

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

HOSPITAL FOR SPECIAL CARE IS A 228

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 \$	51,523,143	including grants of \$	8,750)	(Revenue \$	69,132,532)
See Additional Data							

4b	(Code)	(Expenses \$	57,469,966	including grants of \$	)	(Revenue \$	52,212,949)
See Additional Data							

4c	(Code)	(Expenses \$	18,043,847	including grants of \$	)	(Revenue \$	20,603,594)
See Additional Data							

See Additional Data Table

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	31,613,305	including grants of \$	)	(Revenue \$	35,820,705)	

4e	Total program service expenses	▶	158,650,261
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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? <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 Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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? <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 "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 Yes	
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 ComplianceCheck 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.	156	
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.	1,269	
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?		No
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?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response 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	1a 19		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
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	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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
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	Yes
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
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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, address, and telephone number of the person who possesses the organization's books and records ▶LAURIE A WHELAN 2150 CORBIN AVENUE NEW BRITAIN, CT 060532266 (860) 612-6309	

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

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 **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

Form **990** (2016)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNN RICCI President and CEO Center of Special Care	36	X		X				459,522	46,855	169,700
(19) NANCY MARTONE VP HUMAN RESOURCES	40			X				200,604		8,786
(20) WILLIAM E SCHUCH CPA BOARD MEMBER	0	X								
(21) JOHN J VOTTO DO FORMER PRESIDENT & CEO CENTER FOR SPECIAL CARE	40			X				2,008,196	6,246	55,490
(22) LAURIE A WHELAN SVP FINANCE, CFO & TREASURER	38			X				389,752	17,740	49,636
(23) FELICIA DEDOMINICIS SVP LEGAL AFFAIRS/CLO	39			X				324,613	11,489	63,384
(24) PAUL SCALISE MD FORMER EXEC VP MED AFFAIRS & CHIEF MEDICAL	40			X				561,845		90,534
(25) DONALD CYR VP FACILITIES & HOSPITALITY SERVICES	40			X				215,768		18,704

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	6,564,314	82,330	604,459

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 ▶ 16

	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
HOSPITAL OF CENTRAL CONNECTICUT 100 GRAND STREET NEW BRITAIN, CT 06050	LABORATORY & RADIOLOGY SERVICES	1,401,318
ALLSCRIPTS HEALTHCARE LLC LOCKBOX 077133 PHILADELPHIA, PA 19171	INFO TECH SERVICES/EQUIPMENT	1,042,943
SAINT FRANCIS HOSPITAL AND MEDICAL CTR 114 WOODLAND ST HARTFORD, CT 06105	LEASE & PURCHASED SERVICES	560,585
FIRST CHOICE PROFESSIONALS 6501 EAST GREENWAY PKWY SCOTTSDALE, AZ 85254	CONSULTING SERVICES	526,438
MASON INC 23 AMINITY RD BETHANY, CT 06524	MARKETING	356,604

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 ▶ 11

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

1a	Federated campaigns . . .	1a	
b	Membership dues . . .	1b	
c	Fundraising events . . .	1c	
d	Related organizations	1d	477,147
e	Government grants (contributions)	1e	200,098
f	All other contributions, gifts, grants, and similar amounts not included above	1f	515,846
g	Noncash contributions included in lines 1a-1f \$ _____		
h Total.	Add lines 1a-1f		1,193,091

Program Service Revenue

	Business Code				
2a	Patient Service revenue	622000	177,769,780		
b	Membership Fees	713940	344,757		
c	_____				
d	_____				
e	_____				
f	All other program service revenue				
g Total.	Add lines 2a-2f		178,114,537		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		1,803,050			1,803,050
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		1,328			1,328
6a	Gross rents	(i) Real	(ii) Personal			
		158,882				
b	Less rental expenses					
c	Rental income or (loss)	158,882				
d	Net rental income or (loss)		158,882			158,882
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		5,030				
b	Less cost or other basis and sales expenses					
c	Gain or (loss)	5,030				
d	Net gain or (loss)		5,030			5,030
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	Daycare Services	624410	653,354			653,354
b	Cafeteria Sales	722210	229,748			229,748
c	Professional Services	541900				
d	All other revenue		504,632			504,632
e Total.	Add lines 11a-11d		1,387,734			
12 Total revenue.	See Instructions		182,663,652	178,114,537		3,356,024

