	115,483,9	88		
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨	71 630 %									
b	Permanent endowment 🕨 15 430 %										
C	Term endowment ► 12 940 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that ar	e held a	and administ	ered fo	or the			
	organization by (i) unrelated organizations							3	a(i)	Yes Yes	No
	(ii) related organizations			•			•		a(ii)	1 100	No
b	If "Yes" to 3a(II), are the related organization						٠. ٠	· · · -	3b		
4	Describe in Part XIV the intended uses of th							<u> </u>			
Par	t VI Land, Buildings, and Equipme	e nt. See Form 99	0, Pa	rt X,	lıne 10)					
	Description of property				ost or oth investme			(c) Accumulate depreciation	ed	(d) Boo	k value
1a	_and				1,052,2	227 5	,042,99	Э	\top	6	,095,226
Ь	Buildings				7,246,5	519 222	,728,05 ⁻	7 124,538,3	45	105	,436,231
c	_easehold improvements				200,9	978 4	,259,82	7 2,508,8	28	1	,951,977
d I	Equipment				475,6		,565,30	1	44	31	,936,752
e	Other					9	,491,489	9 4,481,3	81	5	,010,108

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

150,430,294

Part VII Investments—Other Securities. See F	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	d of valuation - year market value
(1)Financial derivatives		•
(2)Closely-held equity interests		
(3)Other (A) FUNDS HELD IN TRUST BY OTHERS	15,192,304	F
(B) MUTUAL FUNDS	119,210,648	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)	143,400,598	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	d of valuation -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. (b) Amount	
Federal Income Taxes	(b) Amount	
DUE TO THIRD PARTIES	15,270,456	
PENSION PLAN AND SELF INSURANCE LIABILITY	164,366,024	
ACCRUED COMPENSATION	14,266,850	
DUE TO (FROM) AFFILIATES	1,644,937	
OTHER LIABILITIES	4,036,645	
Total (Column (h) chould acrual Form 200, Part V. 1/201, 25	4	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	199,584,912	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	411,492,116
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	389,578,908
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,913,208
4	Net unrealized gains (losses) on investments	4	11,243,022
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-63,513,656
9	Total adjustments (net) Add lines 4 - 8	9	-52,270,634
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-30,357,426
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	411,452,869
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,799,503
3	Subtract line 2e from line 1	3	409,653,366
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	1,838,750
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	411,492,116
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	s per	389,521,493
-	statements	1	309,321,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	389,521,493
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C		l	
_	Add lines 4a and 4b	4c 5	57,415 389,578,908

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of 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 1,703,710 PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -65,083,998 CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH 131 LOSS ON INVESTMENT IN AFFILIATE -133,499 Total to Schedule D, Part XI, Line 8 - 63,513,656
Part XII, Line 2d - Other Adjustments		NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS 1,559,503 AUXILIARY CONTRIBUTION 240,000
Part XII, Line 4b - Other Adjustments		CONTRIBUTIONS 882,719 AUXILIARY SPECIAL EVENTS-GOLF TOURNAMENT AND BALL 161,331 AUXILIARY GIFT STORE INCOME 179,689 AUXILIARY CONTRIBUTIONS 30,963 INVESTMENT INCOME-TEMP RESTRICTED 584,048
Part XIII, Line 4b - Other Adjustments		AUXILIARY EXPENSES 57,415

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As Filed Data -

DLN: 93493226022043

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

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

1112 110	JSITIAL OF CLINTRAL CONN	2011001			06-0646768	
Part	General Information "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1 F	or grantmakers. Does the o	organization n	naıntaın record	s to substantiate the	amount of the grants o	or
а	ssistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ırd
tl	ne grants or assistance?					│ Yes │ No
	or grantmakers. Describe in Pa nited States	irt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3 A	ctivites per Region (Use Part '	V ıf addıtıonal s	pace is needed])		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
С	entral America and the	0	0	Investment/Insurance		5,267,875
<u>C</u>	arıbbean					
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	ub-total otal from continuation sheets	0				5,267,875 0
	otar nom continuation sheets o Part I	0	l 0			·

c Totals (add lines 3a and 3b)

5,267,875

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্ব	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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As Filed Data -

DLN: 93493226022043

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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.

Open to Public

Internal Revenue Service	F Attach	10 1 01111 990 01 1 01111 99	O-EZ. F See separate instruct	ions.	Inspection		
Name of the organization				Employer ider	ntification number		
THE HOSPITAL OF CENTRA	LCONNECTICUT			06-0646768			
Part I Fundraising A	Activities Complete	e if the organiza	tion answered "Yes"	l e e e e e e e e e e e e e e e e e e e			
	-				, iiic 17.		
1 Indicate whether the org	ganization raised funds		-				
a Mail solicitations							
b Internet and e-mail c Phone solicitations	Solicitations	r a		=			
d In-person solicitations	ons	y	ig events				
2a Did the organization hav or key employees listed					Γ Yes Γ N		
b If "Yes," list the ten high to be compensated at le							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes No					
THE GIVING COLLABORATIVE LLC 53 Morgan Avenue	FEASIBILITY STUDY FOR NEW CANCER CENTER CAMPAIGN	No	0	22,034	-22,034		
East Haven, CT 06512							
		 ▶		22,034	-22,034		
3 List all states in which t licensing	he organization is regis	tered or licensed t	to solicit funds or has be	een notified it is exempt	rfrom registration or		

Pai	t II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 GOLF TOURNAMENTS (event type)	(b) Event #2 CHRYSANTHEMUM BALL (event type)	(c) O ther Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
IKUE	1	Gross receipts	118,690	141,450	30,611	290,751
Reveine	2	Less Charitable contributions	75,190	76,500	9,641	161,331
	3	Gross income (line 1 minus line 2)	43,500	64,950	20,970	129,420
	4	Cash prizes	C	0	0	
မှာ	5	Non-cash prizes	7,747	562	558	8,867
Expenses	6	Rent/facility costs	10,569	0	12,192	22,761
	7	Food and beverages	10,269	41,337	0	51,606
Direct	8	Entertainment	C	3,500	250	3,750
ឨ	9	Other direct expenses .	2,675	7,911	887	11,473
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(98,457)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		30,963
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှု မွေ	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
ഥ ប្ល	4	Rent/facility costs				
౼	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	┌ Yes	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9 a b	Ist	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· Fyes FNo
10a b	Wer	re any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3		
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No		
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity				
	formed to administer charitable (gamıng?		· · · · F Yes F	- No		
13	Indicate the percentage of gamii	ag activity operated in		1 1			
a				13a			
b							
14				<u> </u>			
	Name ►						
	Address ►						
	revenue?	ning revenue received by the organizat			_ No		
С	If "Yes," enter name and address	S					
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	\$ \$					
	Provide the name and address of the person who prepares the organization's gaming/special events books and records Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?						
17 a	Mandatory distributions Is the organization required unde	er state law to make charitable distribu	tions from the gaming proceeds to		- No		
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-		
_				hadala C /			
Par		provide additional information for	responses to quuestion on Sc	nedule G (see			
	Identifier	ReturnReference	Explana	tion			
		•	•				

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

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

06 0646760

Pa	art I Charity Care and	Certain O	ther Comr	nunity Benefits at		0646768				
	onarity sure and	0011411110		Harriery Demonitor at				Yes	No	
1a	Did the organization have a c	harity care po	olicy? If "No,	" skip to question 6a			1a	Yes		
b	If "Yes," is it a written policy	·					1b	Yes		
2	If the organization had multip	le hospitals, i								
	care policy to the various hos	pitals								
	A pplied uniformly to all ho Generally tailored to indiv									
3	Answer the following based or organization's patients during			y criteria that applies t	to the largest number o	f the				
а	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care									
		— 20	00% ~	Other 250.000000	00000 %		3a	Yes		
L			70 70							
Ь	Did the organization use FPG "Yes," indicate which of the fo		= :	=						
	·	_	· _	_	<u> </u>		3b	Yes		
	200%	30	0%	350% ~ 40	0% Other_	<u>%</u>				
C	If the organization did not use determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organizatior					
4	Did the organization's policy	provide free o	r discounted	care to the "medically	ındıgent"?		4	Yes		
5a	Did the organization budget a the tax year?				er its financial assistar	ice policy during	5a	Yes		
b	If "Yes," did the organization	s charity care	e expenses e	exceed the budgeted ar	nount?		5b	Yes		
С	If "Yes" to line 5b, as a resul care to a patient who was elig				unable to provide free o		5c		No	
6a	Did the organization prepare	a community	benefit repor	tduring the tax year?			6a		Νo	
6b	If "Yes," did the organization	make it avail	able to the p	ublic?			6b			
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmit these				
7	Charity Care and Certain O	ther Commur	nity Benefits	at Cost						
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex		
а	Charity care at cost (from Worksheet 1)			2,470,777	616,305	1 85	4,472	0	500 %	
b	Medicaid (from Worksheet 3,				·					
с	column a)			84,338,826	72,939,503	11,39	9,323	3	060 %	
d	Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs			86,809,603	73,555,808	13,25	3,795	3	560 %	
e	Other Benefits Community health improvement services and community									
	benefit operations (from (Worksheet 4)	61	22,120	1,618,812	28,178	1,59	0,634	0	430 %	
f g	Health professions education (from Worksheet 5) Subsidized health services	18	941	10,917,841	2,743,515	8,17	4,326	2	200 %	
_	(from Worksheet 6)			945,602	0		5,602		250 %	
h i	Research (from Worksheet 7) Cash and in-kind contributions	1	0	334,513	0	33	4,513	0	090 %	
	for community benefit (from Worksheet 8)	7	100	61,120	0		1,120		020 %	
-	Total Other Benefits Total Add lines 7d and 71	87 87	23,161 23,161	13,877,888 100,687,491	2,771,693 76,327,501	· ·	6,195 9,990		990 % 550 %	
ĸ	Total. Add lines /d and /j	0/	23,101	100,007,491	10,321,301	24,35	シ, ララロ	O	JJU 70	

	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) D	rect offset revenue	ting	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing	, , ,			0		0				
2	Economic development				0		0				
3	Community support			6,16	52		0	6.	162		0 %
4				0,10	0		0	•,	102		0 //
	Environmental improvements Leadership development and training				0		- 0				
	for community members				0		0				
<u>6</u>					0		0				
	Community health improvement advocacy				0		0				
8	Workforce development				0		0				
9	Other				0		0				
10	Total Bad Debt, Medicar	a O Callag	tion Dupotio	6,16	52			6,	162		
Fair	t IIII Bad Debt, Medicar	e, & Collec	tion Practic	es							
1 2 3	ion A. Bad Debt Expense Did the organization report bad Statement No 15? Enter the amount of the organi Enter the estimated amount of patients eligible under the organi Provide in Part VI the text of the	ebt expense . ion's bad debt earity care policy	expense attributably	 e to	2 3	_	5,363,741 0	1	Yes	No No	
4	In addition, describe the costi rationale for including a portio	ng methodolog	gy used in detei	rmining the amount							
Sect	ion B. Medicare										
5	Enter total revenue received fi		_	· ·		5		90,143,353			
6	Enter Medicare allowable cost					6		97,193,439			
7 8	Describe in Part VI the extent	to which any osting method	s is the surplus or (shortfall)								
	Cost accounting system	c∘	st to charge ra	tio Г	Other						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy di	uring the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part V	ection practice	es to be followed	d for patients who a	re known	to qualif	y for	financial	9b		No
Pai	t IV Management Com						1		_		
(a) Name of entity		(t	rimary Y	profit % or stock ownership %			(d) Officers, directors, trustees, or key employees' profit % or stock ownership%		(e) Physicians' profit % or stock ownership %		
1 2 I	New Britain MRI LP	Magnetic Resonance Imaging			43 000 %						
	Central CT Endoscopy Center LLC	Endoscopy Services			6 500 %					50 (00 %
3 6 New Britain Alliance Occupational Health		Occupational Health Services			100 000 %						
	Central CT Sports Medicine LLC	Sports Medicine Provider			50 000 %						
5 ——											
6											
7											
8											
9											
10											
11											
							-		+		
12											
13		1					1				

Part	V Facility Information									
Section A. Hospital Facilities		Licen	Gener	Children's	Teach	Ontica	Resea	ER-24	ER-other	
(list in order of size from largest to smallest)		Licensed hospital	General medical &	en'a ho:	Teaching hospital	al acces	Research facility	ER-24 hours	her	
	nany hospital facilities did the organization operate during x year? 1	pital	ical & surgical	. hosptal	pta	Ortical access hospital	dity			
Name	and address									
Name	and address									Other (Describe)
1	The Hospital of Central Connecticut 100 Grand Steet New Britain, CT 06050	х	x		x			x		New Britain General Hospital campus and Bradley Memorial Hospital Campus
		_								
		_								
		-								
		-								
-										
		1								

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

Hospital of Central Connecticut

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
Со	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)	_		
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy	-		
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care <u>250 00000000000</u> % If "No," explain in Part VI the criteria the hospital facility used			
	Schadula	U /Eas	000°	2011

Pa	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		Νo
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12	Yes	
15	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI)			
	ling and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	Ι	Ι	
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences			
	d Body attachments or arrests			
	e Cother similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	<u>bıll</u> s			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)			

If "Yes," explain in Part VI

provided to that patient?

.

