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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ ☒

1

Briefly describe the organization's mission

THE ORGANIZATION IMPROVES THE HEALTH OF THE RESIDENTS OF CONNECTICUT AND PROMOTES THE AVAILABILITY OF HIGH-QUALITY, COMPREHENSIVE, COST-EFFECTIVE HEALTH CARE SERVICES TO A CHARITABLE POPULATION OF OVER HALF A MILLION CONNECTICUT RESIDENTS

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 \$ -3,630,629 including grants of \$) (Revenue \$ 174,224)

HEALTH CARE PROGRAMS, GENERAL/OTHER COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC PROVIDES HEALTH CARE SERVICES AND DISEASE MANAGEMENT SERVICES TO MEDICAID RECIPIENTS AND ADMINISTERS HEALTH CARE SERVICES TO STATE GENERAL ASSISTANCE RECIPIENTS THROUGH A STATEWIDE NETWORK COMPRISED OF FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS AND A FULL SCOPE OF OTHER CONTRACTED HEALTH CARE PRACTITIONERS AND INSTITUTIONAL PROVIDERS

4b

(Code) (Expenses \$ 65,677,602 including grants of \$ 18,374) (Revenue \$ 68,741,932)

CONNECTICUT MEDICAID MEDICAL ADMINISTRATIVE SERVICES PROGRAM THROUGH ITS MEDICAID MEDICAL ADMINISTRATIVE SERVICES PROGRAM, CHNCT PROVIDES MEDICAL ADMINISTRATIVE SERVICES TO OVER 650,000 UNDERSERVED AND VULNERABLE MEMBERS OF CONNECTICUT'S MEDICAID POPULATION WHO PARTICIPATE IN THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES' HUSKY HEALTH PROGRAM AND CHARTER OAK HEALTH PLAN THIS PROGRAM PROMOTES AND IMPROVES THE HEALTH OF MEMBERS OF CONNECTICUT'S MOST VULNERABLE AND UNDERSERVED POPULATIONS THROUGH THIS PROGRAM, CHNCT PROVIDES A COMPREHENSIVE ARRAY OF SERVICES IN MANAGING CHRONIC CONDITIONS, PROMOTING WELL CARE/PREVENTION, PROVIDING DIRECT SUPPORT TO INDIVIDUALS AND FAMILIES AND PROVIDERS, AND INTEGRATING AND ANALYZING DATA FROM MULTIPLE SOURCES KEY OBJECTIVES OF THIS PROGRAM INCLUDE IMPROVING QUALITY OF CARE AND HEALTH CARE OUTCOME FOR INDIVIDUALS SERVED BY CONNECTICUT'S MEDICAID PROGRAM WHILE DRIVING DOWN THE COST OF CARE THROUGH BETTER MANAGEMENT OF SERVICE UTILIZATION, PROVIDING UNINTERRUPTED AND SEAMLESS SERVICES TO MEMBERS OF CONNECTICUT'S MEDICAID POPULATION AND THE NETWORK OF HEALTH CARE PROVIDERS WHO SERVE SUCH POPULATION, ANDDERIVING INTELLIGENCE FROM OUR COMPREHENSIVE REPOSITORY OF CLAIMS AND CLINICAL INFORMATION TO OPTIMALLY MANAGE MEDICAL EXPENSES AND UTILIZATION CHNCT IS DEDICATED TO SERVING MEMBERS OF THIS VULNERABLE AND UNDERSERVED POPULATION WITH THEIR DESIRE TO IMPROVE HEALTH OUTCOMES, DEVELOP MEDICAL SELF-MANAGEMENT SKILLS AND IMPROVE MEDICATION MANAGEMENT

4c

(Code) (Expenses \$ 2,800,000 including grants of \$ 2,800,000) (Revenue \$ 0)

ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM THROUGH ITS ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM, CHNCT MAKES CHARITABLE GRANTS TO ORGANIZATIONS THAT ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM IS DESIGNED TO AFFORD CHNCT'S FOUNDING FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SITES AN OPPORTUNITY TO REQUEST FUNDING FOR PROJECT AND/OR FACILITY IMPROVEMENTS THAT WOULD ENHANCE ACCESS TO CARE AT THESE LOCATIONS EACH OF THESE FQHCS IS A TAX-EXEMPT CHARITABLE ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE INITIATIVES THAT QUALIFY FOR AN ENVIRONMENTAL SUPPORT CHARITABLE GRANT MUST BE RELATED TO EXPANDING ACCESS TO HEALTHCARE, EMERGENCY ROOM DIVERSION, SPECIALTY SERVICE/ACCESS TO SPECIALTY CARE, HELPING WITH MEDICAL HOME MODEL INITIATIVES, IMPLEMENTING MEANINGFUL USE INITIATIVES, AND/OR FQHC FACILITY IMPROVEMENTS DURING 2013, CHNCT MADE GRANTS OF \$400,000 TO EACH OF ITS SEVEN FOUNDING TAX-EXEMPT 501(C)(3) FQHCS FOR A TOTAL OF \$2,800,000 IN CHARITABLE GRANTS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

64,846,973

Form 990 (2013)

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>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	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> 	8	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> 	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 "Yes," complete Schedule D, Part V</i> 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <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? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	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> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	Yes
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> 	12a	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> 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	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>	18	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>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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	Yes	
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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	77	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	525
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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	Yes

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	b 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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
	b 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	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	c 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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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	No
16b	b 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	

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 ☒ 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 ▶DINA BLANEY 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492 (203) 949-4117

Part VII

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

Check if Schedule O contains a response or note to any line 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) ANTOINETTE D'ALMEIDA BOARD MEMBER	50	X						0	0	0
(2) LUDWIG SPINELLI CHAIR	50	X						0	0	0
(3) CARL MIKOLOWSKY TREASURER/SECRETARY/BOARD	50	X						1,702	0	0
(4) SYLVIA B KELLY EXEC DIRECTOR/CEO/VICE CHAIR	40 00	X		X				486,842	0	35,152
(5) JOHN H SENECHAL MD BOARD MEMBER	50	X						3,084	0	0
(6) IBRAHIM BENITEZ SR VICE PRESIDENT/CFO	40 00			X				290,088	0	29,984
(7) CORY LUDINGTON VICE PRESIDENT	40 00			X				217,546	0	14,370
(8) GAIL DIGIOIA VICE PRESIDENT	40 00			X				232,506	0	27,153
(9) JAMES KARL VICE PRESIDENT	40 00			X				225,070	0	27,477
(10) JOHN FEDERICO SR VICE PRESIDENT	40 00			X				377,665	0	29,001
(11) JOHN KAUKAS VICE PRESIDENT	40 00			X				250,269	0	28,028
(12) MARY ANN CYR VICE PRESIDENT	40 00			X				286,786	0	11,116
(13) ANNISE CARO DIRECTOR	40 00				X			151,303	0	15,983
(14) VENICE FRANCIS-CHURILOV DIRECTOR	40 00				X			150,678	0	12,447
(15) ROBERTA GELLER DIRECTOR	40 00				X			152,541	0	17,882
(16) AIDINHA BLANEY DIRECTOR OF FINANCE	40 00				X			151,283	0	25,731
(17) TRACY CENTOLA DIRECTOR	40 00					X		138,733	0	21,194

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	3,658,721	0	367,890

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 ►17

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
CARE TO CARE LLC 755 SECOND AVE 2ND FLOOR NEW YORK NY 10017	IMAGING RADIOLOGY BENEFIT MGMT	1,756,486
HTMS AND EMDEON COMPANY PO BOX 572490 SALT LAKE CITY UT 84157	IT CONSULTING	538,454
CERVALIS LLC 4 ARMSTRONG RD SHELTON CT 06484	DISASTER RECOVERY SERVICES	239,574
KPMG LLP DEPT 0511 PO BOX 120511 DALLAS TX 75312	AUDIT/ACCOUNTING SERVICES	227,497
QUALITY MECHANICAL SERVICES LLC PO BOX 186 TORRINGTON CT 06790	HEATING & AIR CONDITIONING SERVICES	215,894

