



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 04-01-2012, 2012, and ending 03-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HSC COMMUNITY SERVICES INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2150 CORBIN AVENUE City or town, state or country, and ZIP + 4 NEW BRITAIN, CT 06053	D Employer identification number 06-1464179 E Telephone number (860) 827-1958 G Gross receipts \$ 28,854,831
F Name and address of principal officer JOHN VOTTO DO 2150 CORBIN AVENUE NEW BRITAIN, CT 06053		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW HFSC ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1996 M State of legal domicile CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION ENGAGES IN THE PROVISION OF COMMUNITY HEALTHCARE SERVICES RANGE FROM RUNNING AN OUTPATIENT DENTAL CLINIC FOR UNDERPRIVILEGED CHILDREN, A SKILLED NURSING FACILITY FOR BOTH LONG TERM CARE AND SHORT TERM REHABILITATION AND SUPPORTING REGIONALLY BASED SPORTS AND FITNESS PROGRAMS TO ALLOW PEOPLE WITH PHYSICAL DISABILITIES TO PARTICIPATE IN ORGANIZED SPORTS			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		8
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		411
6	Total number of volunteers (estimate if necessary)	6		60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	258,030	161,435
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	38,916,187	19,526,533
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	3,668	784,459
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	-64,950	31,301
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	39,112,935	20,503,728
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	19,210,963	9,415,610
b	Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0	b	0	0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	20,915,002	11,474,462
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	40,125,965	20,890,072
19	Revenue less expenses Subtract line 18 from line 12	19	-1,013,030	-386,344
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	15,251,249	3,110,489
22	Net assets or fund balances Subtract line 21 from line 20	22	13,954,322	1,426,907
			1,296,927	1,683,582

Part II 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

Sign Here	***** Signature of officer LAURIE WHELAN SENIOR VP OF FINANCE/CFO Type or print name and title	2013-11-13 Date	
Paid Preparer Use Only	Prnt/Type preparer's name ELIZABETH SOLECKI Firm's name \rightarrow BLUM SHAPIRO & COMPANY PC CPA'S Firm's address \rightarrow 29 S MAIN STREET PO BOX 272000 WEST HARTFORD, CT 061272000	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00235171 Firm's EIN \rightarrow 06-1009205 Phone no (860) 561-4000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

COMMUNITY BASED HEALTHCARE INITIATIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 18,163,303 including grants of \$) (Revenue \$ 19,358,177)

NURSING HOME CARE BRITTANY FARMS HEALTH CENTER IS A 282-BED SKILLED NURSING FACILITY OFFERING LONG TERM CARE AND SPECIALIZED UNITS FOR DEMENTIA CARE AND SHORT TERM REHABILITATION THE FACILITY ALSO OFFERS RESPITE CARE AND HOSPICE SERVICES (49,459 PATIENT DAYS)

4b (Code) (Expenses \$ 150,261 including grants of \$) (Revenue \$ 168,356)

DENTAL HEALTH CARE SPECIAL CARE DENTAL SERVICES PROVIDES ROUTINE DENTAL CARE FOR MEDICAID-ELIGIBLE AND UNDERSERVED CHILDREN (1,252 VISITS)

4c (Code) (Expenses \$ 195,504 including grants of \$) (Revenue \$ 8,020)

RECREATION & SPORTS PROGRAMS, GENERAL/OTHER SPORTS AND FITNESS PROVIDES REGIONALLY BASED PROGRAMS THAT PROVIDE OPPORTUNITIES FOR ADULTS AND CHILDREN WITH PHYSICAL DISABILITIES TO PARTICIPATE IN ORGANIZED SPORTS HSCCSI IS THE MANAGING SPONSOR OF THE CRUISERS, A TEAM OF YOUNG, PHYSICALLY DISABLED CONNECTICUT ATHLETES WHO COMPETE LOCALLY, REGIONALLY, AND NATIONALLY IN WHEELCHAIR TRACK AND FIELD COMPETITIONS, WHERE MANY CRUISERS HAVE SET SEVERAL NATIONAL RECORDS THROUGH HOSPITAL FOR SPECIAL CARE'S IVAN LENDL JUNIOR WHEELCHAIR SPORTS CAMP--THE FIRST AND ONLY ONE OF ITS KIND ON THE EAST COAST--WORLD-CLASS DISABLED ATHLETES PROVIDE CAMPERS WITH INSTRUCTION IN TENNIS, SWIMMING, BASKETBALL, AND TRACK AND FIELD AT NO COST, THANKS TO THE FUNDRAISING SUCCESS OF HOSPITAL FOR SPECIAL CARE'S ANNUAL IVAN LENDL GOLF TOURNAMENT HSCCSI ALSO SPONSORS ITS OWN WHEELCHAIR BASKETBALL TEAM, A WAVE SWIM TEAM, SKIERS' UNLIMITED, AND NUMEROUS CLINICS, CONFERENCES, AND SYMPOSIA, ALL PART OF AN EFFORT TO CHAMPION THE CAUSE OF ATHLETES LIVING WITH DISABILITIES THROUGH EDUCATION, INFORMATION AND ADVOCACY