20

21

Νo

Νo

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

chedule H (Form 990)	2011
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Page **7**

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Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

Hov	How many non-hospital facilities did the organization operate during the tax year?		
— Nar	ne and address	Type of Facility (Describe)	
1	New Britain MRI Limited Partnership 100 Grand Street New Britain, CT 06050	Magnetic Resonance Imaging Services	
2	Central Connecticut Endoscopy Center 440 New Britain Avenue Plainville, CT 06062	Endoscopy Services	
3	New Britain Occupational Health 440 New Britain Avenue Plainville, CT 06062	Occupational Health Services (100% ownership at 9/30/12)	
4	Central Connecticut Sports Medicine Cent 15 Massirio Drive Berlin, CT 06037	Sports Medicine Provider/Rehabilitation Facility	
5			
6			
7			
8			
9			
10			

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 11, 3, 4, 5c, 61, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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

Identifier	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

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 \$ 17293190

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

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

Identifier	ReturnReference	Explanation
Hospital of Central Connecticut		Part V, Section B, Line 19d The Hospital of Central Connecticut is in the process of adopting 501(r) Regulations Once the regulations are final the Hospital will be in compliance

Identifier	ReturnReference	Explanation
		Part VI, Line 2 In FY 2012/TY 2011, The Hospital of Central Connecticut began a Community Health Needs Assessment partnering with The Hospital for Special Care and including the towns of New Britain, Berlin, Plainville, Southington, Newington and Bristol As of Sept 30, 2012 the CHNA was not yet complete It is anticipated that secondary data collection and analysis as well as Key Informant Interviews and Focus Groups will be completed as of December 2012, and a report will then be generated During FY13/TY12 the hospital will develop and enact its Implementation Plan

Identifier	ReturnReference	Explanation
		Part VI, Line 3 The patients are educated about Financial Assistance by the signage and Financial Assistance summary hand out available in the following departments at the hospital, Admitting, Patient Accounts, Emergency Department, Behavioral Health, and Social Services Financial Assistance education is also provided on the back of the hospital's monthly statement, by our outside vendors, and collection agencies

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

Identifier	ReturnReference	Explanation					
Identifier	ReturnReference	Part VI, Line 5 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 2012 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 to 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 other					
		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					
		readmission rates					

Identifier	ReturnReference	Explanation
		Part VI, Line 6 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.

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DLN: 93493226022043

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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.

Open to Public Inspection

THE HOSPITAL OF CENTRAL CONNECTICUT 06-0646768 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Yes 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 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant $\overline{\mathbf{v}}$ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Yes 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Nο 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? **5**a Νo 5b Any related organization? Νo 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? Yes 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		"GROSS-UPS" ARE PAID ON THE PORTION OF THE SPLIT DOLLAR ANNUALLY REPORTED ON THE CEO'S W-2 ALSO, THE DISCRETIONARY BONUS PAID TO ALL ELIGIBLE EMPLOYEES WAS GROSSED UP
	4 a - 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 STEVE GODFREY - \$10,847 ELIZABETH LYNCH - \$16,734 BRIAN A ROGOZ - \$72,401 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 NORMAL RETIREMENT DATE, ACCRUED UNDER THE QUALIFIED PLAN, ONE-HALF OF HIS SOCIAL SECURITY BENEFIT PAYABLE AT HIS NORMAL RETIREMENT DATE, ACCRUED UNDER THE QUALIFIED PLAN, ONE-HALF OF HIS SOCIAL SECURITY BENEFIT PAYABLE AT HIS NORMAL RETIREMENT DATE, ACCRUED UNDER THE QUALIFIED PLAN, ONE-HALF OF HIS SOCIAL SECURITY BENEFIT PAYABLE AT HIS NORMAL RETIREMENT DATE, ACCRUED UNDER THE QUALIFIED RETIREMENT DETERMENT DATE, OF ALL SPLIT DOLLAR LIFE INSURANCE POLICIES INSURING THE PARTICIPANT'S LIFE WITH RESPECT TO WHICH THE EMPLOYER HAS A COLLATERAL ASSIGNMENT FOR THE PARTICIPANT THERE WAS NO PAYMENT FRO
		THE MANAGEMENT INCENTIVE PLAN'S TRIGGER FOR PAYMENT ELIGIBILITY IS THE ORGANIZATION'S OPERATING MARGIN, AFTER WHICH SPECIFIC DEPARTMENTAL PERFORMANCE GOALS MUST BE MET THE MAXIMUM BONUS AMOUNT IS UP TO 12% OF BASE SALARY THE OFFICERS ARE ALSO ELIGIBLE FOR A SIMILAR INCENTIVE PLAN FOR WHICH THE TRIGGER IS THE ORGANIZATION'S OPERATING MARGIN, FOLLOWED BY THE NECESSARY ATTAINMENT OF ORGANIZATIONAL GOALS THIS PLAN HAS A TARGET PAYOUT OF 12 5% FOR VICE PRESIDENTS AND PHYSICIAN CHIEFS AND A 15% TARGET PAYOUT FOR THE CHIEF MEDICAL OFFICER

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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
CLARENCE J SILVIA	(1) (11)	604,839 0	151,000 0	19,292 0	701,603 0	14,633 0	1,491,367 0	0 0	
ELLIOT JOSEPH	(1) (11)	0 1,058,368	0 486,360	0 106,562	0 130,564	0 44,737	0 1,826,591	0	
THOMAS MARCHOZZI	(I)	0 497,032	0 173,443	0 20,502	0 36,100	0 26,426	0 753,503	0	
BRIAN A ROGOZ	(1) (11)	219,142 0	41,369 0	526,613 0	53,300 0	3,464	843,888	0	
STEVEN D HANKS MD	(ı) (ıı)	483,454 0	61,133 0	59,271 0	132,901	2,706 0	739,465 0	0	
ELIZABETH A LYNCH	(ı) (ıı)	267,407 0	28,147 0	48,151 0	63,698 0	16,778 0	424,181 0	0	
STEVEN A GODFREY	(ı) (ıı)	188,787 0	20,236 0	38,729 0	74,159 0	2,770 0	324,681 0	10,847	
NANCY KROEBER	(ı) (ıı)	157,169 0	19,038	9,963 0	96,927 0	1,908	285,005	0	
DENISE PETERSON	(ı) (ıı)	195,781 0	23,435	0	24,743 0	2,008	245,967 0	0	
RALPH BECKER	(ı) (ıı)	0 297,588	0 48,750	0 25,739	0 59,375	0 25,480	0 456,932	0	
THOMAS VACCARELLI	(ı) (ıı)	145,497 0	4,689		18,605	2,706		0	
JEFFREY A FINKELSTEIN MD	(I) (II)	353,689 0	57,960 0	11,046	87,929 0	11,463 0	522,087 0	0	
MICHAEL BALKUNAS MD	(ı) (ıı)	312,603 0	33,293 0	0	82,010	10,898	438,804 0	0	
MICHAEL GREY MD	(I) (II)	317,568 0	62,829	10,794	50,292	7,650 0	449,133	0	
JAMES L MASSI MD	(I) (II)	280,759 0	29,049	9,800	586 0	0	320,194 0	0	
FRANCIS H PINTO	(I) (II)	189,788 0	5,983 0	30,400	63,055	18,075	307,301 0	0	
ELIZABETH SCHLAFF	(I) (II)	180,736 0	5,769 0	13,575	49,737	4,466	254,283	0	
HAKLAI P LAU MD	(I) (II)	218,515	155,963 0	100,808	9,800	2,944 0	488,030	0	

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
JAMES F FLAHERTY	(ı) (ıı)	369,501 0	7,740	0	109,012	5,499 0	491,752	0	
MICHELLE MCDADE	(ı) (ıı)	264,559 0	91,290 0	4,725 0	9,800 0	21,397	391,771	0	
DAVID BUONO	(ı) (ıı)	298,198 0	51,486 0	13,360	38,792 0	2,008	403,844	0 0	
ERIC HOBERT	(ı) (ıı)	279,448 0	48,463 0	16,540	9,800	4,270	358,521	0	
MAUREEN FITZSIMMONS	(1) (11)		0 0	269,512	4,020	1,425	360,166	0 0	

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DLN: 93493226022043

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

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

NonCash Contributions

Inspection **Employer identification number**

Name of the organization THE HOSPITAL OF CENTRAL CONNECTICUT

06-0646768 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Contribution amounts Method of determining or items contributed reported on contribution amounts ıf Form 990, Part VIII, line applicable 1 g 1 Art-Works of art . . . 2 Art—Historical treasures Art—Fractional interests 50 FMV Books and publications . . Χ Clothing and household Χ 7,787_{FMV} goods Cars and other vehicles . . Boats and planes 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . Drugs and medical supplies . 324,050 DPH VACCINE GRANT 20 **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . Archeological artifacts . . . GIFT CARDS & 1,170 FACE VALUE Other ► (CERTIFICATES) Χ 13 TICKETS TO 135 FACE VALUE Other►(EVENTS Χ AUCTION 45 14,718 FAIR MARKET VALUE **27** Other ► (ITEMS Х Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 30a No **b** If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash

b If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

32a

Νo

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

DLN: 93493226022043

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HOSPITAL OF CENTRAL CONNECTICUT

06-0646768

		06-0646768								
Identifier	Return Reference	Explanation								
New Program Services	Form 990, Part III, Inne 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 ENHANCED ITS MINIMALLY INVASIVE ROBOTIC PROGRAMS TO INCLUDE MORE SPECIALTIES LIKE ENT EMPLOYED MEDICAL CARDIOLOGISTS TO ADDRESS THE INCREASED DEMAND FOR CARDIOVASCULAR SERVICES FACILITY IMPROVEMENTS OPENED SATELLITE PRIMARY CARE OFFICES AND ENDOCRINOLOGY IN THE TOWN OF SOUTHINGTON TO BETTER MEET THE NEEDS OF THAT COMMUNITY								
	Form 990, Part VI, Section A, line 2	A BOARD MEMBER IS A "TRANSITION PARTNER" IN A LAW FIRM THAT DOES WORK FOR THE HOSPITAL OF CENTRAL CONNECTICUT ALSO SEVERAL PHYSICIAN BOARD MEMBERS HAVE MEDICAL DIRECTOR CONTRACTS WITH THE HOSPITAL OF CENTRAL CONNECTICUT ONE PHYSICIAN BOARD MEMBER IS A PRINCIPAL IN AN ENDOSCOPY CENTER THAT IS A JOINT VENTURE WITH THE HOSPITAL OF CENTRAL CONNECTICUT								
	Form 990, Part VI, Section A, line 3	MANAGEMENT SERVICES HAVE BEEN OUTSOURCED FOR PHYSICAL THERAPY, ENVIRONMENTAL SERVICES, MRI AT BRADLEY AND PHARMACY FOR PART OF FY2012								
	Form 990, Part VI, Section A, line 6	THE ORGANIZATION HAS A SINGLE MEMBER, NAMELY, CENTRAL CONNECTICUT HEALTH ALLIANCE, INC								
	Form 990, Part VI, 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								
	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								
	Form 990, Part VI, Section B, line 11	THE BOARD RECEIVES THE 990 AND COMMENTS ARE INCORPORATED INTO THE RETURN								
	Form 990, Part VI, Section B, line 12c	ANNUAL DISCLOSURES ARE COMPLETED AND SENT TO HARTFORD HEALTHCARE OFFICE OF COMPLIANCE, AUDIT & PRIVACY FOR REVIEW								
	Form 990, Part VI, Section B, line 15	IN FEBRUARY 2011, THE HOSPITAL OF CENTRAL CONNECTICUT AFFILIATED WITH HARTFORD HEALTHCARE AT THAT TIME, THE EXECUTIVE COMPENSATION COMMITTEE OF HARTFORD HEALTHCARE ASSUMED RESPONSIBILITY FOR THE COMPETITIVE ASSESSMENT AND APPROVAL OF THE TOTAL COMPENSATION OF THE HOSPITAL OF CENTRAL CONNECTICUT'S PRESIDENT AND CEO WITH THE EXCEPTION OF THE PRESIDENT AND CEO, THE HOSPITAL OF CENTRAL CONNECTICUT ENGAGES AN EXECUTIVE COMPENSATION CONSULTING FIRM TO CONDUCT A COMPETITIVE ASSESSMENT OF TOTAL COMPENSATION FOR OFFICERS AND PHY SICIAN CHIEFS (INCLUDING CASH COMPENSATION AND EXECUTIVE BENEFITS) AND TO VALIDATE THE REASONABLENESS OF SUCH COMPENSATION THIS ASSESSMENT IS CONDUCTED EVERY OTHER YEAR SULLIVAN AND COTTER COMPLETED THEIR MOST RECENT ASSESSMENT IN NOVEMBER 2010 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, INTEGRATED BY OLNEY/HRADVANTAGE, MERCER'S INTEGRATED HEALTH NETWORKS SURVEY, INTEGRATED HEALTH CARE 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								
	Form 990, Part VI, Section C, line 19 FORM 990, PART	Governing documents, conflict of interest policy and financial statements aren't made available to the public A DR ANDREOLI- COMPENSATION PROVIDED FOR PROVISION OF PROFESSIONAL SERVICES AS OB/GYN								
	VII, COMPENSATION OF OFFICERS, DIRECTORS	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 LAPKIN- COMPENSATION PROVIDED FOR PROFESSIONAL SERVICES AS CHIEF OF STAFF AND MEDICAL DIRECTOR OF THE DIALYSIS UNIT AT HCC								
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 11,243,022 CHANGE IN ASSETS HELD IN TRUST BY OTHERS 1,703,710 PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -65,083,998 CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH 131 LOSS ON INVESTMENT IN AFFILIATE -133,499 Total to Form 990, Part XI, Line 5 -52,270,634								
	FORM 990, Part XII, Line 2C	Oversight committee is of Hartford Healthcare since the affiliation on February 1, 2011								
	Form 990, Part III, Line 1 (continued)	The Hospital of Central Connecticut at Bradley Memorial, founded in 1938, is an acute care hospital located at 81 Meriden Avenue, Southington, Connecticut It provides a wide range of inpatient and outpatient services to a geographic area centered on the towin of Southington. The Bradley Memorial Campus is licensed for 84 beds. Maternity services are not provided, therefore, there are no bassinets. It currently staffs 30 beds. The beds are divided into 27 medical and surgical beds and 3 ICU beds. Inpatient. The Bradley Memorial campus offers inpatient care in general medicine and surgery and various specialties, including but not limited to cardiology, physical medicine, radiology, 24-hour emergency care, neurosurgery and intensive care. Outpatient. The campus provides ambulatory surgery, cardiac testing and rehabilitation, physical medicine, respiratory therapy and other types of outpatient services, as well as Women's Center, Diagnostic services, including lab testing and radiology and Wound Care Center. Both campuses provide a wide array of medical services. Since operating under a single license, patients can receive services offered at either campus without any interruption. Patients are also offered continuity of care since the clinical oversight of each service is shared between campuses.								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493226022043

