


<p>Form 990</p> <p></p> <p>Department of the Treasury</p> <p>Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ Do not enter social security numbers on this form as it may be made public.</p> <p>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</p>	<p>OMB No 1545-0047</p> <p>2015</p> <p>Open to Public Inspection</p>
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Community Health Network of Connecticut Inc		D Employer identification number 06-1429341
	Doing business as		E Telephone number (203) 949-4000
	Number and street (or P O box if mail is not delivered to street address) 11 FAIRFIELD BOULEVARD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code WALLINGFORD, CT 06492		G Gross receipts \$ 98,665,894
	F Name and address of principal officer IBRAHIM BENITEZ 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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 type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► WWW.CHNCT.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 1995	M State of legal domicile CT

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 700,000 CONNECTICUT RESIDENTS		
	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 5		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 597		
	6 Total number of volunteers (estimate if necessary) 6 0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0		
b Net unrelated business taxable income from Form 990-T, line 34 7b 0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,710,814	82,426,603
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,663	232,740
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,517	54,000
		78,878,994	82,713,343
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,168,580	1,281,050
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,982,470	46,557,283
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,265,976	34,050,069
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	77,417,026	81,888,410
	19 Revenue less expenses Subtract line 18 from line 12	1,461,968	824,933
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	50,694,179	41,844,115
	21 Total liabilities (Part X, line 26)	16,136,431	6,868,310
	22 Net assets or fund balances Subtract line 21 from line 20	34,557,748	34,975,805

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	*****				2016-10-31
	Signature of officer				Date
	IBRAHIM BENITEZ SENIOR VICE PRESIDENT & CFO				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name JOHN TOSCANO		Preparer's signature JOHN TOSCANO		Date
	Firm's name ▶ COHNREZNICK LLP		Firm's EIN ▶ 22-1478099		Check <input type="checkbox"/> if self-employed PTIN P00358542
	Firm's address ▶ 350 Church Street 12th floor		Phone no (959) 200-7000		
	Hartford, CT 06103				

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 700,000 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 \$ -174,963 including grants of \$) (Revenue \$ 0)
HEALTH CARE PROGRAMS, GENERAL/OTHER: IN 2015, CHNCT CONTINUED TO RECEIVE FUNDS DIRECTLY RELATED TO THIRD PARTY LIABILITY CLAIMS OVERPAYMENT RECOVERY AUDIT WORK CONDUCTED BY HEALTH MANAGEMENT SYSTEMS (HMS) AND FIRST RECOVERY (FR). SINCE CHNCT ENTERED INTO THE AGREEMENT WITH CT DSS AS THE MEDICAID PROGRAM'S MEDICAL ADMINISTRATIVE SERVICES ORGANIZATION EFFECTIVE JANUARY 1, 2012, CHNCT IS NO LONGER AT RISK FOR MEDICAID CLAIMS PAYMENTS AND AUDIT RECOVERY RESULTS HAVE DECREASED CONSIDERABLY. HOWEVER, HMS AND FR CONTINUE TO CONDUCT RECOVERY AUDIT WORK SOLELY ON CLAIMS PAID THAT HAD A MEDICAL SERVICE PROVIDED PRIOR TO 2012














4b (Code) (Expenses \$ 79,974,782 including grants of \$ 231,056) (Revenue \$ 82,480,603)
CONNECTICUT MEDICAID MEDICAL ADMINISTRATIVE SERVICES PROGRAM. THROUGH ITS MEDICAID MEDICAL ADMINISTRATIVE SERVICES PROGRAM, CHNCT PROVIDES MEDICAL ADMINISTRATIVE SERVICES TO OVER 700,000 UNDERSERVED AND VULNERABLE MEMBERS OF CONNECTICUT'S MEDICAID POPULATION WHO PARTICIPATE IN THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES' HUSKY HEALTH PROGRAM. 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, AND DERIVING 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 \$ 1,050,000 including grants of \$ 1,050,000) (Revenue \$)
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 FROM CHNCT FOR PROJECT AND/OR FACILITY IMPROVEMENTS THAT WOULD EXPAND ACCESS TO HEALTHCARE, ENHANCE ACCESS TO SPECIALTY CARE, ASSIST WITH MEDICAL HOME MODEL INITIATIVES, IMPLEMENT ELECTRONIC HEALTH RECORD MEANINGFUL USE INITIATIVES, AND/OR HELP PROVIDE CARE ALTERNATIVES WHEN HOSPITAL EMERGENCY ROOM SERVICES ARE NOT A NECESSITY DURING 2015. CHNCT MADE GRANTS OF \$150,000 TO EACH OF ITS SEVEN FOUNDING TAX-EXEMPT 501(C)(3) FQHCs FOR A TOTAL OF \$1,050,000 IN CHARITABLE GRANTS.