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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	ASO REVENUE	68,298,477	68,298,477		
	b	REWARDS TO QUIT PROGRAM	342,999	342,999		
	c	SAGA - ASO REVENUE	191,929	191,929		
	d	GRANT FUNDS - AQG	64,343	64,343		
	e	GRANT FUNDS - HCCN	35,063	35,063		
	f	All other program service revenue	-17,705	-17,705		
	g	Total. Add lines 2a-2f	68,915,106			
		Business Code				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	53,586			53,586
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	85,000			85,000
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
	11a	OTHER INCOME	1,050	1,050		
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,050			
	12	Total revenue. See Instructions	69,054,742	68,916,156	0	138,586

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 or note to any line 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.	2,812,845	2,812,845		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	5,529	5,529		
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.	2,977,363	2,977,363		
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.	26,030,408	25,671,277	359,131	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	571,338	564,549	6,789	
9	Other employee benefits.	4,631,925	4,572,915	59,010	
10	Payroll taxes.	2,271,765	2,244,751	27,014	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	210,320	48,888	161,432	
c	Accounting.	151,321	151,321		
d	Lobbying.	37,643		37,643	
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).	3,503,709	3,297,412	206,297	
12	Advertising and promotion.	3,505	2,343	1,162	
13	Office expenses.	2,994,221	2,984,075	10,146	
14	Information technology.	8,088,177	8,088,177		
15	Royalties.				
16	Occupancy.	1,281,557	1,281,557		
17	Travel.	125,681	120,343	5,338	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	168,314	166,906	1,408	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	2,856,011	2,856,011		
23	Insurance.	443,768	443,768		
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	MCKESSON	6,152,111	6,152,111		
b	CARE TO CARE	1,759,986	1,759,986		
c	VALUE OPTIONS	1,678,519	1,678,519		
d	OTHER	453,662	410,057	43,605	
e	All other expenses	-3,443,730	-3,443,730		
25	Total functional expenses. Add lines 1 through 24e.	65,765,948	64,846,973	918,975	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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		28,851,343	2	29,096,315
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,457,589	4	1,942,165
	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			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a18,168,889			
	b	Less accumulated depreciation	10b8,552,291	8,724,525	10c	9,616,598
	11	Investments—publicly traded securities		6,005,530	11	6,156,424
	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		2,783,354	15	2,722,631
	16	Total assets. Add lines 1 through 15 (must equal line 34)		47,822,341	16	49,534,133
Liabilities	17	Accounts payable and accrued expenses		6,686,061	17	8,905,279
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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		6,920,557	25	6,624,337
	26	Total liabilities. Add lines 17 through 25		13,606,618	26	15,529,616
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		748,984	30	748,984
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		33,466,739	32	33,255,533
	33	Total net assets or fund balances		34,215,723	33	34,004,517
	34	Total liabilities and net assets/fund balances		47,822,341	34	49,534,133

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,054,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,765,948
3	Revenue less expenses Subtract line 2 from line 1	3	3,288,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,215,723
5	Net unrealized gains (losses) on investments	5	100,000
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	-3,600,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,004,517

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☐ Consolidated basis ☐ 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 ☐ Separate basis ☒ Consolidated basis ☐ 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 D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY HEALTH NETWORK OF CONNECTICUT INC	Employer identification number 06-1429341
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