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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	8,750	8,750		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,539,438	0	5,539,438	0
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.	55,454,603	49,134,399	6,320,204	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	501,410	434,128	67,282	0
9 Other employee benefits.	7,073,991	6,336,553	737,438	0
10 Payroll taxes.	4,135,017	3,662,017	473,000	0
11 Fees for services (non-employees).				
a Management.				
b Legal.	236,220	0	236,220	0
c Accounting.	114,524	0	114,524	0
d Lobbying.	50,475	0	50,475	0
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).	3,979,498	3,071,377	908,121	0
12 Advertising and promotion.	323,992	323,992	0	0
13 Office expenses.	8,203,910	5,495,072	2,708,838	0
14 Information technology.	148,248	0	148,248	0
15 Royalties.				
16 Occupancy.	1,395,255	1,288,870	106,385	0
17 Travel.	119,009	100,726	18,283	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	301,505	118,540	182,965	0
20 Interest.	1,782,275	0	1,782,275	0
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,371,171	4,371,171	0	0
23 Insurance.	623,264	0	623,264	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contractual Adjustments.	80,977,633	80,977,633	0	0
b Pharmacy.	2,572,971	2,572,971	0	0
c Medical/Surgical NONCH.	581,431	0	581,431	0
d Misc Expenses.	857,726	754,062	103,664	0
e All other expenses.	126,199	0	126,199	0
25 Total functional expenses. Add lines 1 through 24e.	179,478,515	158,650,261	20,828,254	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		413,543	1	3,205,666
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		13,417,007	4	14,036,932
	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		567,248	8	570,740
	9	Prepaid expenses and deferred charges		2,292,600	9	2,175,009
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	115,835,859		
	b	Less: accumulated depreciation	10b	66,586,513		
				49,963,295	10c	49,249,346
	11	Investments—publicly traded securities		51,212,837	11	53,957,446
	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		23,228,620	15	17,472,472	
16	Total assets. Add lines 1 through 15 (must equal line 34)		141,095,150	16	140,667,611	
Liabilities	17	Accounts payable and accrued expenses		18,766,437	17	15,625,300
	18	Grants payable			18	
	19	Deferred revenue		96,868	19	505,230
	20	Tax-exempt bond liabilities		50,470,000	20	43,043,022
	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.		3,238,319	25	7,358,596
	26	Total liabilities. Add lines 17 through 25		72,571,624	26	66,532,148
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		66,625,470	27	71,598,117
	28	Temporarily restricted net assets		1,434,109	28	2,068,312
	29	Permanently restricted net assets		463,947	29	469,034
	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			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		68,523,526	33	74,135,463
34	Total liabilities and net assets/fund balances		141,095,150	34	140,667,611	

Part XI Reconciliation of Net AssetsCheck 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	182,663,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	179,478,515
3	Revenue less expenses Subtract line 2 from line 1	3	3,185,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,523,526
5	Net unrealized gains (losses) on investments	5	3,213,760
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	-786,961
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,135,463

Part XII Financial Statements and ReportingCheck 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
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 ☐ Separate basis ☒ Consolidated basis ☐ 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		

Additional Data

Software ID: 16000371
Software Version:
EIN: 06-0646766
Name: HOSPITAL FOR SPECIAL CARE

Form 990 (2016)

Form 990, Part III, Line 4a:

INPATIENT CARE RESPIRATORY SERVICES INCLUDE CARING FOR PEOPLE WHO HAVE MADE CONSCIOUS DECISIONS TO LIVE ON LIFE SUPPORT THESE PATIENTS REQUIRE SIGNIFICANT MEDICAL ATTENTION ALONG WITH SERVICES TO ENHANCE QUALITY OF LIFE OUR GOAL IS TO LIBERATE PATIENTS FROM VENTILATOR DEPENDENCY SO THAT THEY CAN RESUME THEIR LIVES HOSPITAL FOR SPECIAL CARE IS RECOGNIZED FOR HAVING THE HIGHEST VENTILATOR-WEANING RATE IN CONNECTICUT AND CONSISTENTLY EXCEEDS THE NATIONAL AVERAGE SERVICES FOR THE CLINICAL MANAGEMENT OF PATIENTS WITH SERIOUS RESPIRATORY CONDITIONS ARE PROVIDED ON THREE DISTINCT UNITS HSC'S 36-BED LAURIE COLEMAN PUGLISI RESPIRATORY CARE UNIT AND THE 38-BED RESPIRATORY STEP-DOWN UNIT PROVIDE CARE FOR PATIENTS WITH MULTI-SYSTEM PROBLEMS AND VENTILATOR ASSISTANCE THE CLOSE OBSERVATION UNIT IS AN 11 BED UNIT PROVIDING TECHNOLOGICALLY ADVANCES CLINICAL MANAGEMENT OF ADULT PATIENTS WHO REQUIRE MECHANICAL VENTILATION, AND WHO HAVE POTENTIAL TO BE REMOVED FROM THE VENTILATOR HOSPITAL FOR SPECIAL CARE IS CERTIFIED BY AMERICAN ASSOCIATION FOR RESPIRATORY CARE(AARC) (28,819 PATIENT DAYS)