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

4e **Total program service expenses** ▶ 80,849,819

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</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	70	
b	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?	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.	597	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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 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	5	
1b	Enter the number of voting members included in line 1a, above, who are independent	4	
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	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?		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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," 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 ☒ 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, address, and telephone number of the person who possesses the organization's books and records
 IBRAHIM BENITEZ 11 FAIRFIELD BOULEVARD WALLINGFORD, CT 06492 (203) 949-4000

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	0 50	X						0	0	0
(2) Carl A Mikolowsky DDS Treasurer/Secretary	0 50	X		X				1,914	0	0
(3) John H Senechal MD board Member	0 50	X						1,914	0	0
(4) Ludwig Spinelli chair	0 50	X		X				0	0	0
(5) SYLVIA B KELLY President, CEO and Vice Chair	40 00 3 00	X		X				503,847	0	34,304
(6) ibrahim Benitez sr VP and Chief Financial Officer	40 00 2 00			X				359,986	0	40,231
(7) waldemar Rosano sr vp and chief medical OFFICER	40 00 2 00			X				342,755	0	21,959
(8) mary ann cyr SR VP, health services	40 00			X				319,981	0	12,766
(9) john kaukas vp and chief information officer	40 00			X				239,870	0	37,816
(10) gail digioia vp, member and provider services	40 00			X				232,648	0	38,652
(11) joseph j karl vp, human resources	40 00			X				227,719	0	30,986
(12) cory ludington vp for government affairs and compliance	40 00			X				226,436	0	18,311
(13) steven bartolotta vp and chief information secunity officer	40 00			X				193,143	0	17,584
(14) tressa spears vp, comm affairs and Exec Dir CHNCT Foundation	4 00 36 00			X				149,852	0	27,892

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			
(15) venice francis-Chunlov director of intensive care management	40 00				X			188,076	0	16,319
(16) attilio granata medical reviewer	40 00 2 00					X		257,768	0	28,628
(17) nchard cowett medical reviewer	40 00					X		233,445	0	29,731
(18) aidINHA BLANEY director of Finance	40 00					X		185,064	0	40,131
(19) gregory barbiero director of medical economics and network mgmt	40 00					X		184,698	0	8,950
(20) annise caro director of utilization management	40 00					X		181,312	0	27,516
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						4,030,428		0		431,776

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 ▶ 66

	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>		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>	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>		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 485 madison ave 2nd floor new york, NY 10022	imaging radiology benefit managment	2,044,450
	nesco resource llc po box 901372 clevelande, OH 44190	temporary help services	313,156
	htms - ebs masters llc po box 572490 salt lake city, UT 841572490	it consulting	279,384
	shipman & Goodwin llp one constitution plaza hartford, CT 06103	legal	277,843
	cervalis llc 6 norden place norwalk, CT 06855	disaster recovery services	272,808
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 ▶ 10		

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 _____ Business Code 561000	80,756,954	80,756,954				
	b	grant funds - rewards to quit _____ 561000	1,276,494	1,276,494				
	c	grant funds - AQG _____ 561000	340,746	340,746				
	d	grant funds - HCCN _____ 561000	52,409	52,409				
	e	_____						
	f	All other program service revenue _____						
	g	Total. Add lines 2a-2f ▶	82,426,603					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	247,430			247,430	
4		Income from investment of tax-exempt bond proceeds . . . ▶						
5		Royalties ▶						
6a		Gross rents	(i) Real (ii) Personal					
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss) ▶					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss) ▶					-14,684
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		other income _____ 900099	54,000	54,000				
		b _____						
	c _____							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶	54,000					
12	Total revenue. See Instructions ▶	82,713,349	82,480,603	0	232,746			