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

b

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | 412,300 | | | 412,300 |
| b Buildings | 2,764,984 | | 871,692 | 1,893,292 |
| c Leasehold improvements | 2,981,787 | | 1,311,418 | 1,670,369 |
| d Equipment | 10,153,966 | | 5,171,458 | 4,982,508 |
| e Other | 1,855,852 | | 1,197,723 | 658,129 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 9,616,598 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	69,223,961
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	169,219
e	Add lines 2a through 2d	2e	169,219
3	Subtract line 2e from line 1	3	69,054,742
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	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	69,054,742

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	65,960,156
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	194,208
e	Add lines 2a through 2d	2e	194,208
3	Subtract line 2e from line 1	3	65,765,948
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	65,765,948

Part XIII Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	THE COMPANY FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR INCOME TAXES (ASC 740), RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COMPANY BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHN FOUNDATION REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS NET OF IN-KIND CONTRIBUTIONS FROM CHN FOR INTER-COMPANY EXPENSES \$440,077, CHN FOUNDATION FORM 990-PF FILED SEPARATELY UNDER EIN 20-0395748.
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHN FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS NET OF IN-KIND CONTRIBUTIONS FROM CHN FOR INTER-COMPANY EXPENSES \$440,077, CHN FOUNDATION FORM 990-PF FILED SEPARATELY UNDER EIN 20-0395748.

[illegible]

Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2013
		Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Name of the organization COMMUNITY HEALTH NETWORK OF CONNECTICUT INC		Employer identification number 06-1429341

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STAYWELL HEALTH CARE INC 80 PHOENIX AVENUE SUITE 201 WATERBURY,CT 06702	22-3160873	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(2) OPTIMUS HEALTH CARE INC 982 EAST MAIN STREET BRIDGEPORT,CT 06608	06-0972166	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(3) CHARTER OAK HEALTH CENTER 21 GRAND STREET HARTFORD,CT 06106	06-0986747	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(4) FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE NEW HAVEN,CT 06513	06-0883545	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(5) GENERATIONS FAMILY HEALTH CENTER INC 40 MANSFIELD AVENUE WILLIMANTIC,CT 06226	22-3158253	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(6) CORNELL SCOTT - HILL HEALTH CORP 400 COLUMBUS AVENUE NEW HAVEN,CT 06519	06-0870990	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(7) SOUTHWEST COMMUNITY HEALTH CENTER INC 46 ALBION STREET BRIDGEPORT,CT 06605	06-1023013	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME
(8) COMMUNITY HEALTH CENTER INC 635 MAIN STREET MIDDLETOWN,CT 064572718	06-0897105	N/A	6,615				A STIPEND IS PAID TO HEALTH CENTERS FOR EACH MEMBER THAT ENROLLS IN THE REWARDS TO QUIT PROGRAM WHICH ASSISTS MEMBERS IN QUITTING SMOKING THEY ARE PAID \$35 PER MEMBER ENROLLED
(9)							THE PURPOSE OF THE GRANT WAS TO PROVIDE THE FUNDS FOR CHN HOLDINGS TO PURCHASE THE PROPERTY LOCATED AT 4 FAIRFIELD BOULEVARD, WALLINGFORD, CT

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

7

3

Enter total number of other organizations listed in the line 1 table

1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PREPAID DEBIT CARDS ISSUED TO MEMBERS WHEN THEY SIGN UP FOR REWARDS TO QUIT PROGRAM	79	5,529		FMV	

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM THROUGH ITS ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM, CHNCT MAKES CHARITABLE GRANTS TO ORGANIZATIONS THAT ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ENVIRONMENTAL SUPPORT CHARITABLE GRANT PROGRAM IS DESIGNED TO AFFORD CHNCT'S FOUNDING FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SITES AN OPPORTUNITY TO REQUEST FUNDING FOR PROJECT AND/OR FACILITY IMPROVEMENTS THAT WOULD ENHANCE ACCESS TO CARE AT THESE LOCATIONS EACH OF THESE FQHCS IS A TAX-EXEMPT CHARITABLE ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE INITIATIVES THAT QUALIFY FOR AN ENVIRONMENTAL SUPPORT CHARITABLE GRANT MUST BE RELATED TO EXPANDING ACCESS TO HEALTHCARE, EMERGENCY ROOM DIVERSION, SPECIALTY SERVICE/ACCESS TO SPECIALTY CARE, HELPING WITH MEDICAL HOME MODEL INITIATIVES, IMPLEMENTING MEANINGFUL USE INITIATIVES, AND/OR FQHC FACILITY IMPROVEMENTS DURING 2013, CHNCT MADE GRANTS OF \$400,000 TO EACH OF ITS SEVEN FOUNDING TAX-EXEMPT 501(C)(3) FQHCS FOR A TOTAL OF \$2,800,000 IN CHARITABLE GRANTS