Department of the Treasury

Internal Revenue S	•							Inspection	n
Name of the THE HOSPITAL	organization OF CENTRAL CONNEC	СТІСИТ				Employer 06-0646	identification nu	mber	
Part I	Identificatio	n of Disregarded Entities (Comp	lete if the organizati	on answered "Yes	" on Form 990, I	•			
	Name, address, a	(a) nd EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country		(e) End-of-year assets	(f) Direct contr entity		
Part II		n of Related Tax-Exempt Organed tax-exempt organizations during		ıf the organızatıo	n answered "Yes	" on Form 990,	Part IV, line 34	l because it had	one t
	Name, address, and	(a) EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(us Direct con 3)) entit	trolling Section cor	(g) 512(b)(13 ntrolled nization
See Additional	Data Table							Yes	No
See Additional	Data Table								
For Privacy	Act and Paperwoi	rk Reduction Act Notice, see the Instructi	ions for Form 990.	Cat No 5	0135Y		Sche	edule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												
											, in the second	_

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

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

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related	ed organızatıons lısted ın Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b Gift, grant, or capital contribution to related organization(s)			1b		No		
c Gift, grant, or capital contribution from related organization(s)			1c		No		
d Loans or loan guarantees to or for related organization(s)			1d		No		
e Loans or loan guarantees by related organization(s)			1e		No		
f Sale of assets to related organization(s)			1f		No		
g Purchase of assets from related organization(s)							
h Exchange of assets with related organization(s)			1h		No		
i Lease of facilities, equipment, or other assets to related organization(s)			1i	Yes			
j Lease of facilities, equipment, or other assets from related organization(s)			1j		No		
k Performance of services or membership or fundraising solicitations for related organization(s)							
Performance of services or membership or fundraising solicitations by related organization(s)							
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
n Sharing of paid employees with related organization(s)							
• Reimbursement paid to related organization(s) for expenses			10	Yes			
P Reimbursement paid by related organization(s) for expenses			1p	Yes			
q Other transfer of cash or property to related organization(s)			1q		No		
r Other transfer of cash or property from related organization(s)			1r		No		
			L				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered relat	ionships and transact	ion thresholds				
(a)	(b)	(c)	(d)				
Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved	_	ount		
1) See Additional Data Table				'			
2)							
3)							
4)							
5)							
		i	I				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Software ID: **Software Version:**

EIN: 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

orm 990, Schedule R, Part II		(c)	I	(e)		g
(a) Name, address, and EIN of related organization	(b) Primary Activity	Legal Domicile (State or Foreign Country)	(d) Exempt Code section	Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	Section 512 (b)(13) controlled organization
BRADLEY HEALTH SERVICES INC 100 GRAND ST NEW BRITAIN, CT 06050 06-1367014	HEALTHCARE	СТ	501(C) (3)		CENTRAL CT HEALTH ALLIANCE	No
CENTRAL CT HEALTH ALLIANCE 100 GRAND ST NEW BRITAIN, CT 06050 22-2785033	HEALTHCARE ADMINISTRATION	СТ	501(C) (3)		HARTFORD HEALTH CARE CORPORATION	No
CENTRAL CT SENIOR HEALTH SERVICES INC 45 MERIDEN AVE SOUTHINGTON, CT 06489	SUB-ACUTE & LONG TERM HEALTHCARE	СТ	501(C) (3)		CENTRAL CT HEALTH ALLIANCE	No
22-2635676 COMMUNITY MENTAL HEALTH AFFILIATES INC 270 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06051	MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT PROVIDER	СТ	501(C) (3)		CENTRAL CT HEALTH ALLIANCE	No
06-0934544 MULBERRY GARDENS OF SOUTHINGTON LLC 58 MULBERRY ST	ASSISTED LIVING & ADULT DAY CARE FACILITY	СТ	501(C)		CENTRAL CT SENIOR HEALTH SERVICES INC	No
PLANTSVILLE, CT 06479 82-0586577 THE ORCHARDS OF SOUTHINGTON	RESIDENTIAL SERVICES FOR	СТ	501(C)	LINE 9	CENTRAL CT SENIOR HEALTH	No
34 Hobart ST SOUTHINGTON, CT 06489 06-1490803 VNA OF CENTRAL CONNECTICUT INC	SENIOR CITIZENS		(3)		SERVICES INC	
205 WEST MAIN STREET NEW BRITAIN, CT 06050 06-0646940 JEROME HOME	PUBLIC HEALTH NURSING & HOME CARE	СТ	501(C) (3)		CENTRAL CT HEALTH ALLIANCE	N o
975 CORBIN AVE NEW BRITAIN, CT 06052 06-0646690 CONNECTICUT HEALTH SYSTEMS	NURSING HOME	СТ	501(C) (3)	LINE 9	CENTRAL CT HEALTH ALLIANCE	No
INC 80 SEYMOUR STREET HARTFORD, CT 06102 22-2779421	COORDINATION OF HEALTH CARE DELIVERY	СТ	501(C) (3)	LINE 11(C) TYPE III		No
INSTITUTE OF LIVING 200 RETREAT AVENUE HARTFORD, CT 06106 06-0646683	PSYCHIATRIC SERVICES	СТ	501(C) (3)	LINE 11(C)	HARTFORD HEALTH CARE CORPORATION	No
MIDSTATE MEDICAL CENTER 435 LEWIS AVENUE MERIDEN, CT 06451 06-0646715	HEALTHCARE SERVICES	СТ	501(C) (3)		HARTFORD HEALTH CARE CORPORATION	No
NATCHAUG HOSPITAL INC 189 STORRS ROAD MANSFIELD, CT 06226 06-0966963	BEHAVIORAL HEALTH	СТ	501(C) (3)		HARTFORD HEALTH CARE CORPORATION	No
RUSHFORD CENTER INC 883 PADDOCK AVENUE MERIDEN, CT 06450 06-0932875	SUBSTANCE ABUSE HEALTHCARE SERVICES	СТ	501(C) (3)		HARTFORD HEALTH CARE CORPORATION	No
VNA HEALTH CARE INC 103 WOODLAND STREET HARTFORD, CT 06105 06-0646938	HOME HEALTHCARE	СТ	501(C) (3)		HARTFORD HEALTH CARE CORPORATION	No
WINDHAM COMMUNITY MEMORIAL HOSPITAL 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-0646966	HEALTHCARE SERVICES	СТ	501(C) (3)		HARTFORD HEALTH CARE CORPORATION	No
WINDHAM HOSPITAL FOUNDATION INC 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	SUPPORTING ORGANIZATIONS	СТ	501(C) (3)	LINE 11(A)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	No
56-2546632 HARTFORD HEALTH CARE CORPORATION 80 SEYMOUR STREET HARTFORD, CT 06102	SUPPORT & MANAGEMENT SERVICES TO HARTFORD HOSPITAL &	СТ	501(C) (3)	LINE 11(C)		No
HARTFORD, CT 06102 22-2672834 HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102	HOSPITAL & AFFILIATES HEALTHCARE SERVICES	СТ	501(C)		HARTFORD HEALTH CARE CORPORATION	No
D6-0646668 HARTFORD HOSPITAL AUXILIARY CO HARTFORD HOSPITAL	FUNDRAISING	СТ	501(C)	LINE 11(C)	HARTFORD HOSPITAL	No
80 SEYMOUR STREET HARTFORD, CT 06115 06-6040747 THE HATCH HOSPITAL CORP			(3)		WINDHAM COMMUNITY	
112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-6076412	HEALTHCARE SERVICES	СТ	501(C) (3)		MEMORIAL HOSPITAL	No

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

				or garnizati			
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MIDSTATE MEDICAL CENTER AUXILIARY 435 LEWIS AVENUE MERIDEN, CT 06451 06-6063082	FUNDRAISING	СТ	501(C) (3)	LINE 3	MIDSTATE MEDICAL CENTER	No	
VNA HEALTH RESOURCES INC 103 WOODLAND STREET HARTFORD, CT 06105 06-1161422	HOME HEALTHCARE	СТ	501(C) (3)	LINE 9	HARTFORD HEALTH CARE CORPORATION	No	
WINDHAM COMMUNITY MEMORIAL HOSPITAL AUXILIARY 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-0677728	FUNDRAISING	СТ	501(C) (3)	LINE 11(A)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	No	
CAPITAL AREA HEALTH CONSORTIUM INC 270 FARMINGTON AVE FARMINGTON, CT 06032 51-0173264	HEALTHCARE	СТ	501(C) (3)	LINE 11		No	
HHC PHYSICIANSCARE INC 80 SEYMOUR STREET HARTFORD, CT 06102 45-4456939	PRACTICE MEDICINE AND PROVIDE HEALTHCARE SERVICES TO PUBLIC	СТ	501(C) (3)	LINE 9	HARTFORD HEALTH CARE CORPORATION	No	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC 200 RETREAT AVENUE FL 9 HARTFORD, CT 06102 46-0886367	MANAGE AND COORDINATE CARE FOR MEDICARE BENEFICIARIES	СТ	501(C) (3)		HHC PHYSICIANSCARE INC	No	
HARTFORD HEALTHCARE CORP GROUP (VEBA) 777 MAIN STREET HARTFORD, CT 06102 26-6671355	HEALTHCARE SERVICES	СТ	501(C) (3)	N/A	HARTFORD HEALTH CARE CORPORATION	No	

Form 990, Sche	dule R, Part II		Пинсацо	(e)	eu Organiza	ations raxab	le as	a Paru	(i)	Ι.		
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal Domicile (State	(a)	Predominant income (related,	(f) Share of total Income		(h) Dispro allocat	prtionate	Code V- UBI	Gen	r	(k) Percentage
related organization		or Foreign Country)	Entity	unrelated, excluded from tax under	(\$)	(\$)			on Box 20 of K-1 (\$)	l Part	ner?	ownership
				sections 512-514)			Yes	No		Yes	No	
CENTRAL CT SPORTS												
MEDICINE CTRLLC												
DRIVE SUITE	PHYSICAL THERAPY	СТ	ССНА	RELATED	8,445			No			Νo	
BERLIN, CT 06037 22-3196509												
NEW BRITAIN												
MRI LIMITED PARTNERSHIP			CenConn									
	MAGNETIC RESONANCE IMAGING	СТ	Sarvicas	RELATED	758,098	2,212,374		No			Νo	43 400 %
NEW BRITAIN OCCUPATIONAL HEALTH CENTER LLC												
440 NEW BRITAIN AVENUE PLAINVILLE, CT 06062	O C C U P A T I O N A L HEALTH C A R E	СТ	нсс	RELATED	36,786			No		Yes		
06-1484904 HARTFORD												
HEALTHCARE ENDOWMENT LLC	ENDOWMENT											
80 SEYMOUR STREET HARTFORD, CT 06102	MANAGEMENT	СТ	N/A	RELATED				No			Νo	
45-4181103 AMBULANCE												
PO BOX 300	AMBULATORY SERVICE	СТ	N/A	RELATED				No			No	
MANCHESTER, CT 06450												
06-1557358 CONNECTICUT												
IMAGING PARTNERS LLC												
PLAZA EAST HARTFORD, CT 06108	IMAGING SERVICES	СТ	N/A	RELATED				No			Νo	
13-4298940 GLASTONBURY												
ENDOSCOPY CENTER LLC	ENDOSCOPY											
300 WESTERN BLVD SUITE B GLASTONBURY, CT 06033 26-1721234	SERVICES	СТ	N/A	RELATED				No			Νo	
GLASTONBURY SURGERY												
CENTER LLC 195 EASTERN	SURGERY SERVICES	СТ	N/A	RELATED				No			Νo	
GLASTONBURY, CT 06033 26-2600828												
	AFFILIATE	_										
STREET HARTFORD, CT 06110	SUPPORT SERVICES	СТ	N/A	RELATED				No			Νo	
06-1543605 MED EAST												
ASSOCIATES LLC	OUTPATIENT	<u> </u>	N. / A	DELATE:				N -			N	
1703 WEST MAIN STREET WILLIMANTIC, CT 06226 06-1543605	CARE CLINIC	СТ	N/A	RELATED				No			Νo	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

· • • • • • • • • • • • • • • • • • • •							1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CENCONN SERVICES INC 100 GRAND STREET NEW BRITAIN, CT 06050 22-2836001	INVESTMENT MANAGEMENT	СТ	ССНА	С			
GRAND INDEMNITY COMPANY LTD FB PERRY BUILDING 40 CHURCH STREET HAMILTON BD 98-0609499	PROFESSIONAL LIABILITY	BD	нсс	С	5,641,920	39,558,288	100 000
HHMOB CORPORATION & SUBSIDIARY 80 SEYMOUR STREET HARTFORD, CT 06102 06-1140244	REAL ESTATE PARKING	СТ	HARTFORD HEALTH CARE CORPORATION	С			
CHS INSURANCE LTD 40 CHURCH STREET HAMILTON BD	CAPTIVE INSURANCE		HARTFORD HOSPITAL	С			
HARTFORD PHYSICIAN SERVICES PC 80 SEYMOUR STREET HARTFORD, CT 06102 06-1254082	MEDICAL SERVICES	СТ	N/A	С			
	PHYSICIAN & HOSPITAL SUPPORT	СТ	N/A	С			
MERIDEN IMAGING CENTER	IMAGING		MIDSTATE MEDICAL CENTER	С			
WINDHAM FAMILY MEDICAL SERVICES 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	MEDICAL SERVICES	СТ	WINDHAM COMMUNITY MEMORIAL HOSPITAL	С			
06-1491649 WINDHAM HEALTH SERVICES INC 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1461101	HOME HEALTHCARE	СТ	WINDHAM COMMUNITY MEMORIAL HOSPITAL	С			
WINDHAM PHYSICIAN HOSPITAL ORGANIZATION 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1441614	MEDICAL SERVICES	СТ	N/A	С			
MIDSTATE MEDICAL GROUP PC	PHYSICIAN SERVICES	СТ	HARTFORD HEALTH CARE CORPORATION	С			