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 domestic organizations and domestic governments. See Part IV, line 21	1,093,680	1,093,680		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	187,376	187,376		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,284,961	3,284,961		
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	33,575,789	33,178,406	397,383	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	897,802	887,817	9,985	
9	Other employee benefits	5,900,599	5,771,692	128,907	
10	Payroll taxes	2,898,134	2,856,827	41,307	
11	Fees for services (non-employees)				
a	Management				
b	Legal	447,831	150,949	296,882	
c	Accounting	110,044	110,044		
d	Lobbying	30,000		30,000	
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)	5,828,845	5,772,697	56,148	
12	Advertising and promotion	2,359		2,359	
13	Office expenses	3,954,625	3,948,713	5,912	
14	Information technology	9,063,958	9,063,640	318	
15	Royalties				
16	Occupancy	1,586,108	1,586,108		
17	Travel	123,221	121,019	2,202	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	203,840	182,596	21,244	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,100,352	3,100,352		
23	Insurance	491,560	491,560		
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	4,905,593	4,905,593		
b	care to care	2,069,319	2,069,319		
c	value options	1,784,355	1,784,355		
d	other	523,022	477,078	45,944	
e	All other expenses	-174,963	-174,963		
25	Total functional expenses. Add lines 1 through 24e	81,888,410	80,849,819	1,038,591	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 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			30,291,950	2	19,532,802
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,626,928	4	3,160,052
	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	10a	21,800,180	8,153,079	10c	6,663,035
	b	Less—accumulated depreciation	10b	15,137,145			
	11	Investments—publicly traded securities			6,361,732	11	9,309,714
	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			2,260,490	15	3,178,516
16	Total assets. Add lines 1 through 15 (must equal line 34)			50,694,179	16	41,844,119	
Liabilities	17	Accounts payable and accrued expenses			8,672,489	17	5,715,688
	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			7,463,942	25	1,152,630
	26	Total liabilities. Add lines 17 through 25			16,136,431	26	6,868,318
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets				27	
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			748,984	30	748,984
31		Paid-in or capital surplus, or land, building or equipment fund			0	31	0
32		Retained earnings, endowment, accumulated income, or other funds			33,808,764	32	34,226,817
33		Total net assets or fund balances			34,557,748	33	34,975,801
34		Total liabilities and net assets/fund balances			50,694,179	34	41,844,119

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	82,713,349
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,888,410
3	Revenue less expenses Subtract line 2 from line 1	3	824,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,557,748
5	Net unrealized gains (losses) on investments	5	-406,886
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,975,801

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 <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
b 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	
c 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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" on 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)	Revenue included on 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	Revenue included on 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" on 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, for escrow or custodial account liability?

☐ 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 on 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

(ii) related organizations

b

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

4

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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)	Accumulated (c) depreciation	(d) Book value
1a Land		412,300		412,300
b Buildings		2,764,984	1,056,024	1,708,960
c Leasehold improvements		4,472,074	2,681,286	1,790,788
d Equipment		12,175,232	9,848,741	2,326,491
e Other		1,975,590	1,551,094	424,496
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				6,663,035

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

1	Total revenue, gains, and other support per audited financial statements	1	83,038,051
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) 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	324,702
e	Add lines 2a through 2d	2e	324,702
3	Subtract line 2e from line 1	3	82,713,349
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	82,713,349

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

1	Total expenses and losses per audited financial statements	1	82,172,849
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	284,439
e	Add lines 2a through 2d	2e	284,439
3	Subtract line 2e from line 1	3	81,888,410
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	81,888,410

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	Community Health Network of Connecticut Foundation Inc. Revenue included in consolidated financial statements, net of in-kind contributions from CHN for inter-company expenses of \$554,075, CHN Foundation Form 990 filed separately under ein 20-0395748 324,702
Part XII, Line 2d - Other Adjustments	Community Health Network of Connecticut Foundation Inc. expenses included in consolidated financial statements, net of in-kind contributions from CHN for inter-company expenses of \$554,075, CHN Foundation Form 990 filed separately under ein 20-0395748 284,439

[illegible]