Additional Data

Software ID:
Software Version:
EIN: 06-1429341
Name: COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAYWELL HEALTH CARE INC 80 PHOENIX AVENUE SUITE 201 WATERBURY,CT 06702	22-3160873	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS,THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIMUS HEALTH CARE INC 982 EAST MAIN STREET BRIDGEPORT, CT 06608	06-0972166	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARTER OAK HEALTH CENTER 21 GRAND STREET HARTFORD, CT 06106	06-0986747	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERATIONS FAMILY HEALTH CENTER INC 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226	22-3158253	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL SCOTT - HILL HEALTH CORP 400 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0870990	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COMMUNITY HEALTH CENTER INC 46 ALBION STREET BRIDGEPORT, CT 06605	06-1023013	501(C)(3)	400,000				THE ENVIRONMENTAL SUPPORT PROGRAM HAS AS ITS PRIMARY FOCUS, THE ENHANCEMENT OF HEALTH CARE DELIVERY PROVIDED TO CHNCT MEMBERS AND THEIR FAMILIES WHO ARE DEPENDENT UPON THESE SITES AS THEIR MEDICAL HOME

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER INC 635 MAIN STREET MIDDLETOWN,CT 064572718	06-0897105	N/A	6,615				A STIPEND IS PAID TO HEALTH CENTERS FOR EACH MEMBER THAT ENROLLS IN THE REWARDS TO QUIT PROGRAM WHICH ASSISTS MEMBERS IN QUITTING SMOKING THEY ARE PAID \$35 PER MEMBER ENROLLED

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							THE PURPOSE OF THE GRANT WAS TO PROVIDE THE FUNDS FOR CHN HOLDINGS TO PURCHASE THE PROPERTY LOCATED AT 4 FAIRFIELD BOULEVARD, WALLINGFORD, CT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

Employer identification number
06-1429341

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) 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				
See Additional Data Table								

Part III **Supplemental Information**

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.