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,509,068

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 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 during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LAURIE A WHELAN 2150 CORBIN AVE NEW BRITAIN, CT (860) 612-6309

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT LEIGNER BOARD MEMBER	30 0 00	X					0	0	0	
(2) WILLIAM DWORSKI ESQ BOARD MEMBER	30 0 00	X					0	0	0	
(3) ELIZABETH FUMIATTI BOARD MEMBER	30 2 60	X					0	0	0	
(4) VICTORIA ODESINA DNP APRN BOARD MEMBER	30 0 00	X					0	0	0	
(5) SAMUEL N PAUL BOARD MEMBER	30 30	X					0	0	0	
(6) GREGORY B HOWEY BOARD MEMBER	30 30	X					0	0	0	
(7) SISTER MARY MARK PIZZOTTI DM BOARD MEMBER	30 0 00	X					0	0	0	
(8) JOHN VOTTO DO PRESIDENT & CEO	30 39 70	X		X			7,352	543,285	124,998	
(9) LAURIE ANN WHELAN SENIOR VP FINANCE & CFO	9 00 31 00			X			59,534	234,118	35,769	
(10) FELICIA DEDOMINICIS SVP LEGAL AFFAIRS, CLO, SECRETARY, CORP COMPLIANCE	4 00 36 00			X			19,174	201,051	42,658	
(11) LYNN A RICCI SENIOR VP ADMINISTRATION & COO	4 00 36 00			X			32,231	235,048	38,722	
(12) DONALD CYR VP FACILITIES & HOSPITALITY SVCS	30 39 70			X			0	164,751	17,781	
(13) JUDITH TRZCINSKI VP HUMAN RESOURCES	30 39 70			X			0	136,477	8,623	
(14) STANISLAW JANKOWSKI VP CHIEF INFORMATION OFFICER	30 39 70			X			0	159,541	13,526	
(15) VICTORIA GOLAB VP QUALITY & PATIENT SAFETY OFFICER	30 39 70			X			0	116,935	19,829	
(16) CHRISTINE ULATOWSKI ASSISTANT SECRETARY	30 39 70			X			0	81,332	10,945	
(17) LESLIE CLARK VICE CHAIRMAN	30 30	X		X			0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM E SCHUCH ASSISTANT TREASURER	30 1 60			X				0	0	0
(19) DAVID KELLY CHAIR	30 1 60	X		X				0	0	0
(20) AMI DESAI BUSINESS UNIT DIRECTOR	40 00 0 00					X		139,634	27,758	19,938
(21) MATTHEW CATALANO ADMISSIONS/MARKETING DIRECTOR	40 00 0 00					X		86,548	13,717	21,428
(22) DAVID CRANDALL FORMER PRESIDENT & CEO	1 00 39 00						X	11,608	1,926,140	60,363
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								356,081	3,840,153	414,580

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIANCE REHAB OF CONNECTICUT 1520 KENSINGTON ROAD OAK BROOK IL 60523	REHABILITATION SERVICES MANAGEMENT	781,233
MURTHA CULLINA LLP CITY PLACE 1 HARTFORD CT 06103	LEGAL SERVICES	262,695
TOTAL LAUNDRY COLLABORATIVE 114 WOODLAND STREET HARTFORD CT 06105	LAUNDRY SERVICES	262,553
CREATIVE FINANCIAL STAFFING 29 SOUTH MAIN STREET WEST HARTFORD CT 06127	TEMPORARY STAFFING SERVICES	176,290
VALUE HEALTH CARE SERVICES INC PO BOX 715286 COLUMBUS OH 43271	PHARMACY SERVICES MANAGEMENT AND DRUGS	119,206