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

	•	_		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	NEW BRITAIN OCCUPATIONAL HEALTH CENTER	I	236,350	ACTUAL
(2)	NEW BRITAIN MRI LIMITED PARTNERSHIP	N	661,448	ACTUAL
(3)	CENTRAL CT HEALTH ALLIANCE	Р	195,423	ACTUAL
(4)	NEW BRITAIN MRI LIMITED PARTNERSHIP	Р	280,601	ACTUAL
(5)	COMMUNITY MENTAL HEALTH AFFILIATES	I	225,852	ACTUAL
(6)	NEW BRITAIN OCCUPATIONAL HEALTH CENTER	N	873,929	ACTUAL
(7)	NEW BRITAIN MRI LIMITED PARTNERSHIP	I	117,976	ACTUAL
(8)	HARTFORD HOSPITAL	Р	5,320,444	ACTUAL
(9)	HARTFORD HOSPITAL	N	1 778 939	ΔΟΤΙΙΔΙ

TY 2011 Itemized Other Current Liabilities Schedule

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

EIN: 06-0646768

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Grand Indemnity Company Ltd	98-0609499	PREMIUMS RECEIVED IN ADVANCE	15,395	0
		UNEARNED PREMIUMS	46,671	26,654
		RESERVE FOR LOSSES AND LOSS ADJ EXPENSES	2,000,000	2,000,000

TY 2011 Itemized Other Current Assets Schedule

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

EIN: 06-0646768

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Grand Indemnity Company Ltd	98-0609499	PREMIUMS RECEIVABLE	95,727	35,686
		REINSURANCE RECOVERABLE	7,355,995	7,505,995
		PREPAID EXPENSES	3,965	4,020

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TY 2011 Other Deductions Schedule

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

EIN: 06-0646768

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
GENERAL AND ADMINISTRATIVE EXPENSES	318,012	318,012
LOSSES AND LOSS ADJUSTMENT EXPENSES	-2,868,187	-2,868,187

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TY 2011 Itemized Other Investments Schedule

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

EIN: 06-0646768

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Grand Indemnity Company Ltd	98-0609499	BOND FUNDS	17,624,109	19,029,821
		EQUITY FUNDS	7,071,847	7,563,861

TY 2011 Itemized Other Liabilities Schedule

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

EIN: 06-0646768

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
Grand Indemnity Company Ltd	98-0609499	RESERVE FOR LOSSES AND LOSS ADJ EXPENSES	18,010,207	14,961,027

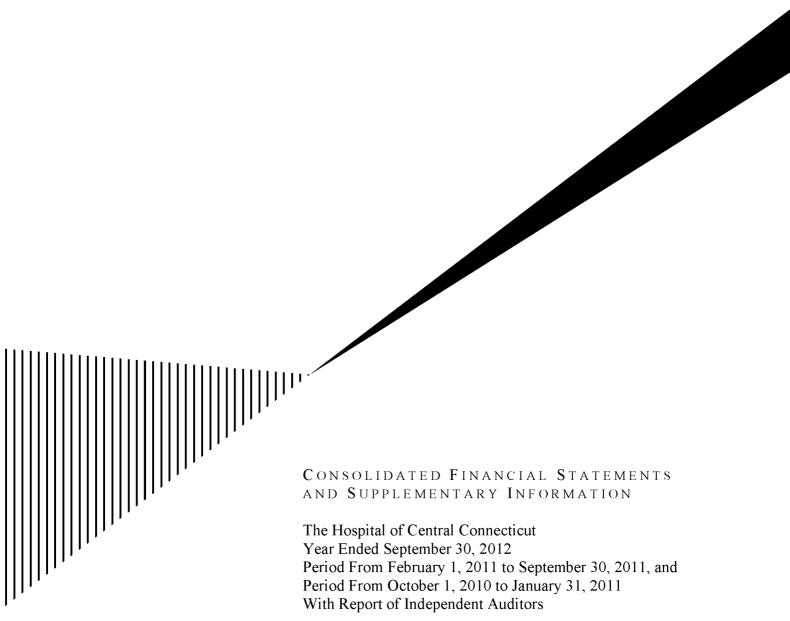
efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493226022043

TY 2011 Other Income Statement

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

EIN: 06-0646768

Description	Foreign Amount	Amount
NET PREMIUMS EARNED	2,981,081	2,981,081



Ernst & Young LLP



Consolidated Financial Statements and Supplementary Information

Year Ended September 30, 2012, Period From February 1, 2011 to September 30, 2011, and Period From October 1, 2010 to January 31, 2011

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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, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the year ended September 30, 2012 and the period from October 1, 2010 to January 31, 2011 and the period from February 1, 2011 to September 30, 2011. These 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 audits. We did not audit the financial statements of Grand Indemnity Company. LTD, a wholly-owned subsidiary, which statements reflect total assets of \$39,558,288 and \$35,280,376 as of September 30, 2012 and 2011, respectively, and total revenues of \$2,981,081 and \$4,727,178, 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 Grand Indemnity Company, Ltd., is based solely on the report of the other auditors.

We conducted our audits 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 financial statements are free of material misstatement. We were not engaged to perform an audit of the Company's internal control over financial reporting. Our audits included 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 also 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, and evaluating the overall financial statement presentation. We believe that our audits and the report of other auditors provide a reasonable basis for our opinion.

In our opinion, based on our audits 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 at September 30, 2012 and 2011, and the consolidated results of its operations and changes in net assets and its cash flows for the year ended September 30, 2012 and the period from October 1, 2010 to January 31, 2011 and the period from February 1, 2011 to September 30, 2011 in conformity with U S generally accepted accounting principles