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

▶ **Attach to Form 990.**

2015

Name of the organization
Community Health Network of Connecticut Inc

06-1429341

☒ Yes ☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

3 Enter total number of other organizations listed in the line 1 table. 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
prepaid debit cards issued to members (1) when they sign up for rewards to quit	2055	187,376		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 ELECTRONIC HEALTH RECORD MEANINGFUL USE INITIATIVES, AND/OR FQHC FACILITY IMPROVEMENTS DURING 2015, CHNCT MADE GRANTS OF \$150,000 TO EACH OF ITS SEVEN FOUNDING TAX-EXEMPT 501(C)(3) FQHCS FOR A TOTAL OF \$1,050,000 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	150,000				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
fair haven community health center 374 grand avenue new haven,CT 06513	06-0883545	501(c)(3)	150,000				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
CORNELL SCOTT-HILL HEALTH CORP 400 columbus avenue new haven,CT 06519	06-0870990	501(c)(3)	150,000				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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	150,000				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
optimus health care inc 982 east main street bridgeport, CT 06608	06-0972166	501(c)(3)	150,000				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
staywell health care inc 80 phoenix avenue waterbury, CT 06702	22-3160873	501(c)(3)	150,000				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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	150,000				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
community health center 635 main street middletown, CT 06457	06-0897105	501(c)(3)	5,145				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
community health resources 995 day hill road windsor, CT 06095	06-6082527	501(c)(3)	5,215				A STIPEND IS PAID TO a local mental health authority FOR EACH MEMBER THAT ENROLLS IN THE REWARDS TO QUIT PROGRAM WHICH ASSISTS MEMBERS IN QUITTING SMOKING THEY ARE PAID \$35 PER MEMBER ENROLLED

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" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<div>b</div> <div>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.</div>	1b	No
<div>2</div> <div>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?</div>	2	No
<div>3</div> <div>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.</div> <div> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract </div> <div> <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study </div> <div> <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on 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.</div>	7	Yes
<div>8</div> <div>Were any amounts reported on 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.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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 on 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 in column(B) reported as deferred on 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
PART I, LINE 1A	CERTAIN GROUPS OF EMPLOYEES RECEIVED GROSSED UP PAYMENTS AS A COMPONENT OF A PERFORMANCE BONUS PAID OUT DURING THE YEAR. THOSE GROUPS OF EMPLOYEES THAT RECEIVED THIS BENEFIT WERE EXECUTIVE MANAGEMENT, SENIOR AND MIDDLE MANAGEMENT, AND GENERAL EMPLOYEES WHOSE WORK WERE INSTRUMENTAL IN ACHIEVING OUR GOALS AND OBJECTIVES. INCLUDED IN THE GROUPS OF EMPLOYEES WHO RECEIVED THE GROSS UP BONUS BENEFIT WERE THE FOLLOWING INDIVIDUALS LISTED ON SCHEDULE J: S KELLY - \$19,464; I BENITEZ - \$19,464; W Rosario - \$ 6,488; M Cyr - \$16,220; j kaukus - \$ 9,732; g digioia - \$12,976; j karl - \$12,976; c ludington - \$12,976; T spears - \$ 5,040; V FRANCIS-CHURILOV \$ 6,300; A BLANEY - \$ 6,488; g barbiero - \$ 6,300; a caro - \$ 4,410. IN EACH CASE, THE ENTIRE AMOUNT OF THE GROSS UP BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUAL, PROPERLY REPORTED ON AN IRS FORM W-2 AND INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN THIS FORM 990.
PART I, LINE 1B	THE FILING ORGANIZATION DOES NOT HAVE A WRITTEN POLICY REGARDING GROSSED-UP PAYMENTS. THE FILING ORGANIZATION HAS TERMINATED THE PRACTICE OF PROVIDING GROSSED-UP BONUS PAYMENTS.
PART I, LINE 2	THE CORPORATION REQUIRES ALL EMPLOYEES TO SUBMIT SUBSTANTIATION IN ACCORDANCE WITH THE IRS ACCOUNTABLE PLAN RULES PRIOR TO REIMBURSING EMPLOYEE EXPENSES. HOWEVER, THE SUBSTANTIATION/ACCOUNTABLE PLAN RULES DO NOT (AND CANNOT) APPLY TO THE GROSS-UP PAYMENTS IDENTIFIED IN LINE 1A AS the amounts of the bonus benefits that were grossed up and paid to the EMPLOYEES WERE DETERMINED BY THE CORPORATION.
PART I, LINE 7	during calendar year 2015, the organization paid discretionary bonuses to certain of the individuals listed in Part II.