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____ 161,435					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		161,435			
Program Service Revenue	2a ROOM & BOARD _____	Business Code 623000	19,358,177	19,358,177		
	b DENTAL _____	621210	168,356	168,356		
	c _____					
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		19,526,533			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,645		3,645	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	110,823			
		(ii) Personal				
		b Less rental expenses	131,917			
		c Rental income or (loss)	-21,094			
	d Net rental income or (loss) ▶		-21,094			-21,094
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		9,000,000		
		b Less cost or other basis and sales expenses		8,219,186		
		c Gain or (loss)		780,814		
	d Net gain or (loss) ▶		780,814			780,814
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a _____					
		b Less direct expenses b _____				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a _____						
	b Less direct expenses b _____					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a _____						
	b Less cost of goods sold b _____					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS REVENUE _____	900099	44,144			44,144	
b SPORTS AND FITNESS _____	900099	8,020	8,020			
c PURCHASE DISCOUNTS _____	900099	231			231	
d All other revenue _____						
e Total. Add lines 11a-11d ▶		52,395				
12 Total revenue. See Instructions ▶		20,503,728	19,534,553	0	807,740	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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.	142,684		142,684	
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.	7,016,001	6,075,831	940,170	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	320,803	284,415	36,388	
9	Other employee benefits.	1,457,554	1,260,780	196,774	
10	Payroll taxes.	478,568	416,791	61,777	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	81,152		81,152	
c	Accounting.	50,698		50,698	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	987,236	959,238	27,998	
12	Advertising and promotion.	6,617		6,617	
13	Office expenses.	893,035	599,896	293,139	
14	Information technology.	9,341		9,341	
15	Royalties.				
16	Occupancy.	393,111	197,670	195,441	
17	Travel.	20,448	18,428	2,020	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,716	4,716		
20	Interest.	17,229		17,229	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	746,319	697,147	49,172	
23	Insurance.	254,036		254,036	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CONTRACTUAL ADJUSTMENTS	6,010,513	6,010,513		
b	PROVIDER TAX	696,400	696,400		
c	FOOD SERVICE	467,983	467,983		
d	PHARMACY	424,585	424,585		
e	All other expenses	411,043	394,675	16,368	
25	Total functional expenses. Add lines 1 through 24e.	20,890,072	18,509,068	2,381,004	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	826,135	1	862,648
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,585,066	4	968,198
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	741,827	9	380,557
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,172,490		
	b Less accumulated depreciation	10b 763,122	8,000,235	10c 409,368
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,097,986	15	489,718
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,251,249	16	3,110,489	
Liabilities	17 Accounts payable and accrued expenses	3,906,058	17	738,691
	18 Grants payable		18	
	19 Deferred revenue	13,147	19	15,000
	20 Tax-exempt bond liabilities	9,606,800	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	428,317	25	673,216
	26 Total liabilities. Add lines 17 through 25	13,954,322	26	1,426,907
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	861,996	27	1,275,545
	28 Temporarily restricted net assets	414,886	28	387,992
	29 Permanently restricted net assets	20,045	29	20,045
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,296,927	33	1,683,582	
34 Total liabilities and net assets/fund balances	15,251,249	34	3,110,489	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,503,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,890,072
3	Revenue less expenses Subtract line 2 from line 1	3	-386,344
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,296,927
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	772,999
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,683,582

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization
HSC COMMUNITY SERVICES INC

Employer identification number

06-1464179

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **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)**.
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 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
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e 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)
- f 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
- g 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) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	245,523	207,162	178,955	258,030	167,655	1,057,325
2 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	36,478,470	36,669,795	38,033,394	38,923,363	19,528,333	169,633,355
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	36,723,993	36,876,957	38,212,349	39,181,393	19,695,988	170,690,680
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						170,690,680

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	36,723,993	36,876,957	38,212,349	39,181,393	19,695,988	170,690,680
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,115	11,596	6,165	3,668	3,645	80,189
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	55,115	11,596	6,165	3,668	3,645	80,189
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				58,940	44,375	103,315
13 Total support. (Add lines 9, 10c, 11, and 12)	36,779,108	36,888,553	38,218,514	39,244,001	19,744,008	170,874,184
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99 890 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 850 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 050 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 110 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization HSC COMMUNITY SERVICES INC

Employer identification number 06-1464179

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06...