Ernst + Young LLP

January 28, 2013

Consolidated Balance Sheets

Cash and sash equivalents Cash and sash Cash and		September 30,		
Curst and each equination \$ 3,25,72,70 \$ 20,209,838 Cosh and each equinations 48,473,300 48,945,000 Accounts receivable les allowance for doubtful accounts of \$16,017,907 at 12,000 48,945,300 95,727 Remissione recoverable 7,808,995 7,508,50				
Accounts received be less allowance for doubtful accounts of \$16.017.907 in \$3,257,207 \$2.029.387 Accounts received be less allowance for doubtful accounts of \$16.017.907 in 48,473,300 48,945.018 Permunts receive able \$3,606 7,085.95 7,355.95 Other received bels \$7,805.95 7,355.95 1,312.20 Due from affiliates \$9,782.17 1,722.10 2,806.00 2,806.00 Prepaid experse and other assets \$6,134.80 4,291.80 2,800.00 2,000.00 Prepaid experse and other assets \$10,000.00 2,000.00	Assets			
Accounts receivable, less allowance for doubtful accounts of \$10.709 minums receivable and \$3.600 min	Current assets			
Pennum receivable 3.66 5.275 7.505,005 7.505	Cash and cash equivalents	\$ 32,572,707	\$ 20,299,387	
Premums recen able 3.5686 9.57.75 Remsunance recoverable 7,805.955 7,305.95 Other recenables 6,782.147 1.117.22 Due from affiliates 84,788 73.941 Inventores of supplies 9,304.30 5.86.31 Prepared expenses and other assets 2,000.00 2000.00 Assets whose use is limited – investments related to GIC 200.00 2000.00 Investments related to GIC 24,593.662 22.209.575 80.622.07 Investments for restricted purposes 20,005.513 23.971.00 32.371.00 10.918.75 80.622.07 10.918.75 10.918.75 80.622.07 10.918.75	Accounts receivable, less allowance for doubtful accounts of \$16.017.907 in			
Remstrance recoverable 7,505,905 7,355,905 Other recevables 6,782,14 1,417,221 Due from affiliates 84,78 7,394 Inventores of supplies 5,943,03 5,586,10 Prepard expense and other assets 2,000,000 2,000,000 Total current assets 107,011,42 2,000,000 Total current assets 107,011,42 2,000,000 Assets whose use is limited 24,593,682 22,695,596 Investments related to GIC 24,593,682 22,605,505 Investments for testracted purposes 26,665,513 23,710 Assets held in trust by others 2,605,513 23,710 Investments for testracted purposes 2,605,503 3,317,503 Investments for testracted purposes 2,605,503 3,317,503 Assets held in trust by others 2,397,002 2,397,200 Investments and offiliates 2,397,200 2,337,200 Investments and filiates 3,343,343 3,333,343 Other contracted 1,333,422 3,343,200 Investments and filiates 3,340,325	2012 and \$11.289.428 in 2011	48,473,300	48.945.018	
Other recentables 6,782,17 (2) 1,712,21 (2) Due from affilitates 8,94,30 (3) 5,586,31 (3) In tentiones of supplies 5,943,00 (3) 5,586,31 (3) Prepad expenses and other assets 2,000 (2) 2,000 (2) Assets whose use is limited 107,011,40 (2) 90,055,17 Assets whose use is limited 24,533,60 (2) 22,695,50 (2) Investments related to GIC 24,533,60 (2) 22,605,50 (2) Investments and other assets 99,205,57 (2) 80,612,01 (2) Investments for restricted purposes 26,605,51 (2) 23,317,00 (2) Assets held in trust by others 15,203 (2) 3,315,30 (2) Investments for restricted purposes 2,397,20 (2) 13,917,00 (2) Assets held in trust by others 2,397,20 (2) 13,918,00 (2) Investments in affiliates 1,349,30 (2) 2,397,20 (2) Other assets 2,397,20 (2) 3,373,30 (2) Other assets 1,349,30 (2) 1,255,60 (2) Topers, plant and equipment, net 15,40,30 (2) 1,255,60 (2) Topers, plant and equipment, net 15,40,30	Premiums receivable	35,686	95.727	
Due from affiliates 84,788 73,947 Inventiores of Supphes 54,363 55,86,310 Prepard expenses and other assets 3,013,869 2,200,000 Assets whose use is limited – investments related to GIC 700,000 2,000,000 Assets whose users limited 24,593,682 22,695,956 Investments related to GIC 24,593,682 22,095,956 Investments for restricted purposes 26,005,513 23,317,101 Investments for restricted purposes 26,005,513 23,317,201 Investments in affiliates 2,97,202 2,397,202 Investments in affiliates 2,397,202 2,307,202 Investments in affiliates 2,497,202 2,337,333 Other assets 2,297,002 2,337,333 Other assets 2,297,202 2,337,303 Investments in affiliates 3,343,437 3,333,333 Other assets 3,340,203 3,235,333 User form affiliates 1,943,202 1,257,603 Very propertion of the asset and expenses 9,234,729 1,141,811,511 Accurace depenses	Reinsurance recoverable	7,505,995	7.355,995	
Innentone of supplies 5.94,3(a) 5.98(.310) Prepaid expense and other assets 3.613,86 4.201,800 Assets whose use is limited – investments related to GIC 107,011,492 9.006,517 Assets whose use is limited 3.453,608 2.269,505 Investments related to GIC 24,593,668 2.269,505 Investments and other assets 99,005,579 80,632,017 Investments for restricted purposes 26,005,13 2.371,010 Assets held in trust by others 165,597,078 19,187,586 Funds designated for debt services 2,397,202 2.397,206 Investments in affiliates 2,263,48 3.353,33 Other assets 1,949,98 2.255,684 Other assets 1,949,99 2.255,684 Total assets 34,042,91 \$1,000,00 Total assets \$15,593,54 \$1,000,00 Total assets \$15,593,54 \$1,200,00 Total assets \$15,593,54 \$1,203,011 Accounts provide and equipment, net \$15,593,54 \$1,203,011 Accounts provide and expenses <t< td=""><td>Other receivables</td><td>6,782,147</td><td>1.417.221</td></t<>	Other receivables	6,782,147	1.417.221	
Penal expenses and other assets 3,613,809 4,201,801 Assets whose use is himited 2,000,000 2,000,000 Assets whose use is himited 1 2,000,000 Assets whose use is himited 2 4,593,662 2,609,505 Investments related to GIC 2,459,368 2,209,100 8,032,107 Investments for restricted purposes 26,605,51 3,231,100 Assets held in trust by others 15,192,30 1,318,200 Investments in affiliates 2,397,202 2,397,202 Investments in affiliates 2,397,202 2,397,202 Investments in affiliates 1,933,42 3,433,435 Other assets 2,397,202 2,397,202 Investments in affiliates 1,933,42 3,433,703 Other assets 150,302,43 1,512,503,604 Total carried and restreet 1,933,42 3,433,703 Total carried and restreet 3,434,402,51 3,430,405 Current potal fluids 1,152,503,41 \$12,000,105 Accounts payable 1,152,503,41 \$12,000,105 Accitate	Due from affiliates	84,758	73,947	
Assets whose users limited – meetiments related to GIC 2,000,000 2,000,000 Total current assets 107,011,42 9,005,17 Assets whose users limited 24,593,682 2,269,595 Investments related to GIC 9,005,51 23,010,10 Investments for restricted purposes 26,065,51 3,131,10 Assets held in trust by others 15,192,30 13,183,20 Funds designated for debt services 2,397,20 2,397,20 Investments an affiliates 2,243,48 3,315,30 Other assets 4,393,82 3,315,30 Other assets 1,949,95 2,255,60 Due from affiliates 1,430,40 1,250,00 Total assets 1,430,40 1,200,00 Total assets 1,430,40 1,200,00 Total assets 1,530,40 1,200,00 Total assets 1,530,40 1,200,00 Total assets 1,530,40 1,200,00 Total assets 1,520,40 1,200,00 Total assets 1,520,40 1,200,00 Accounts possible for a simple fo	Inventories of supplies	5,943,030	5,586,310	
Total current assets 107,011,492 90.065.471 Assets whose use is limited 24,593,682 22.695.956 1 mestments related to GIC 99.205,579 89.632,017 Investments and other assets 99.205,579 89.632,017 Assets held in trust by others 26,605,513 23.371,019 Assets held in trust by others 165,597,078 149,187.380 Title 1,304 13.488.391 Title 1,304	Prepaid expenses and other assets	3,613,869	4.291.812	
Assets whose use is limited Investments related to GIC 19,00,000 19,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,000 19,000,	Assets whose use is limited – investments related to GIC	2,000,000	2,000,000	
Investments related to GIC 24,593,682 22,695,956 Investments and other assets 92,057 803,2101 Assets held intrust by others 26,605,513 23,311,019 Assets held intrust by others 15,192,304 13,188,594 Funds designated for debt services 2,397,200 2,397,200 Investments in affiliates 2,263,048 3,33,333 Other assets 1,93,842 3,23,330 Due from affiliates 150,430,29 12,250,800 Total assets 150,430,29 12,250,800 Accounts passed \$15,593,54 \$12,000,000 Accounts passed \$15,593,54 \$12,000,000 Accounts passed \$1,644,93 37,001 Accounts passed \$1,644,93 37,001 Accounts passed \$1,649,93 32,301,012 Due to affiliates \$	Total current assets	107,011,492	90.065.417	
Investments related to GIC 24,593,682 22,695,956 Investments and other assets 92,057 803,2101 Assets held intrust by others 26,605,513 23,311,019 Assets held intrust by others 15,192,304 13,188,594 Funds designated for debt services 2,397,200 2,397,200 Investments in affiliates 2,263,048 3,33,333 Other assets 1,93,842 3,23,330 Due from affiliates 150,430,29 12,250,800 Total assets 150,430,29 12,250,800 Accounts passed \$15,593,54 \$12,000,000 Accounts passed \$15,593,54 \$12,000,000 Accounts passed \$1,644,93 37,001 Accounts passed \$1,644,93 37,001 Accounts passed \$1,649,93 32,301,012 Due to affiliates \$				
Investments and other assets Investments for restricted purposes Investments for restricted purposes Assets held in trust by others 9,205,579 (a.37,101) Assets held in trust by others 15,192,304 (a.37,103) Assets held in trust by others 15,192,304 (a.37,103) Funds designated for debt services 2,397,202 (a.37,203) Investments in affiliates 2,397,202 (a.37,303) Other assets 1,949,905 (a.37,503) Due from affiliates 1,949,905 (a.37,503) Total assets 1,949,905 (a.37,503) Class sets 1,949,905 (a.37,503) Total assets 1,949,905 (a.37,503) Class sets 1,940,905 (a.37,503) Current passets 1,940,905 (a.37,503) Current passets 1,593,544 (a.37,503) Accounts payable \$15,593,544 (a.37,503) \$1,203,0115 Accound compensation 1,426,858 (a.32,703) 1,233,101 Accound compensation 1,426,858 (a.32,703) 1,233,101 Due to affiliates 1,246,854 (a.32,703) 1,233,101 Accound compensation 1,426,858 (a.32,703) 1,233,101 Estimated third-parts settlements 2,000,000 2,000,	Assets whose use is limited			
Investments for restricted purposes 26,608,513 23,371,019 Assets held in trust by others 15,192,04 13,483,345 Funds designated for debt services 2,397,202 2,397,202 Investments in affiliates 2,263,048 3,335,33 Other assets 1,949,955 2,255,684 Due from affiliates 150,430,294 150,700,70 Total assets 150,430,294 150,700,70 Total assets 3,304,295 1,203,010,70 Total assets 8,15,593,544 1,203,010,70 Accorded expenses 9,234,729 1,14,111,151 Accorded expenses 9,234,729 1,14,171,151 Defended revenue 2,000,000 2,000,000 Defended revenue 1,207,121 2,303,215 Estimated fluri-perturb etillements 1,207,212 1,207,111	Investments related to GIC		22,695,956	
Assets held in trust by others 15,192,344 13,883,94 Tunds designated for debt services 2,397,202 2,397,206 Investments in affiliates 2,263,048 3,733,33 Other assets 4,393,42 2,535,684 Due from affiliates 150,430,295 2,255,684 Property, plant and equipment, net 150,430,295 152,765,07 Total asset 343,402,595 8,703,00 Extibilities and net assets 8 15,593,541 \$12,030,115 Accounts payable \$15,593,541 \$12,030,115 Accrued expenses \$12,030,115 Accrued compensation 14,266,859 12,301,115 Accrued expenses \$12,030,115 Accrued expenses \$12,000,105 Accrued expenses \$12,000,105 Accrued expenses \$12,000,105 Accrued expenses \$12,000,000 Accrued expenses \$12,000,000 Accrued expenses \$12,000,000 Accrued expenses \$12,000,000	Investments and other assets		89.632.017	
Funds designated for debt services 1,397,202 2,397,202 Investments in affiliates 2,263,048 3,375,339 Other assets 4,393,842 3,433,763 Due from affiliates 1,949,925 2255,684 Property, plant and equipment, net 150,430,294 152,765,070 Total assets 343,042,951 \$ 403,480,065 Liabilities and net assets Current habilities 5 15,593,544 \$ 12,030,115 Accounts payable \$ 15,593,544 \$ 12,030,115 Accrued expenses 9,234,729 11,418,151 Accrued compensation 14,266,850 12,301,012 Accrued compensation 14,266,850 12,301,012 Unearned premiums 266,54 - Reserve for losses and loss adjustment expenses 2,000,000 2000,000 Deferred revenue 572,719 450,254 Estimated third-part settlements 19,307,101 23,838,552 Current portion of pension 14,877,542 14,711,99 Total current habilities 79,889,775 79,883,664	1 1			
Funds designated for debt services 2,397,202 2,397,203 Investments in affiliates 2,263,048 3,375,339 Other assets 4,393,842 3,433,763 Due from affiliates 150,430,294 2,255,688 Properts, plant and equipment, net 150,430,294 152,765,070 Total assets \$15,493,294 \$13,480,005 Libilities and net assets Current liabilities Accounts payable \$15,593,544 \$12,030,115 Accound expenses 9,234,729 11,418,115 Accrued expenses 9,234,729 11,418,115 Accrued compensation 14,266,859 12,301,115 Accrued prenature 2,066,854 - Unearned premiums 2,065,4 - Reserve for losses and loss adjustment expenses 2,000,000 20,000,000 Deferred revenue 572,719 450,254 Estimated third-parts settlements 19,307,101 23,838,552 Current portion of long-term debt 2,165,699 727,244,000 Current portion of long-term debt 37,700	Assets held in trust by others			
Investments in affilitates 2,263,048 3.375.33 Other assets 4,393,82 3.433,763 Due from affilitates 1,949,995 2.255,684 Property, plant and equipment, net 150,430,291 152,765,075 Total assets 343,042,951 \$ 43,080,085 Liabilities and net assets Current liabilities Accounts payable \$ 15,593,544 \$ 12,090,115 Accound expenses 9,234,729 11,418,151 Accound compensation 14,266,850 12,301,012 Due to affiliates 1,644,937 374,021 Unearned premiums 2,655,4 1-2 Reserve for losses and loss adjustment expenses 2,000,000 2,000,000 Deferred revenue 572,719 450,254 Estimated third-party settlements 19,307,101 23,838,529 Current portion of long-term debt 2,165,699 2,724,000 Current portion of pension 14,577,521 14,717,159 Total current liabilities 37,700,355 70,833,664 Reserve for losses and loss adjustment expense		165,597,078	149,187,586	
Investments in affilitates 2,263,048 3.375.33 Other assets 4,393,82 3.433,763 Due from affilitates 1,949,995 2.255,684 Property, plant and equipment, net 150,430,291 152,765,075 Total assets 343,042,951 \$ 43,080,085 Liabilities and net assets Current liabilities Accounts payable \$ 15,593,544 \$ 12,090,115 Accound expenses 9,234,729 11,418,151 Accound compensation 14,266,850 12,301,012 Due to affiliates 1,644,937 374,021 Unearned premiums 2,655,4 1-2 Reserve for losses and loss adjustment expenses 2,000,000 2,000,000 Deferred revenue 572,719 450,254 Estimated third-party settlements 19,307,101 23,838,529 Current portion of long-term debt 2,165,699 2,724,000 Current portion of pension 14,577,521 14,717,159 Total current liabilities 37,700,355 70,833,664 Reserve for losses and loss adjustment expense	P. 1.1. (12.11)	2 30 - 202	2.207.204	
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Temporarily restricted 20,015,125 16.726,765 Permanently restricted 21,792,748 20,089,038 Total net assets 152,203,312 175.197.767	Unrestricted	110,395,439	138,381,964	
Total net assets 152,203,312 175.197.767	Temporarily restricted	20,015,125	16,726,765	
		21,792,748	20.089.038	
Total liabilities and net assets \$ 434,042,951 \$ 403.480.065				
	Total liabilities and net assets	\$ 434,042,951	\$ 403.480.065	

See accompanying notes

Consolidated Statements of Operations and Changes in Net Assets

	September 30, 2012	Period From February 1, 2011 to September 30, 2011	Predecessor Company Period From October 1, 2010 to January 31, 2011
Unrestricted revenues, gains and other support			
Net patient service revenue	\$ 393,528,986	\$ 254.327.650	\$ 128.988.814
Provision for bad debts	17,293,190	(465,136)	2,854,558
Net patient service revenue less provision for bad debts	376,235,796	254,792,786	126,134,256
Other operating revenues	13,861,784	6.140.983	2,392,268
Net premiums earned	194,081	123.211	50,967
Net assets released from restrictions used for operations	1,559,503	162.854	585.042
Total revenues	391,851,164	261,219,834	129,162,533
Expenses			
Salaries and benefits	165,293,135	100.399.611	52,762,478
Fringe benefits	42,901,786	33.680.846	18.478.815
Purchased services	90,400,652	56,543,812	27,698,602
Supplies and other expenses	49,742,804	34,206,474	17,487,787
Depreciation and amortization	19,353,058	12.790.361	5.889.326
Losses and loss adjustment expenses	(2,868,187)	(3.079.317)	1.677.667
Interest	1,957,216	579.711	257,427
Total expenses	366,780,464	235,121,498	124,252,102
Income from operations, before early extinguishment of debt	25,070,700	26.098.336	4.910.431
Early extinguishment of debt	_	(270.054)	_
Income from operations	25,070,700	25.828.282	4.910.431
Non-operating gains (losses)			
Investment income	1,837,455	980,761	558,464
Unrestricted gifts and bequests	123,070	82,749	122,144
Gains on sales of securities	542,071	17.036	7,174
Change in fair value of interest rate swap	_	(2.888.770)	1,146,467
Change in unrealized gains and losses on investments	7,462,766		
Total non-operating gains (losses)	9,965,362	(1.808.224)	1.834.249

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

	September 30, 2012	Period From February 1, 2011 to September 30, 2011	Company Period From October 1, 2010 to January 31, 2011
Beginning balance of unrestricted net assets	\$ 138,381,964	\$ 175.432.489	\$ 100.602.371
Excess of revenues over expenses	35,036,062	24,020,058	6,744,680
Pension changes other than net periodic benefit costs	(65,083,998)	(52,455,742)	38,384,516
Loss on Investment in Affiliate	(133,499)		_
Change in net unrealized gain (loss) on investments	1,795,750	(9,521,848)	5,273,795
Net assets released from restrictions used for capital	399,160	907,007	33,047
Ending balance of unrestricted net assets	110,395,439	138.381.964	151.038.409
Beginning balance of temporarily restricted net assets	16,726,765	17,632,295	16,296,477
Net realized and unrealized gain (loss) on investments	3,780,256	(758,420)	741,384
Income from investments	584,048	143,460	113,435
Contributions	882,719	779,291	1.099.088
Net assets released from restrictions used for operations	(1,559,503)	(162,854)	(585,042)
Net assets released from restrictions used for capital	(399,160)	(907,007)	(33,047)
Ending balance of temporarily restricted net assets	20,015,125	16.726.765	17.632.295
Beginning balance of permanently restricted net assets	20,089,038	21.323.642	20,636,262
Change in assets held in trust by others	1,703,710	(1,234,604)	687,380
Ending balance of permanently restricted net assets	21,792,748	20,089,038	21,323,642
Net assets at end of period	\$ 152,203,312	\$ 175,197,767	\$ 189,994,346