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SYLVIA B KELLY President, CEO and Vice Chair	(i)	382,487	67,075	54,285	9,275	25,029	538,151	0
	(ii)	0	0	0	0	-0	-0	0
1Ibrahim Benitez sr VP and Chief Financial Officer	(i)	293,418	30,000	36,568	9,275	30,956	400,217	0
	(ii)	0	0	0	0	-0	-0	0
2waldemar Rosano sr VP and chief medical OFFICER	(i)	325,046	10,000	7,709	9,275	12,684	364,714	0
	(ii)	0	0	0	0	-0	-0	0
3mary ann cyr SR VP, health services	(i)	262,065	25,000	32,916	9,275	3,491	332,747	0
	(ii)	0	0	0	0	-0	-0	0
4john kaukas vp and chief information officer	(i)	214,199	15,000	10,671	7,737	30,079	277,686	0
	(ii)	0	0	0	0	-0	-0	0
5gail digioia vp, member and provider services	(i)	191,133	20,000	21,515	6,441	32,211	271,300	0
	(ii)	0	0	0	0	-0	-0	0
6joseph j karl vp, human resources	(i)	186,274	20,000	21,445	6,702	24,284	258,705	0
	(ii)	0	0	0	0	-0	-0	0
7cory ludington vp for government affairs and compli	(i)	193,275	20,000	13,161	6,835	11,476	244,747	0
	(ii)	0	0	0	0	-0	-0	0
8steven bartolotta vp and chief information security of	(i)	186,931	5,000	1,212	3,333	14,251	210,727	0
	(ii)	0	0	0	0	-0	-0	0
9tressa spears vp, comm affairs and Exec Dir CHN	(i)	129,981	8,000	11,871	2,700	25,192	177,744	0
	(ii)	0	0	0	0	-0	-0	0
10venice francis-Chunlov director of intensive care managemen	(i)	161,583	10,000	16,493	4,030	12,289	204,395	0
	(ii)	0	0	0	0	-0	-0	0
11attilio granata medical reviewer	(i)	200,350	0	57,418	7,679	20,949	286,396	0
	(ii)	0	0	0	0	-0	-0	0
12nchard cowett medical reviewer	(i)	228,558	0	4,887	4,924	24,807	263,176	0
	(ii)	0	0	0	0	-0	-0	0
13aidINHA BLANEY director of Finance	(i)	135,077	10,000	39,987	4,815	35,316	225,195	0
	(ii)	0	0	0	0	-0	-0	0
14gregory barbiero director of medical economics and ne	(i)	163,716	10,000	10,982	5,897	3,053	193,648	0
	(ii)	0	0	0	0	-0	-0	0
15annise caro director of utilization management	(i)	163,474	7,000	10,838	5,839	21,677	208,828	0
	(ii)	0	0	0	0	-0	-0	0

2015

Open to Public Inspection

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Health Network of Connecticut Inc