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	429,931	464,041	429,977	324,261	275,039
b Contributions	137,743	162,320	183,042	156,312	497,609
c Net investment earnings, gains, and losses	17,369	4,066	19,167	92,696	-78,251
d Grants or scholarships					
e Other expenditures for facilities and programs	177,328	200,496	168,145	143,292	370,136
f Administrative expenses					
g End of year balance	407,715	429,931	464,041	429,977	324,261

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 0 %
 - b** Permanent endowment 5 000 %
 - c** Temporarily restricted endowment 95 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	Yes
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,358		30,358
b Buildings		106,657	66,146	40,511
c Leasehold improvements		622,823	382,045	240,778
d Equipment		341,889	299,208	42,681
e Other		70,763	15,723	55,040
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				409,368

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	15,398,130
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-5,237,515	
e	Add lines 2a through 2d		2e	-5,237,515
3	Subtract line 2e from line 1		3	20,635,645
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-131,917	
c	Add lines 4a and 4b		4c	-131,917
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	20,503,728

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	15,011,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	131,917	
e	Add lines 2a through 2d		2e	131,917
3	Subtract line 2e from line 1		3	14,879,559
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	6,010,513	
c	Add lines 4a and 4b		4c	6,010,513
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	20,890,072

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	FUNDS ARE HELD BY THE ORGANIZATION TO FUND A SPORTS AND FITNESS PROGRAM FOR DISABLED ATHLETES, IMPROVE DENTAL CARE TO UNDERPRIVILEGED CHILDREN, FUND RENOVATIONS TO FACILITIES AND FUND INITIATIVES TO IMPROVE QUALITY OF LIFE FOR SKILLED NURSING FACILITY PATIENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS		EQUITY TRANSFERS FROM AFFILIATE 440,107 CHANGE IN EQUITY INTEREST IN AFFILIATE -22,005 ADJUSTMENTS TO SALE PRICE OF BRITTANY FARMS 354,896 CONTRACTUAL ADJUSTMENTS -6,010,513
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -131,917
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED AS REVENUE 131,917
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRACTUAL ALLOWANCES 6,010,513

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
HSC COMMUNITY SERVICES INC

Employer identification number

06-1464179

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN VOTTO DO PRESIDENT & CEO	(i)	7,352	0	0	1,186	483	9,021	0
	(ii)	492,331	0	50,954	87,633	35,696	666,614	0
(2) LAURIE ANN WHELAN SENIOR VP FINANCE & CFO	(i)	59,534	0	0	4,549	2,715	66,798	0
	(ii)	215,936	0	18,182	17,851	10,654	262,623	0
(3) FELICIA DEDOMINICIS SVP LEGAL AFFAIRS, CLO, SECRETARY, C	(i)	19,174	0	0	1,980	1,740	22,894	0
	(ii)	200,772	0	279	20,728	18,210	239,989	0
(4) LYNN A RICCI SENIOR VP ADMINISTRATION & COO	(i)	32,231	0	0	4,248	425	36,904	0
	(ii)	215,666	0	19,382	30,952	3,097	269,097	0
(5) DONALD CYR VP FACILITIES & HOSPITALITY SVCS	(i)	0	0	0	0	0	0	0
	(ii)	164,236	0	515	2,680	15,101	182,532	0
(6) STANISLAW JANKOWSKI VP CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	158,359	0	1,182	2,006	11,520	173,067	0
(7) AMI DESAI BUSINESS UNIT DIRECTOR	(i)	124,190	15,444	0	3,538	16,400	159,572	0
	(ii)	27,758	0	0	0	0	27,758	0
(8) DAVID CRANDALL FORMER PRESIDENT & CEO	(i)	11,608	0	0	735	658	13,001	0
	(ii)	380,148	0	1,545,992	31,128	27,842	1,985,110	580,249

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	UNDER AN EMPLOYMENT AGREEMENT, THE PRESIDENT RECEIVED A MONTHLY ALLOWANCE FROM HOSPITAL FOR SPECIAL CARE IN CALENDAR YEAR 2012. ADDITIONALLY, MONTHLY ALLOWANCES WERE PROVIDED BY HOSPITAL FOR SPECIAL CARE TO THE CFO AND COO. EFFECTIVE JANUARY 1, 2013, MONTHLY ALLOWANCES HAVE BEEN DISCONTINUED. HOSPITAL FOR SPECIAL CARE ALSO OFFERED, AND THE PRESIDENT ACCEPTED, THE USE OF A FINANCIAL ADVISOR.
	PART I, LINES 4A-B	DAVID CRANDALL RECEIVED SEVERANCE OF \$136,422 AND PAYMENT OF DEFERRED COMPENSATION OF \$1,367,952 DURING CALENDAR YEAR 2012 FROM HOSPITAL FOR SPECIAL CARE. THE HOSPITAL FOR SPECIAL CARE COVERED THE PRESIDENT, THE CFO, CLO, AND COO UNDER ITS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. NONE OF THAT COMPENSATION IS ATTRIBUTABLE TO THE PERFORMANCE OF THEIR DUTIES FOR HSC COMMUNITY SERVICES, INC. DEFERRAL AMOUNTS ARE DISCLOSED ON THE HOSPITAL FOR SPECIAL CARE FORM 990.