Return Reference	Explanation
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Additional Data**Software ID:****Software Version:****EIN:** 06-1429341**Name:** COMMUNITY HEALTH NETWORK OF CONNECTICUT INC**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SYLVIA B KELLY EXEC DIRECTOR/CEO/VICE CHAIR	(i)	401,795	85,047	0	0	35,152	521,994	0
	(ii)	0	0	0	0	0	0	0
IBRAHIM BENITEZ SR VICE PRESIDENT/CFO	(i)	243,432	46,656	0	0	29,984	320,072	0
	(ii)	0	0	0	0	0	0	0
CORY LUDINGTON VICE PRESIDENT	(i)	170,168	47,378	0	0	14,370	231,916	0
	(ii)	0	0	0	0	0	0	0
GAIL DIGIOIA VICE PRESIDENT	(i)	185,136	47,370	0	0	27,153	259,659	0
	(ii)	0	0	0	0	0	0	0
JAMES KARL VICE PRESIDENT	(i)	178,125	46,945	0	0	27,477	252,547	0
	(ii)	0	0	0	0	0	0	0
JOHN FEDERICO SR VICE PRESIDENT	(i)	330,709	46,956	0	0	29,001	406,666	0
	(ii)	0	0	0	0	0	0	0
JOHN KAUKAS VICE PRESIDENT	(i)	202,888	47,381	0	0	28,028	278,297	0
	(ii)	0	0	0	0	0	0	0
MARY ANN CYR VICE PRESIDENT	(i)	231,688	55,098	0	0	11,116	297,902	0
	(ii)	0	0	0	0	0	0	0
ANNISE CARO DIRECTOR	(i)	146,413	4,890	0	0	15,983	167,286	0
	(ii)	0	0	0	0	0	0	0
VENICE FRANCIS- CHURILOV DIRECTOR	(i)	145,788	4,890	0	0	12,447	163,125	0
	(ii)	0	0	0	0	0	0	0
ROBERTA GELLER DIRECTOR	(i)	144,391	8,150	0	0	17,882	170,423	0
	(ii)	0	0	0	0	0	0	0
AIDINHA BLANEY DIRECTOR OF FINANCE	(i)	151,283	0	0	0	25,731	177,014	0
	(ii)	0	0	0	0	0	0	0
TRACY CENTOLA DIRECTOR	(i)	138,733	0	0	0	21,194	159,927	0
	(ii)	0	0	0	0	0	0	0
DEBORAH AMATO DIRECTOR	(i)	131,023	0	0	0	25,109	156,132	0
	(ii)	0	0	0	0	0	0	0
MARY KRENTZMAN DIRECTOR	(i)	141,486	0	0	0	19,680	161,166	0
	(ii)	0	0	0	0	0	0	0
RAY CONNELLY DIRECTOR	(i)	131,432	0	0	0	25,323	156,755	0
	(ii)	0	0	0	0	0	0	0

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization COMMUNITY HEALTH NETWORK OF CONNECTICUT INC	Employer identification number 06-1429341
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S MEMBER HAS THE POWER TO ELECT THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY. MORE SPECIFICALLY, COMMUNITY HEALTH NETWORK OF CONNECTICUT HOLDINGS, INC., THE ORGANIZATION'S SOLE MEMBER, HAS THE POWER TO ELECT AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION ARE RESERVED TO THE MEMBER. MORE SPECIFICALLY, COMMUNITY HEALTH NETWORK OF CONNECTICUT HOLDINGS, INC., THE ORGANIZATION'S SOLE MEMBER, HAS THE EXCLUSIVE POWER TO AMEND THE BYLAWS OF THE ORGANIZATION. IN ADDITION, IN ACCORDANCE WITH SUCH BYLAWS, THE ORGANIZATION'S SOLE MEMBER HAS APPROVAL RIGHT WITH RESPECT TO THE ORGANIZATION'S ABILITY TO: (I) ADOPT OR MODIFY THE ORGANIZATION'S MISSION STATEMENT, (II) ADOPT OR MODIFY THE ORGANIZATION'S BUDGETS, (III) APPROVE SIGNIFICANT BORROWINGS, (IV) HIRE THE ORGANIZATION'S PRESIDENT, (V) APPROVE SIGNIFICANT CHANGES IN THE ORGANIZATION'S ACTIVITIES, (VI) ACQUIRE OR DISPOSE OF SIGNIFICANT ASSETS, (VII) FILE FOR BANKRUPTCY, AND (VIII) AMEND THE CERTIFICATE OF INCORPORATION.
FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF FINANCE AND THE CFO REVIEWED THE FORM 990 BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS TO THE COMPLIANCE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15	THE VICE PRESIDENT OF HUMAN RESOURCES COMPILES SURVEYS AND COMPARABLE DATA TO DETERMINE COMPENSATION. THE BOARD APPROVES THE CEO'S SALARY AND BONUSES.
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THESE DOCUMENTS WOULD BE MADE AVAILABLE ON THE PREMISES OF THE COMPANY'S CORPORATE LOCATION FOR REVIEW BY THE PUBLIC.
FORM 990, PART VII	ANTOINETTE D'ALMEIDA - 177 ALLEN STREET, WATERBURY, CT 06706 LUDWIG SPINELLI - 982 EAST MAIN STREET, BRIDGEPORT, CT 06608 CARL MIKOLOWSKY - 43 GRANITE COURT, COLCHESTER, CT 06415 JOHN H. SENECHAL, M.D. - 19 JOE SABBATH DRIVE, TOLLAND, CT 06084
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN E	REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS - THE ORGANIZATION ATTEMPTED TO SECURE THE REPORTABLE COMPENSATION OF THE BOARD MEMBERS FROM THE RELATED ORGANIZATIONS LISTED ON SCHEDULE R. THEY WERE UNABLE TO GET THIS COMPENSATION INFORMATION TO REPORT ON THE FORM 990.
FORM 990, PART XI, LINE 9	DISTRIBUTION TO SOLE MEMBER, CHNCT HOLDINGS, INC., A 501(C)(3) ORGANIZATION - 3,600,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