See accompanying notes

Predecessor

Consolidated Statements of Cash Flows

	September 30, 2012	Period From February 1, 2011 to September 30, 2011	Predecessor Company Period From October 1, 2010 to January 31, 2011
Operating activities			
Change in net assets	\$ (22,994,455)	\$ (39,190,545)	\$ 52,459,236
Adjustments to reconcile change in net assets to net cash provided by			
operating activities	40.000.000		
Depreciation and amortization	19,353,058	12,790,361	5,889,326
Change in pension	65,083,998	52,455,742	(38,384,516)
Provision for bad debts	17,293,190	(465,136)	
Net realized and unrealized (gains) losses on investments and assets whose use is limited	(13,038,772)	10,280,154	(6.015.179)
Restricted contributions and investment income	(3,170,477)	311.853	(1,899,903)
Debt extinguishment	_	270,054	
Changes in assets and liabilities	(1.6.001, 470)	(1.211.207)	(12.516.120)
Accounts receivable	(16,821,472)	(1.244.397)	(13.546.420)
Premiums receivable	60,041	3,143,530	(3,202,176)
Reinsurance recoverable Other receivables	(150,000)	(859,154)	(707.107)
Due from affiliates	(5,364,926)	7.981	(707,107)
Inventories	294,878	698,640 (263,180)	(1,815,709)
	(356,720)		(473,932)
Prepaid expenses and other assets	677,943	2,390,096	(3,334,126)
Other assets Accounts payable and accrued expenses	(960,079) 1,380,007	(117.224) 7.961.524	27.487 (9.832,729)
Accounts payable and accounce expenses Account payable and account expenses	1,965,838	(1,933,636)	2,455,307
Unearned premium	26,654	(1,955,050)	2,433,507
Due to affiliates	1,270,916	374,021	(40,867)
Reserve for losses and loss adjustment expenses	(3,049,180)	(7,470,552)	3,047,480
Deferred revenue	122,465	19,752	91,282
Due to third-party agencies	(4,531,451)	(2.002.816)	6,391,883
Debt service	(4,301,431)	(1,573,721)	(807,058)
Pension, self-insurance and other long-term liabilities	(5,851,103)	(13,788,843)	(3,251,502)
Net cash provided by (used in) operating activities	31,240,357	21,794,504	(10,094,665)
Net easil provided by (used iii) operating activities	31,240,337	21.794.304	(10,094,005)
Investing activities			
Net increase in board designated and donor restricted investments	(1,472,994)	(255,374)	(2,051,756)
Net increase in investments in GIC	(1,897,726)	(1.313.531)	37.905
Purchases of property, plant and equipment	(17,018,282)	(17,730,932)	(3,892,647)
Net decrease in investments in affiliates	1,112,291	(239,115)	348,535
Net cash used in investing activities	(19,276,711)	(19,538,952)	(5,557,963)
	(,,,	(,	(
Financing activities			
Principal payments on long-term debt, capital leases and line of credit	(2,860,803)	(37.241.984)	(992,364)
Proceeds from borrowings of long-term debt	-	38,535,493	4,318,502
Restricted contributions and investment income	3,170,477	(311,853)	1,899,903
Net cash provided by financing activities	309,674	981,656	5,226,041
Increase (decrease) in cash and cash equivalents	12,273,320	3,237,208	(10,426,587)
Cash and cash equivalents at beginning of year	20,299,387	17,062,179	27,488,766
Cash and cash equivalents at end of year	\$ 32,572,707	\$ 20,299,387	\$ 17,062,179

See accompanying notes

Notes to the Consolidated Financial Statements

For the Years Ended September 30, 2012 and 2011

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

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. As a result, all of the Hospital's assets and liabilities were revalued to fair value as of February 1, 2011. The Hospital is consolidated in HHC's financials for all periods from February 1, 2011.

In connection with the acquisition, the Hospital's assets and liabilities 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 related to 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, and October 1, 2010 to January 31, 2011 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)

Use of Estimates

The preparation of financial statements in conformity with U S generally accepted accounting principles (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.

Basis of Presentation

The accompanying consolidated financial statements have been prepared in conformity with 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

Regulatory Matters

The Hospital is required to file annual operating information with the State of Connecticut Office of Health Care Access

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

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

Patient Accounts Receivable

Patient accounts receivable result from the healthcare services provided by the Hospital Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third party payor programs

The Hospital's primary concentration of credit risk is patient accounts receivable, which consist of amounts owed by various governmental agencies, insurance companies and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for uncollectible amounts. Significant concentrations of gross patient accounts receivable include 42% and 19%, and 37% and 22%, for Medicare and Medicaid, respectively, for the fiscal years ending September 30, 2012 and 2011, respectively

Investments

The Hospital has determined that the unrestricted portion of the Hospital's investments reported in the accompanying balance sheets are considered trading securities. In previous years, the Hospital's investments were classified as other than trading securities. As such, unrealized gains and losses that were considered temporary were excluded from excess of revenues over expenses. During 2012, the Hospital determined that its investment portfolio was more accurately classified as trading, with unrealized gains and losses included in excess of revenues over expenses. GIC's investments have been classified as available for sale with unrealized gains and losses excluded from excess of revenues over expenses. Unrealized gains and losses are included in unrestricted net assets on the statement of changes in net assets

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value using quoted market prices or model-driven valuations at the balance sheet date. 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 Hospital's 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, and for 2012, the change in unrealized gains and losses) 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.

Inventories

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

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

Conditional asset retirement obligations recorded under the provisions of ASC 410-20, *Asset Retirement Obligations*, amounted to \$1,370,379 as of September 30, 2012 and 2011 These obligations are recorded in self-insurance and other long-term liabilities in the accompanying consolidated balance sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations. During 2012, there were no asset retirement obligations settled Accretion expense was immaterial for the years ended September 30, 2012 and 2011, respectively

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Assets Whose Use is Limited

Assets whose use is limited includes assets that are set aside internally for future capital improvements, research, education, escrow funds and debt service funds for existing obligations on outstanding long-term debt Restricted investment income in excess of a predetermined spending limit has also been set aside as assets whose use is limited Investments for restricted purposes are those restricted based on donors' intents

Board Designated Endowment

As of September 30, 2012 and 2011, the Hospital has \$99,205,579 and \$89,632,017, 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

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 limit 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.

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 \$324,195, \$396,500 and \$190,500, respectively, for 2102 and the Periods under Audit

Investments in Joint Ventures

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

	Ownership Percentage
New Britain Alliance Occupational Health	100%
New Britain MRI Limited Partnership	43%

New Britain Alliance Occupational Health is not consolidated within the financial statements of the Hospital as of September 30, 2012 and 2011, as it is immaterial to the consolidated financial statements. The Hospital withdrew from membership with Total Laundry Collaborative, LLC and recognized a loss of \$925,289 in January 2012. Central Connecticut Sports Medicine was dissolved as a separate company and the assets were transferred to the Hospital.

Bond Issuance Costs

Bond issuance costs associated with long-term debt for capital projects are amortized over the term of the debt using a method that approximates the effective interest method Bond issuance costs of \$505,402 and \$522,450 are recorded in other assets in the consolidated balance sheets as of September 30, 2012 and 2011, respectively

Other Operating Revenues

Other operating revenues include services to other institutions, electronic health record incentive program revenue, rental income, grant income, research income and cafeteria income and income from investments accounted for under the equity method

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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

Other-Than-Temporary Impairments on Investments

In 2011, under the other than trading portfolio, the Hospital continually reviewed its securities for impairment conditions which could indicate that other-than-temporary decline in market value had occurred In conducting this review, numerous factors were considered, which included 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 the Hospital's ability and intent to hold impaired assets to recovery, no other than temporary impairments were recorded in 2011 In 2012, GIC continues to review its securities for other-than-temporary impairment consistent with an available for sale portfolio. No impairments were recorded in 2012 or 2011 for any investments held by GIC.

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, include unrealized gains and losses on investments for 2011, 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

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

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The aggregate reserve for losses and loss adjustment expenses and related reinsurance recoverable at year end represents management's best estimate, based on the available data, of the amount necessary to cover the ultimate cost of losses and the amount of such losses that will be recovered under reinsurance programs, however, because of the nature of the insured risks and 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 dates 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

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 income to 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 carry forwards of \$2,137,000 from unrelated business activities generated a potential deferred tax asset of approximately \$855,000 at September 30, 2012 No deferred tax asset has been reported as this amount is offset by a valuation allowance of the same amount

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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

Electronic Health Record Incentive Program

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provides incentive payments for the meaningful use of certified electronic health record (EHR) technology CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology The Hospital utilizes a grant accounting model to recognize EHR incentive revenues The Hospital records EHR incentive payments as revenues when attestation that the EHR meaningful use criteria for the required period of time was demonstrated Such revenues are recognized ratably over the relevant cost report period to determine the amount of reimbursement Accordingly, the Hospital recognized approximately \$4,861,354 of EHR revenues during the year ended September 30, 2012, of which \$3,544,926 and \$1,316,428 related to Medicare and Medicaid revenues, respectively EHR incentive revenues are included in other operating revenues in the accompanying consolidated statements of operations and changes in net assets

The Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In August 2010, the FASB issued Accounting Standards Update (ASU) 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Recoveries*, which provides clarification to companies in the health care industry on the accounting for professional liability and similar insurance ASU 2010-24 states that insurance liabilities should not be presented net of insurance recoveries and that an insurance receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts ASU 2010-24 is effective for fiscal years beginning after December 15, 2010 The Hospital adopted the guidance in 2012 with no material impact to the consolidated financial statements

In July 2011, the FASB issued ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts (ASU 2011-07) The provisions of ASU 2011-07 require certain health care entities to present the provision for bad debts associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) rather than as an operating expense Additional disclosures relating to sources of patient service revenue and the allowance for doubtful accounts is required. 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 adopted those provisions as of and for the year ended September 30, 2012 and retrospectively applied the presentation requirements to all periods presented. See Note 2 for additional disclosures required by ASU 2011-07. There was no material impact to the Hospital's consolidated financial statements aside from the required changes in presentation.

In August 2010, the FASB issued ASU 2010-23, *Measuring Charity Care for Disclosure* (ASU 2010-23) ASU 2010-23 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided ASU 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care ASU 2010-23 is effective for fiscal years, beginning after December 15, 2010 The Hospital adopted this guidance in 2012 with no material impact to the consolidated financial statements Refer to Note 2 for the related disclosures

Notes to the Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In January 2010, the FASB issued ASU 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06) ASU 2010-06 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to clarify certain existing fair value disclosure requirements and require a number of additional disclosures, which were adopted in 2011, with the exception of the requirement to present changes in Level 3 measurements on a gross basis, which was delayed until 2012 In 2012, the Hospital made the required Level 3 disclosure requirements in Note 5 The adoption of this guidance did not have a significant impact on the Hospital's consolidated financial statements

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2011 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, 2012 presentation. These reclassifications relate to classifications of the provision for allowance for bad debts which was moved to net revenue from operating expenses

2. Revenue from Services to Patients and Charity Care

The following table summarizes net revenues from services to patients

	Year Ended September 30, 2012	Period From February 1, 2011 to September 30, 2011	Period From October 1, 2010 to January 31, 2011
Gross revenues from patients	\$ 870,417,634	\$ 562,868,734	\$ 287,727,096
Deductions Allowances	473,120,887	299,234,717	154,031,976
Connecticut Uncompensated Care Pool	(3,023,820)	(1,977,326)	(1,272,087)
Charity Care	6,791,581	11,283,693	5,978,393
Net patient service revenue	393,528,986	254,327,650	128,988,814
Provision for bad debts	17,293,190	(465,136)	2,854,558
Net patient service revenue less provision for bad debts	\$ 376,235,796	\$ 254,792,786	\$ 126,134,256

Notes to the Consolidated Financial Statements (continued)

2. Revenue from Services to Patients and Charity Care (continued)

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 2012 and the Periods under Audit, approximately 36%, 37% and 36%, of net patient service revenue was received under the Medicare program, 15%, 14% and 15%, under the state Medicaid program, 4%, 4% and 4% from self-pay patients, and 45%, 45% and 45%, respectively, from contracts with other third parties 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

The Hospital provides services without charge or at amounts less than its established rates, to patients who meet the criteria of its charity care policy Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such services are not reported as revenue For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are recorded as bad debt expense. In distinguishing charity care from bad debt expense, a number of factors are considered, certain of which require a high degree of judgment

The estimated cost of charity care provided was \$2,892,961, \$4,818,373 and \$2,552,899, respectively, for 2012 and the Periods under Audit The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data

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 \$7,247,661, \$622,400 and (\$6,065,400), respectively, for 2012 and the Periods under Audit

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as formal 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

Notes to the Consolidated Financial Statements (continued)

2. Revenue from Services to Patients and Charity Care (continued)

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.

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

- Historical write-off and collection experience using a hindsight or look-back approach,
- Revenue and volume trends by payor, particularly the self-pay components,
- Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients,
- Various allowance coverage statistics

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

Notes to the Consolidated Financial Statements (continued)

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 cover 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.

4. Assets Whose Use is Limited

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.

Notes to the Consolidated Financial Statements (continued)

4. Assets Whose Use is Limited (continued)

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

	_	2012	2011
Cash and cash equivalents	\$	1,019,354	\$ 728,255
Equity securities		9,536,834	1,829,115
Fixed income bonds		5,079,779	18,715,798
Mutual funds		113,322,769	84,193,803
Common collective funds		8,195,000	17,577,736
Alternative investments and other		30,443,342	28,142,879
	\$	167,597,078	\$ 151,187,586

There were no investments in a gross unrealized loss position as of September 30, 2012 No other than temporary impairment was recognized during 2012 or 2011

Interest and dividend income on the unrestricted investments totaled \$1,837,455, \$980,761 and \$558,464 in 2012 and for the Periods under Audit, respectively Realized gains on the investments totaled \$542,071, \$17,036 and \$7,174 for 2012 and 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

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

Notes to the Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

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.

Financial assets carried at fair value in the accompanying consolidated balance sheets, excluding assets invested in the Hospital's defined benefit pension plan, are classified in the table below in one of the three categories described above

	September 30, 2012				
	Level 1	Level 2	Level 3	Total	
Assets					
Cash and cash equivalents	\$ 32,572,707	\$ -	\$ -	\$ 32,572,707	
Assets whose use is limited					
Cash and cash equivalents	189,030	_	_	189,030	
Equity securities					
US	332,981	_	_	332,981	
International	131,441	_	_	131,441	
Fixed income securities					
US	_	168,840	_	168,840	
International	_	59,733	_	59,733	
Mutual funds					
US	_	113,322,769	_	113,322,769	
Common collective funds					
US	_	_	_	_	
International	_	8,195,001	_	8,195,001	
Alternative investments					
US	_	250,210	_	250,210	
International	_	2,517,075	27,237,695	29,754,770	
Funds held in trust	_	14,396,846	255,461	14,652,307	
Funds designated for debt services					
Money market funds	2,397,202	_	_	2,397,202	
Other assets					
Mutual funds					
US	2,283,001	329,371	_	2,612,372	
International	1,117,601	_	_	1,117,601	

Notes to the Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

	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	25,504,535	27,874,888
Assets held in trust by others		13,379,594	109,000	13,488,594
Funds designated for debt services				
Money market funds	2,397,206	_	_	2,397,206
Other assets				
Mutual funds				
US	1,406,466	238,170	_	1,644,636
International	1,079,471	_	_	1,079,471

Financial assets carried at fair value included in the cash balance retirement plan as of September 30, 2012 are held in a master trust. The Hospital owns participant units in the trust which was established on May 1, 2012. Financial assets classified within the trust are 43 3% Level 1, 45 4% Level 2 and 11 3% for Level 3.