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

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

Schedule N (Form 990 or 990-EZ) (2012)

Software ID:

Software Version:

EIN: 06-1464179

Name: HSC COMMUNITY SERVICES INC

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	BRITTANY FARMS HEALTH CENTER - LAND	10-01-2012	2,800,000	PURCHASE PRICE ALLOCATION	45-2503275	AURORA HOLDINGS V LLC 8227 CLOVERLEAF DRIVE SUITE 3 MILLERSVILLE, MD 21108	LLC
	BRITTANY FARMS HEALTH CENTER - BUILDING	10-01-2012	5,300,000	PURCHASE PRICE ALLOCATION	45-2503275	AURORA HOLDINGS V LLC 8227 CLOVERLEAF DRIVE SUITE 3 MILLERSVILLE, MD 21108	LLC
	BRITTANY FARMS HEALTH CENTER - EQUIPMENT	10-01-2012	800,000	PURCHASE PRICE ALLOCATION	45-2503275	AURORA HOLDINGS V LLC 8227 CLOVERLEAF DRIVE SUITE 3 MILLERSVILLE, MD 21108	LLC
	BRITTANY FARMS HEALTH CENTER - LICENSES	10-01-2012	100,000	PURCHASE PRICE ALLOCATION	45-2503275	AURORA HOLDINGS V LLC 8227 CLOVERLEAF DRIVE SUITE 3 MILLERSVILLE, MD 21108	LLC
	BRITTANY FARMS HEALTH CENTER - TRANSACTION COSTS - ACCOUNTING FEES		11,000	HOURLY RATE			
	BRITTANY FARMS HEALTH CENTER - TRANSACTION COSTS - LEGAL FEES		262,695	HOURLY RATE	06-0686015	MURTHA CULLINA LLP 185 ASYLUM ST HARTFORD, CT 06103	LLP
	BRITTANY FARMS HEALTH CENTER - TRANSACTION COSTS - LEGAL FEES		42,491	HOURLY RATE	06-1190097	FINN DIXON & HERLING LLP 177 BROAD ST 15TH FLOOR STAMFORD, CT 06901	LLP
	BRITTANY FARMS HEALTH CENTER - TRANSACTION COSTS - LEGAL FEES		18,975	HOURLY RATE	06-1356931	BROWN & WELSH PC 530 PRESTON AVE MERIDEN, CT 06460	PC
	BRITTANY FARMS HEALTH CENTER - TRANSACTION COSTS - LEGAL FEES		24,750	HOURLY RATE	13-5513990	HAWKINS DELAFIELD & WOOD LLP ONE CHASE MANHATTAN PLAZA NEW YORK, NY 10005	LLP
	BRITTANY FARMS HEALTH CENTER - TRANSACTION COSTS - LEGAL FEES		29,500	HOURLY RATE		DUANNE MORRIS LLP 30 S 17TH ST PHILADELPHIA, PA 19106	LLP