Employer identification number

06-1429341

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE ORGANIZATION HAS A SINGLE CLASS OF MEMBERS THE SOLE MEMBER IN THAT CLASS IS COMMUNITY HEALTH NETWORK OF CONNECTICUT HOLDINGS, INC , A CONNECTICUT NONSTOCK CORPORATION ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF INTERNAL REVENUE CODE SECTION 501(C)(3)
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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	ONCE PREPARED BY OUR THIRD PARTY ACCOUNTANTS, THE 990 FORM IS REVIEWED BY CHNCT'S DIRECTOR OF FINANCE, CHIEF FINANCIAL OFFICER, CHIEF EXECUTIVE OFFICER, VICE PRESIDENT OF COMPLIANCE, AND VICE PRESIDENT OF HUMAN RESOURCES AFTER THIS REVIEW PROCESS IS COMPLETED, THE 990 FORM IS DISTRIBUTED TO EACH MEMBER OF THE CHNCT BOARD OF DIRECTORS, AND EACH MEMBER OF THE CHNCT HOLDINGS BOARD OF DIRECTORS (CHNCT HOLDINGS IS THE SOLE MEMBER OF CHNCT) PRIOR TO THE FILING OF THE DOCUMENT WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	OFFICERS (EXECUTIVE MANAGEMENT) AND KEY EMPLOYEES (SENIOR MANAGERS) ARE REQUIRED TO DISCLOSE ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS TO THE COMPLIANCE OFFICER
Form 990, Part VI, Section B, line 15	<p>FOR THE CEO, THE BOARD'S EXECUTIVE COMMITTEE DETERMINES ANNUAL COMPENSATION BASED ON MARKET DATA OBTAINED FROM CHNCT'S PRIMARY SURVEY SOURCES, THE WARREN SURVEY, THE ACAP EXECUTIVE SALARY SURVEY, AND THE ECONOMIC RESEARCH INSTITUTE'S EXECUTIVE SALARY ASSESSOR. EXCERPTED DATA INCLUDED THE SURVEY MEDIAN (50TH PERCENTILE) FOR THE CEO POSITION, BOTH FOR BASE SALARY AND TOTAL COMPENSATION (BASE PLUS ANNUAL BONUS). THE EXECUTIVE COMMITTEE MEETS AND APPROVES ANY ADJUSTMENT TO BASE SALARY AND/OR BONUS AMOUNTS TO BE PAID FOR THE KEY EXECUTIVES. BASE SALARY LEVELS, ADJUSTMENTS AND BONUS AWARDS WERE AT THE DISCRETION OF THE CEO. SURVEY DATA AT THE SAME REFERENCE POINTS FROM THE SAME SURVEYS IS PROVIDED, ALONG WITH RECOMMENDED SALARY RANGES, SUBJECT TO CEO APPROVAL. AS WITH THE CEO DATA, THE REFERENCE POINTS USED ARE THE 50TH PERCENTILE. ANY ADJUSTMENT AWARDED ARE AT THE CEO'S DISCRETION, WITHIN THE CONTEXT AND LIMITS OF THE COMPANY'S OVERALL SALARY BUDGET and ASO contract performance. DURING 2016, THE BOARD ENGAGED AN INDEPENDENT COMPENSATION CONSULTING FIRM (SULLIVAN COTTER) TO CONDUCT A MARKET STUDY AND COMPARISON OF BASE COMPENSATION, BONUS PAY, BENEFITS, AND TOTAL CASH COMPENSATION FOR THE CEO AND MOST OF THE OFFICERS/VPS (NINE POSITIONS IN ALL). THEY ALSO UTILIZED THE WARREN AND ACAP SURVEYS, BUT SUPPLEMENTED THAT DATA WITH OTHER SOURCES. THEY COMPARED THE NINE POSITIONS TO AN EQUALLY WEIGHTED BLEND OF HEALTH PLAN, NOT-FOR-PROFIT, AND GENERAL INDUSTRY MARKETS. IN COMPARING TO THE NOT-FOR-PROFIT AND GENERAL INDUSTRY MARKETS, THEY UTILIZED ANNUAL REVENUE SIZE AS SCOPE DATA. THE BOARD HAS ALSO FORMED A COMPENSATION AND PERSONNEL COMMITTEE WHOSE RESPONSIBILITY IT WILL BE TO REVIEW AND APPROVE EXECUTIVE COMPENSATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	UPON REQUEST, THESE DOCUMENTS WOULD BE MADE AVAILABLE ON THE PREMISES OF THE COMPANY'S CORPORATE LOCATION FOR REVIEW BY THE PUBLIC
Form 990, Part XII, Line 2c	There were no changes to the organization's oversight or selection processes during the tax year

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

OMB No 1545-0047

2015

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
(1)community health network of connecticut foundation inc 11 fairfield avenue 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	
(2)community health network of connecticut holdings inc 11 fairfield avenue wallingford, CT 06492 45-5239655	supports the t/e activities of CHNCT thru strategic plng & facility maint	CT	501(c)(3)	Line 11c, III-F1	N/A		No

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

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

No

c

Gift, grant, or capital contribution from related organization(s)

1c

No

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

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

1j

No

k

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

1k

Yes

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m

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

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o

Sharing of paid employees with related organization(s)

1o

Yes

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

Other transfer of cash or property to related organization(s)

1r

No

s

Other transfer of cash or property from related organization(s)

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	O	614,005	fair value

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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