Notes to the Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

Financial assets carried at fair value included in the defined benefit cash balance retirement plan as of September 30, 2011 are classified in the table below in one of the three categories described above

	September 30, 2011						
		Level 1		Level 2		Level 3	Total
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

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

	2012		2011
Beginning balance at October 1	\$ 31,703,004	\$	27,337,048
Change in unrealized gains and losses	1,694,777		(876,644)
Investment income, net	40,644		242,600
Purchases	144,300		5,000,000
Pension assets released to master trust	(6,089,569)		
Ending balance at September 30	\$ 27,493,156	\$	31,703,004

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

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

Notes to the Consolidated Financial Statements (continued)

5. Fair Value Measurements (continued)

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

	2012	2011
Indigent care Other health care services and capital acquisitions	\$ 911,759 19,103,366	\$ 783,781 15,942,984
Office fleatiff care services and capital acquisitions	\$ 20,015,125	
		+

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

	2012	2011
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	\$ 6,600,444	\$ 6,600,444
which is expendable to support health care services	15,192,304	13,488,594
	\$ 21,792,748	\$ 20,089,038

Notes to the Consolidated Financial Statements (continued)

6. Net Assets (continued)

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 (I) 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

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

Notes to the Consolidated Financial Statements (continued)

6. Net Assets (continued)

The current asset allocation targets and ranges as of September 30, 2012, are as follows

	Asset Allocation Targets			
Asset Class	Policy Target	Ranges		
Global equities	46%	30%-60%		
Marketable alternative assets	20%	15%-25%		
Non-marketable alternative assets	4%	0%-6%		
Real assets	14%	6% -20%		
U S 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, 2012 and 2011 are as follows

2012	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
2012	- Ciricotricteu	Restricted	Restricted	10111
Endowment net assets at beginning of year Investment return	\$ 89,632,017	\$ 2,764,282	\$ 6,600,444	\$ 98,996,743
Investment income	1,241,168	134,146	_	1,375,314
Net appreciation (realized and unrealized)	8,208,041	1,046,246	_	9,254,287
Contributions	124,353	4,082	_	128,435
Appropriation of endowment assets for				
expenditure		(308,775)	_	(308,775)
Endowment net assets at end of year	\$ 99,205,579	\$ 3,639,981	\$ 6,600,444	\$ 109,446,004

Notes to the Consolidated Financial Statements (continued)

6. Net Assets (continued)

2011	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	\$ 91,527,136	\$ 2,788,126	\$ 6,600,444	\$ 100,915,706
Investment return				
Investment income	1,628,002	147,925	_	1,775,927
Net (depreciation) appreciation (realized				
and unrealized)	(3,731,116)	54,166	_	(3,676,950)
Contributions	207,995	10,603	_	218,598
Appropriation of endowment assets for				
expenditure	_	(236,538)	_	(236,538)
Endowment net assets at end of year	\$ 89,632,017	\$ 2,764,282	\$ 6,600,444	\$ 98,996,743

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, 2012 and 2011, 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

	2012	2011
Land	\$ 6,095,226	\$ 6,138,259
Buildings and improvements	241,334,780	231,855,821
Equipment	175,097,766	173,958,428
	422,527,772	411,952,508
Less accumulated depreciation	(274,632,798)	(260,274,904)
	147,894,974	151,677,604
Construction in progress (estimated cost to complete		
\$11,591,513)	2,535,320	1,087,466
	\$ 150,430,294	\$ 152,765,070

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		
	2012	2011	
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	\$ 31,199,642	
Series C, taxable variable rate term bond	4,544,163	4,544,163	
Barnes construction loan	_	367,534	
Capital lease obligation	3,512,827	5,997,231	
Unamortized bond premium	609,422	618,287	
	39,866,054	42,726,857	
Less current portion	(2,165,699)	(2,724,400)	
Long term portion	\$ 37,700,355	\$ 40,002,457	

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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 HHC 2011 Bonds, an obligated group was formed The members of the obligated group are HHC, Hartford Hospital, The Hospital of Central Connecticut, 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 preceding schedule. The Hospital is party to the HHC 2011 Series A and Series C Revenue Bonds. The HHC 2011 Series A Revenue Bonds consist of 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 2011 Series C Revenue Bonds consist of term bonds that mature from July 1, 2042 through July 1, 2049. The HHC 2011 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 2011 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 Supplementary 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, 2012

The fair value of the HHC 2011 Bonds was approximately \$396,836,000 and \$375,815,000 at September 30, 2012 and 2011, respectively The carrying value of the HHC 2011 Bonds was \$375,815,000 as of September 30, 2012 and 2011 The fair value of the HHC 2011 Bonds was determined by HHC's investment advisor using a market approach that uses prices and other relevant information generated by market transactions involving identical or comparable liabilities. The carrying value of the Hospital's other long-term debt approximates fair value at September 30, 2012 and 2011.

As part of the HHC 2011 Bonds, the Obligated Group entered into a line of credit for \$20,000,000 from Bank of America which expires in March 2014 In 2012, the Obligated Group entered into an additional \$60,000,000 line of credit with another bank. As of September 30, 2012, and 2011, the Hospital had not drawn on either line of credit.

Deferred financing costs of \$270,054 associated with the previous CHEFA debt were written off on September 29, 2011

Notes to the Consolidated Financial Statements (continued)

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

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, 2012 and 2011 was \$0 and \$367,534, 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, 2012 and 2011 was \$714,747 and \$1,753,967, and the net book value of the leased equipment was \$2,533,627 and \$3,133,912, respectively

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, 2012 and 2011 was \$736,662 and \$1,508,137 and the net book value of the leased equipment was \$1,864,223 and \$2,333,867, 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, 2012 and September 30, 2011 was \$735,535 and \$1,020,534 and the net book value of the leased equipment was \$876,132 and \$1,142,009, 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, 2012 and September 30, 2011 was \$1,325,872 and \$1,714,593 and the net book value of the leased equipment was \$1,755,474 and \$2,074,651, respectively

During the years ended September 30, 2012 and 2011, the Hospital paid interest of \$1,957,216, \$254,398 and \$582,741 respectively, for 2012 and 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, 2012

	Intercompany	Capital	
	Loan	Leases	Total
Year			
2013	\$ 20,610	\$2,145,089	\$ 2,165,699
2014	339,273	714,292	1,053,565
2015	383,979	547,568	931,547
2016	459,305	105,881	565,186
2017	494,824	_	494,824
Thereafter	34,045,811	_	34,045,811
Total principal paid	35,743,802	3,512,830	39,256,632
Add bond premium	609,422	_	609,422
Less current portion	20,610	2,145,089	2,165,699
	\$ 36,332,614	\$1,367,741	\$ 37,700,355

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 and \$(1,501,171) 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 Supplementary 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 \$3,730,003 and \$2,724,107 as of September 30, 2012 and 2011 The accrued liability relating to the SERP, amounted to \$6,414,692 and \$4,083,217 as of September 30, 2012 and 2011, respectively The expenses incurred related to the SERP amounted to \$672,556, \$545,778 and \$353,350 for 2012 and the Periods under Audit, respectively

Significant disclosures relating to the retirement benefit plans, which are measured as of September 30, 2012 and 2011 are as follows

		NBGH			Bradley			
		2012		2011		2012		2011
Change in benefit obligation								
Benefit obligation at beginning of								
vear	\$	(283,476,677)	\$	(271,626,303)	\$	(34,863,081)	\$	(33,733,867)
Service cost		(7,541,230)		(7,754,005)		(896,679)		(977,386)
Interest cost		(15,210,581)		(14,427,418)		(1,846,069)		(1.788,240)
Actuarial loss		(60,425,292)		3,043,406		(6,875,071)		537,168
Benefits paid		7,824,226		6,986,683		1,310,981		942,654
Administrative expenses paid		_		300,960		_		156,590
• •	\$	(358,829,554)	\$	(283,476,677)	\$	(43,169,919)	\$	(34,863,081)
Change in plan assets								
Fair value of plan assets at								
beginning of year	S	198,577,822	\$	187.165.367	S	26,411,767	\$	24,803,955
Actual return on plan assets		19,868,873	-	(1,799,902)		2,724,490	-	(292,943)
Employ er contribution		12,000,000		20,500,000		1,400,000		2,999,999
Benefits paid		(7,824,226)		(6,986,683)		(1,310,981)		(942,654)
Administrative expenses paid		_		(300,960)		_		(156,590)
	-\$	222,622,469	\$	198,577,822	\$	29,225,276	\$	26,411,767
Accrued pension liability	_	,,		· · · 		7 7- 7		
Unfunded status	_\$	(136,207,085)	\$	(84,898,845)	\$	(13,944,643)	\$	(8,451,314)

Notes to the Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

				NBGH						Bradley		
				October 1,]	February 1,			(October 1,		February 1,
				2010 to		2011 to				2010 to	_	2011 to
		2012	•	January 31, 2011		September 30, 2011		2012	J	anuary 31, 2011	5	eptember 30, 2011
Components of net periodic	_					00, 2011						
benefit cost												
Service cost	\$	7,541,230	\$	2,825,690	\$	4.928.315	\$	896,679	\$	345,069	\$	632,317
Interest cost		15,210,581		4,691,377		9,736,041		1,846,069		581,142		1.207.098
Expected return on plan assets	((17,363,183)		(5.213.859)		(9.981.137)	(2,296,126)		(625,704)		(1.322.406)
Net amortization and deferral		252,655		1.653.648		_		_		319,916		_
Net Periodic benefit cost	\$	5,641,283	\$	3.956.856	\$	4,683,219	\$	446,622	\$	620,423	\$	517,009

	NBGH		Brad	ley
	2012	2011	2012	2011
Assumptions				
Weighted average assumption used to				
determine benefit obligations were				
Discount rate	4.15%	5 30%	4.10%	5 25%
Rate of compensation increase	3.50%	3 50%	3.50%	3 50%
Weighted average assumption used to				
determine periodic 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%
Expected return on plan assets	8.00%	7 50%	8.00%	7 50%

The unfunded status of the accrued pension liability is included within the current and long-term portion of the pension liability on the accompanying consolidated balance sheets. The accumulated benefit obligation for the NBGH plan was \$314,752,363 and \$250,666,538 as of September 30, 2012 and 2011, respectively. The accumulated benefit obligation for the Bradley plan was \$39,266,754 and \$32,010,945 as of September 30, 2012 and 2011, 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

	2012			2011			
		NBGH		Bradley		NBGH	Bradley
Unamortized actuarial loss	\$	104,424,317	\$	11,723,548	\$	46,757,359	\$ 5,276,841
Amount recognized as a reduction in unrestricted net assets	\$	104,424,317	\$	11,723,548	\$	46,757,359	\$ 5,276,841

The amortization of the above items expected to be recognized in net periodic benefit costs for the year ended September 30, 2013 is \$7,182,456

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, 2012 and 2011 are as follows

	Target Allocation	NE	G H	Bra	ıdley
Asset Category	2012	2012	2011	2012	2011
Equity securities	57%	41%	59%	41%	61%
Fixed income/debt securities	25%	14%	38%	14%	37%
Commodities/inflation/real assets	8%	34%	_	34%	_
Other	10%	11%	3%	11%	2%
Total	100%	100%	100%	100%	100%

The Hospital expects to make contributions of \$12,800,000 to the NBGH plan, \$1,350,000 to the Bradley plan and \$427,542 to its SERP during fiscal 2013

Notes to the Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

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

Benefit Payments	NBGH	Bradley
Year		
2013	\$ 8,906,762	\$ 1,369,701
2014	9,553,036	1,456,050
2015	10,588,093	1,532,774
2016	11,571,913	1,638,843
2017	12,650,693	1,841,331
2018-2022	84,754,528	11,775,040

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 \$2,079,175, \$71,015 and \$1,215,415 for 2012 and 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 coverages, however, as of September 30, 2012 and 2011, the Hospital has recorded a liability for estimated incurred but not reported claims, as it currently has a claims-made 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 2012 and 2011, 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, 2012

	Written	Earned
Direct	\$ 5,413,048	\$ 5,433,065
Ceded	(2,451,984)	(2,451,984)
	\$ 2,961,064	\$ 2,981,081

Activity in the reserve for losses and loss adjustment expenses is summarized as follows for the year ended September 30, 2012

	2012	2011
Net reserve, beginning of year Incurred related to	\$ 12,654,212	\$ 17,936,438
Current year	2,796,500	3,873,000
Prior years	(5,664,687)	(5,274,650)
Total incurred	(2,868,187)	(1,401,650)
Paid related to Current year Prior years Total paid	(30,708) (300,285) (330,993)	(3,024) (3,877,552) (3,880,576)
Net reserve, end of year Plus reinsurance recoverable Gross balance, end of the year	9,455,032 7,505,995 \$ 16,961,027	12,654,212 7,355,995 \$ 20,010,207

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 \$5,664,687 in 2012

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 \$2,704,130 as of September 30, 2012

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 self-insurance and other long-term liabilities on the consolidated balance sheets and is discounted at 0.5% in 2012 and 2011. The balances as of September 30, 2012 and 2011 are \$3,728,097 and \$2,614,140, respectively

Notes to the Consolidated Financial Statements (continued)

13. Transactions with Affiliated Entities

The costs of services provided to the Hospital by various HHC affiliates are recorded as a direct cost of certain services and an allocation of shared expenditures Services provided by affiliates for 2012 and periods under audit were \$6,498,066, \$699,924, and \$2,642,672, respectively Other inter-company activity with subsidiaries of the Hospital include recurring transactions associated with operations which have been eliminated in consolidation