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

2012

Open to Public Inspection

Name of the organization
HSC COMMUNITY SERVICES INC

Employer identification number

06-1464179

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE BRITTANY FARMS HEALTH CENTER ACTIVITIES WERE DISCONTINUED AND BRITTANY FARMS WAS SOLD EFFECTIVE OCTOBER 1, 2012
	FORM 990, PART VI, SECTION A, LINE 6	HSC COMMUNITY SERVICES, INC'S SOLE MEMBER IS CENTER OF SPECIAL CARE, INC CENTER OF SPECIAL CARE, INC IS THE PARENT ORGANIZATION OF HSC COMMUNITY SERVICES, INC AND ALL ITS RELATED AFFILIATES
	FORM 990, PART VI, SECTION A, LINE 7A	THE CENTER OF SPECIAL CARE, INC IS PARENT AND SOLE MEMBER OF HSC COMMUNITY SERVICES, INC AS SUCH, IT APPROVES THE APPOINTMENT OF ALL NEW MEMBERS OF THE ORGANIZATION'S BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	THE CENTER OF SPECIAL CARE, INC IS THE PARENT AND SOLE MEMBER OF HSC COMMUNITY SERVICES, INC AS SUCH, IT HAS FINAL APPROVAL OVER ALL STRATEGIC AND FINANCIAL DECISIONS MADE BY THE ORGANIZATION'S BOARD
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION PROVIDES THE 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF CENTER FOR SPECIAL CARE, INC (THE COMPANY'S PARENT ENTITY) FOR AN INDEPENDENT REVIEW ANY QUESTIONS OR CONCERNS ARE ADDRESSED PRIOR TO THE 990 BEING FILED PRIOR TO FILING, A COPY OF THE COMPLETED 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES PROVIDING SERVICES TO HSC COMMUNITY SERVICES, INC ARE COVERED BY THE CENTER OF SPECIAL CARE CONFLICT OF INTEREST POLICY THE POLICY REQUIRES ALL OFFICERS, DIRECTORS, MANAGERS, AND OTHER KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY EVERY YEAR THE STATEMENT IS PRESENTED TO THOSE INDIVIDUALS REQUIRED TO COMPLETE THE FORM AND COMPLETION OF THE FORM IS MONITORED TO ENSURE COMPLIANCE
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO, OFFICERS, AND KEY EMPLOYEES OF HSC COMMUNITY SERVICES, INC ARE EMPLOYEES OF THE HOSPITAL FOR SPECIAL CARE (EIN # 06-0646766) HOSPITAL FOR SPECIAL CARE'S PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGANIZATION'S CEO, OFFICERS, AND KEY EMPLOYEES IS AS FOLLOWS THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE CONSISTING ENTIRELY OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS ANNUALLY, THE COMMITTEE IS GIVEN RECOMMENDATIONS FROM AN INDEPENDENT CONSULTANT REGARDING THE COMPENSATION OF THOSE EMPLOYEES IDENTIFIED ABOVE THE COMMITTEE HAS THE SOLE DISCRETION TO ACCEPT OR REVISE THE RECOMMENDATIONS OF THE CONSULTANT IN SETTING THE COMPENSATION OF THE PREVIOUSLY IDENTIFIED EMPLOYEES
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND OTHER OPERATING DATA AVAILABLE TO THE GENERAL PUBLIC IN ITS SEC REQUIRED CONTINUING DISCLOSURE ON ITS OUTSTANDING MUNICIPAL DEBT THESE FILINGS HAVE BEEN MADE TO THE NATIONALLY RECOGNIZED MUNICIPAL SECURITIES INFORMATION REPOSITORIES AS MANDATED BY THE SEC ALL OF THESE FILINGS HAVE BEEN MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	EQUITY TRANSFERS FROM AFFILIATES 440,107 CHANGE IN EQUITY INTEREST IN AFFILIATE -22,005 ROUNDING 1 ADJUSTMENTS TO BRITTANY FARMS PURCHASE PRICE 354,896

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HSC COMMUNITY SERVICES INC

Employer identification number

06-1464179

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053 06-0646766	LONG TERM ACUTE CARE HOSPITAL	CT	501(C)(3)	LINE 3	N/A		No
(2) HOSPITAL FOR SPECIAL CARE FOUNDATION INC 2150 CORBIN AVENUE NEW BRITAIN, CT 06053 06-1534092	FUNDRAISING	CT	501(C)(3)	LINE 11B, II	N/A		No
(3) CENTER OF SPECIAL CARE INC 2150 CORBIN AVENUE NEW BRITAIN, CT 06053 06-1464177	PARENT ENTITY FOR FILING ORGANIZATION AND ALL AFFILIATES	CT	501(C)(3)	LINE 11B, II	N/A		No
(4) CSI RESIDENTIAL INC 2150 CORBIN AVENUE NEW BRITAIN, CT 06053 31-1584385	HOUSING FOR THE DISABLED	CT	501(C)(3)	LINE 9	N/A	Yes	
(5) MANES & MOTIONS THERAPEUTIC RIDING CENTER INC 2150 CORBIN AVENUE NEW BRITAIN, CT 06053 06-1550599	EQUINE ASSISTED THERAPY	CT	501(C)(3)	LINE 7	N/A	Yes	

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Software ID:
Software Version:
EIN: 06-1464179
Name: HSC COMMUNITY SERVICES INC

Part VII Supplemental Information

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

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

-->