Employer identification number
06-1429341

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

Cat No 50135Y

Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION INC	0	440,361	

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 06-1429341

Name: COMMUNITY HEALTH NETWORK OF CONNECTICUT INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) STAYWELL HEALTH CARE INC 80 PHOENIX AVENUE WATERBURY, CT 06702 22-3160873	MEDICAL CLINIC, HEALTHY START, DENTAL CLINIC, PRENATAL, GYN, BEHAVORIAL HLTH	CT	501(C)(3)	LINE 7	N/A		No
(1) OPTIMUS HEALTH CARE INC 982 EAST MAIN STREET BRIDGEPORT, CT 06608 06-0972166	PROVIDES PRIMARY CARE SERVICES TO LOW INCOME AND DISADVANTAGED INDIVIDUALS	CT	501(C)(3)	LINE 7	N/A		No
(2) CHARTER OAK HEALTH CENTER 21 GRAND STREET HARTFORD, CT 06106 06-0986747	PROVIDES HEALTH SERVICES TO MEDICALLY UNDERSERVED AND PERSONS OF ALL AGES	CT	501(C)(3)	LINE 7	N/A		No
(3) FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE NEW HAVEN, CT 06513 06-0883545	PROVIDES HEALTH CARE SERVICES TO MEDICALLY UNDERSERVED IN NEW HAVEN AREA	CT	501(C)(3)	LINE 9	N/A		No
(4) GENERATIONS FAMILY HEALTH CENTER INC 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226 22-3158253	PROVIDES HEALTH CARE SERVICES TO MEDICALLY UNDERSERVED POPULATIONS	CT	501(C)(3)	LINE 7	N/A		No
(5) CORNELL SCOTT-HILL HEALTH CORP 400 COLUMBUS AVENUE NEW HAVEN, CT 06519 06-0870990	PROVIDES MEDICAL, BEHAVORIAL HEALTH, DENTAL, AND PREVENTION SERVICES	CT	501(C)(3)	LINE 7	N/A		No
(6) SOUTHWEST COMMUNITY HEALTH CENTER INC 46 ALBION STREET BRIDGEPORT, CT 06605 06-1023013	OFFERS PRIMARY HEALTH CARE SERVICES TO THE GREATER BRIDGEPORT AREA	CT	501(C)(3)	LINE 7	N/A		No
(7) COMMUNITY HEALTH NETWORK OF CONNECTICUT FOUNDATION INC 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492 20-0395748	SUPPORTS NONPROFIT ACTIVITIES OF COMMUNITY HEALTH CENTERS AND NONPROFIT ORGS	CT	501(C)(3)	LINE 7	COMMUNITY HEALTH NETWORK OF CONNECTICUT INC	Yes	
(8) COMMUNITY HEALTH NETWORK OF CONNECTICUT HOLDINGS INC 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492 45-5239655	SUPPORTS T/E ACTIVITIES OF CHNCT THRU STRATEGIC PLNG & FACILITY MAINTENANCE	CT	501(C)(3)	LINE 11A, I	N/A		No