	September 30				
	2012	2011			
Due from CCHA Due to Hartford Hospital Due to Hartford Healthcare	\$ 2,106,655 (381,961) (1,219,116)	\$ 2,255,682 (348,551)			
Other	(43,931)	48,479			
	\$ 461,647	\$ 1,955,610			

14. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital Such lawsuits and claims are either specifically covered by insurance as explained in Note 1 or are deemed to be immaterial While the outcomes of the lawsuits cannot be determined at this time, management believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or changes in net assets of the Hospital

The Hospital has leases for various equipment and office space, which are accounted for as operating leases Operating lease expense in 2012 and the Periods under Audit was \$4,450,006, \$2,868,605 and \$1,768,423, respectively

Notes to the Consolidated Financial Statements (continued)

14. Commitments and Contingencies (continued)

As of September 30, 2012, future lease commitments on non-cancelable leases with remaining terms of one year or more consisted of the following

	Operating
Year	Leases
2013	\$ 2,527,195
2014	1,500,715
2015	1,409,994
2016	1,083,337
2017	669,708
Thereafter	1,370,989
	\$ 8,561,938

15. 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 February 1, 2011 to September 30,	Period From October 1, 2010 to January 31,
	2012	2011	2011
Health care services	\$ 328,506,982	\$ 216,397,003	\$ 111,569,749
General and administrative	37,675,534	18,143,306	12,486,505
Fundraising	597,948	386,107	195,848
	\$ 366,780,464	\$ 234,926,416	\$ 124,252,102

16. Subsequent Events

For the year ended September 30, 2012, the Hospital evaluated subsequent events through January 25, 2013, which is the date the financial statements were issued No events occurred that require disclosure or adjustment to the consolidated financial statements



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Report of Independent Auditors on Supplementary Information

The Board of Directors of The Hospital of Central Connecticut

We have audited the consolidated financial statements of The Hospital of Central Connecticut (the Hospital) as of and for the years ended September 30, 2012 and the period from October 1, 2010 to January 31, 2011 and the period from February 1, 2011 to September 30, 2011, and have issued our report thereon dated January 28, 2013, which contained an unqualified opinion on those consolidated financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole The consolidating balance sheet and statement of operations are presented for the purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, based on our audit and the report of other auditors, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

January 28, 2013

Consolidating Balance Sheets

September 30, 2012

	The Hospital of Central Connecticut	Grand Indemnity Company, LTD.	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	\$ 27,153,802	\$ 5,418,905		\$ 32,572,707
Accounts receivable, less allowance for doubtful accounts of \$16,017,907	48,473,300			48,473,300
Premiums receivable		35,686		35,686
Reinsurance recoverable		7,505,995		7.505.995
Other receivables	6.782.147			6.782.147
Due from affiliates	156,589		(71.831)	84.758
Inventories of supplies	5,943,030			5,943,030
Prepaid expenses and other assets	3.609.849	4.020		3.613.869
Assets whose use is limited - related to GIC		2,000,000		2,000,000
Total current assets	92.118.717	14.964.606	(71.831)	107.011.492
Assets whose use is limited				
Investments related to GIC		24,593,682		24,593,682
Investments and other assets	99,205,579			99,205,579
Investments for restricted purposes	26,605,513			26,605,513
Assets held in trust by others	15,192,304			15,192,304
	141,003,396	24,593,682	_	165,597.078
Funds designated for debt services	2,397,202			2,397,202
Investments in affiliates	7,530,923		(5,267,875)	2,263,048
Other assets	4,393,842		(3.207.073)	4,393,842
Due from affiliates	1.949.995			1,949,995
Property, plant and equipment, net	150,430,294			150,430,294
	166,702,256	_	(5,267,875)	161,434,381
Total assets	\$ 399,824,369	\$ 39,558,288	\$ (5,339,706)	\$ 434,042,951
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 15.593.544			\$ 15,593,544
Accrued expenses	9,196,153	38,576		9,234,729
Accrued compensation	14,266,850			14,266,850
Due to affiliates	1,644,937	71,831	(71,831)	1,644,937
Unearned premiums		26,654		26,654
Reserve for losses and loss adjustment expenses		2,000,000		2,000,000
Deferred revenue	572,719			572,719
Estimated third-party settlements	19,307,101			19,307,101
Current portion of long-term debt	2,165,699			2,165,699
Current portion of pension	14.577.542			14,577,542
Total current liabilities	77.324.545	2,137,061	(71.831)	79,389,775
Reserve for losses and loss adjustment expenses		14,961,027		14,961,027
Long-term debt	37,700,355			37,700,355
Accrued pension				141.985.877
Self-insurance and other long-term liabilities	141,985,877			141,700,011
Total liabilities				
Total habilities	141.985.877 7.802.605 264.813.382	17.098.088	(71.831)	7.802.605 281.839.639
	7.802,605	17.098.088	(71.831)	7,802,605
Net assets	7.802,605			7,802,605
Net assets Share capital	7.802,605	120,000	(120,000)	7,802,605
Net assets Share capital Contributed surplus	7.802.605 264.813.382	120.000 5.147.875		7.802.605 281.839.639
Net assets Share capital Contributed surplus Unrestricted net assets—surplus	7.802.605 264.813.382 93.203.114	120,000	(120,000)	7.802.605 281.839.639 - 110.395.439
Net assets Share capital Contributed surplus Unrestricted net assets—surplus Temporarily restricted net assets	7.802.605 264.813.382 93.203.114 20.015.125	120.000 5.147.875	(120,000)	7,802,605 281,839,639 - 110,395,439 20,015,125
Net assets Share capital Contributed surplus Unrestricted net assets surplus Temporarily restricted net assets Permanently restricted net assets	7.802.605 264.813.382 93.203.114 20.015.125 21.792.748	120,000 5,147,875 17,192,325	(120.000) (5.147.875)	7,802,605 281,839,639
Net assets Share capital Contributed surplus Unrestricted net assets—surplus Temporarily restricted net assets	7.802.605 264.813.382 93.203.114 20.015.125	120.000 5.147.875	(120.000) (5.147.875) (5.267.875)	7,802,605 281,839,639 - 110,395,439 20,015,125

Consolidating Statement of Operations and Changes in Unrestricted Net Assets

For the Year Ended September 30, 2012

	The Hospital of Central Connecticut	Grand Indemnity Company, LTD	Eliminations	Total
Revenues				
Net patient service revenue	\$ 393,528,986			\$ 393,528,986
Provision for bad debts	17,293,190			17,293,190
Net patient service revenue less provision for bad debts	376,235,796			376,235,796
Other operating revenues	13,861,784			13,861,784
Net premiums earned		2.981.081	(2,787,000)	194.081
Net assets released from restrictions used for operations	1,559,503		(=1,	1,559,503
Total revenues	391.657.083	2.981.081	(2.787.000)	391.851.164
Expenses				
Salaries and benefits	165,293,135			165,293,135
Fringe benefits	42,901,786			42,901,786
Purchased services	93,187,652		(2,787,000)	90,400,652
Supplies and other expenses	49,535,456	207,348		49,742,804
Depreciation and amortization	19,353,058			19,353,058
Losses and loss adjustment expenses		(2.868,187)		(2.868.187)
Interest	1.957.216			1.957.216
Total expenses	372,228,303	(2,660,839)	(2,787,000)	366,780,464
Income from operations, before early extinguishment of debt	19,428,780	5,641,920		25,070,700
Non-operating gains				
Investment income	1.837.455			1.837.455
Unrestricted gifts and bequests	123,070			123,070
Gains on sales of securities	542.071			542.071
Unrealized gain on investments	7,462,766			7,462,766
Total non-operating gains	9,965,362	-	-	9,965,362
Excess of revenues over expenses	29,394,142	5,641,920		35,036,062
Changes in unrestricted net assets				
Pension changes other than net periodic benefit costs	(65,083,998)			(65.083.998)
Loss on Investment in Affiliate	(133,499)			(133,499)
Unrealized gain on investments		1,795,750		1,795,750
Net assets released from restrictions for capital	399,160			399,160
	\$ (35,424,195)	\$ 7,437,670	\$ -	\$ (27.986.525)

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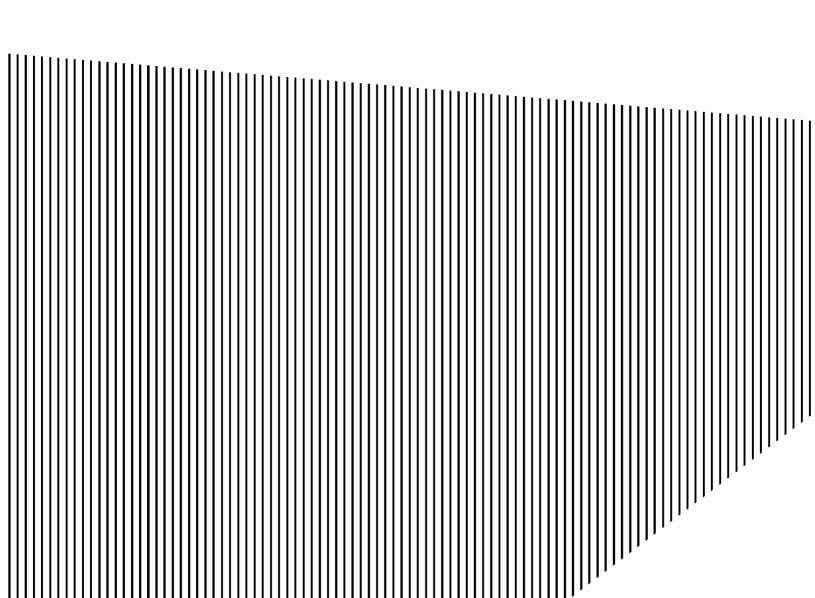
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Additional Data

Software ID: **Software Version:**

EIN: 06-0646768

Name: THE HOSPITAL OF CENTRAL CONNECTICUT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

) (Expenses \$ 274,034,156 including grants of \$) (Revenue \$ (Code 221,427,356)

OTHER ROUTINE SERVICES SUCH AS LABORATORY, MATERNITY, NEWBORN, PSYCHIATRIC AND PEDIATRIC AND ANCILLARY

SERVICES PROVIDED TO PATIENTS

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustaa or diisetor	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
CLARENCE J SILVIA PRESIDENT/ CEO/ DIRECTOR	50 00	Х		х				775,131	0	716,236
JOHN W ANDREOLI JR MD DIRECTOR	1 50	Х						47,000	0	0
FRANK R MILLER DIRECTOR	2 00	Х						0	0	0
MARIE S GUSTIN PHD DIRECTOR	2 00	Х						0	0	0
LINDSLEY WELLMAN DIRECTOR	1 70	Х						0	0	0
JOHN E DILLAWAY CHAIRMAN	2 50	Х		х				0	0	0
JOHN S MANNING DIRECTOR	2 50	Х						0	0	0
JOHN J PATRICK JR VICE CHAIRMAN	1 00	Х		х				0	0	0
ROBERT A LAPKIN MD DIRECTOR	1 50	Х						132,342	0	0
WILLIAM W WEBER SECRETARY	1 50	Х		х				0	0	0
LETTERIO ASCIUTO MD DIRECTOR	1 50	Х						20,000	0	0
REV THOMAS A MILLS JR DIRECTOR	2 00	Х						0	0	0
ELLIOT JOSEPH DIRECTOR	1 00	Х						0	1,651,290	175,301
THOMAS MARCHOZZI DIRECTOR	1 00	Х						0	690,977	62,526
JOSEPH HARRISON DIRECTOR	1 50	Х						0	0	0
AKELLA SARMA MD DIRECTOR	1 00	Х						0	0	0
JOSEPH VOELKER DIRECTOR	1 00	Х						0	0	0
BRIAN A ROGOZ VP FINANCE/TREASURER	50 00			х				787,124	0	56,764
STEVEN D HANKS MD EXECUTIVE VP & CMO	50 00			х				603,858	0	135,607
ELIZABETH A LYNCH VP HUMAN RESOURCES	50 00			х				343,705	0	80,476
JOYCE HAWRYLIK SECRETARY & ASSIST TO PRESIDENT	40 00			х				63,138	0	21,857
STEVEN A GODFREY VP ANALYTICS & DECISION SUPPORT	50 00			х				247,752	0	76,929
NANCY KROEBER VP CLINICAL OPERATIONS	50 00			х				186,170	0	98,835
DENISE PETERSON VP PATIENT CARE SERVICES	50 00			х				219,216	0	26,751
RALPH BECKER TREASURER	50 00			x				0	372,077	84,855

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARY MORGAN VP HUMAN RESOURCES	50 00			×				116,172	0	4,770
THOMAS VACCARELLI VP FACILITIES	50 00			х				163,621	0	21,311
JEFFREY A FINKELSTEIN MD CHIEF ER PHYSICIAN	50 00				х			422,695	0	99,392
MICHAEL BALKUNAS MD CHIEF OF PSYCHIATRY	50 00				х			345,896	0	92,908
MICHAEL GREY MD CHIEF OF MEDICINE	50 00				х			391,191	0	57,942
JAMES L MASSI MD CHIEF OF SURGERY	50 00				х			319,608	0	586
FRANCIS H PINTO CHIEF INFORMATION OFFICER	50 00				х			226,171	0	81,130
ELIZABETH SCHLAFF RISK MANAGER/GENERAL COUNS	50 00				х			200,080	0	54,203
HAKLAI P LAU MD HOSPITALIST	50 00					Х		475,286	0	12,744
JAMES F FLAHERTY DIRECTOR, SURGICAL ONCOLOGY	50 00					Х		377,241	0	114,511
MICHELLE MCDADE EMERGENCY ROOM PHYSICIAN	50 00					Х		360,574	0	31,197
DAVID BUONO MEDICAL DIRECTOR NBG ED	50 00					Х		363,044	0	40,800
ERIC HOBERT MEDICAL DIRECTOR BMH ED	50 00					Х		344,451	0	14,070
MAUREEN FITZSIMMONS VP PATIENT CARE SERVICES	50 00						х	354,721	0	5,445