Form 990, Part III, Line 4b:

INPATIENT CARE REHABILITATION SERVICES INCLUDE PROGRAMS FOR THOSE RECOVERING FROM A LIFE-THREATENING CONDITION, DEBILITATING INJURY OR SUFFERING FROM ACUTE CHRONIC ILLNESS HSC PROVIDES INTERDISCIPLINARY CARE FOR PATIENTS WITH AMPUTATIONS, NEUROLOGICAL CONDITIONS, ORTHOPEDIC DIAGNOSES, MUSCULOSKELETAL DIAGNOSES, MULTIPLE TRAUMA, AND COMPLICATIONS FROM PROLONGED HOSPITALIZATIONS COMPLEX MEDICAL AND COMPLEX REHABILITATION PROGRAMS LED BY A BOARD-CERTIFIED INTERNIST PROVIDES A WIDE RANGE OF SERVI

Form 990, Part III, Line 4c:

INPATIENT CARE PEDIATRIC SERVICES IS A 29-BED PEDIATRIC UNIT THAT PROVIDES CARE TO CHILDREN (FROM NEWBORN TO 18 YEARS OF AGE), IN NEED OF REHABILITATION FOLLOWING AN ACCIDENT, SURGERY, SERIOUS ILLNESS OR PREMATURE BIRTH, MANY OF WHOM ARE TECHNOLOGY DEPENDENT HSC OFFERS PROGRAMS AND SERVICES TAILORED TO EACH CHILD'S INDIVIDUAL NEEDS TO HELP REGAIN LOST SKILLS OR DEVELOP BRAND NEW SKILLS THE ULTIMATE GOAL IS TO PROVIDE A BRIDGE BETWEEN ACUTE CARE AND A HOME SETTING (9,359 PATIENT DAYS)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)					
(Code	) (Expenses \$	12,139,631	including grants of \$	) (Revenue \$	13,174,973)
OUTPATIENT REHABILITATION SERVICES INCLUDE MULTIDISCIPLINARY SERVICES TO MEET THE NEEDS OF PATIENTS WHO REQUIRE ASSISTANCE BUT DO NOT REQUIRE HOSPITALIZATION PHYSICAL OF PATIENTS WHO REQUIRE ASSISTANCE BUT DO NOT REQUIRE HOSPITALIZATION PHYSICAL OF PATIENTS WHO REQUIRE ASSISTANCE BUT DO NOT REQUIRE HOSPITALIZATION PHYSICAL OF PATIENTS WHO REQUIRE ASSISTANCE BUT DO NOT REQUIRE HOSPITALIZATION PHYSICAL OF PATIENTS					
(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
DESIGNED TO CONSIDER ALL OF THE VARIABLES THAT AFFECT A PATIENT'S ABILITY TO MEET HIS/HER GOALS, INCLUDING ORAL CARE, LEVEL OF INDEPENDENCE IN DAILY ACTIVITIES GOALS, INCLUDING ORAL CARE, LEVEL OF INDEPENDENCE IN DAILY ACTIVITIES GOALS, INCLUDING ORAL CARE, LEVEL OF INDEPENDENCE IN DAILY ACTIVITIES GOALS, INCLUDING ORAL CARE, LEVEL OF INDEPENDENCE IN DAILY ACTIVITIES GOALS, INCLUDING ORAL CARE, LEVEL OF INDEPENDENCE IN DAILY A					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
CENTER WITH THE LATEST CARDIOVASCULAR AND STRENGTH TRAINING EQUIPMENT THE NEUROMUSCULAR CENTER AT THE HOSPITAL FOR SPECIAL CARE IS THE LARGEST THE NEUROMUSCULAR CENTER AT THE HOSPITAL FOR SPECIAL CARE IS THE LARGEST THE NEUROMUSCULAR CENTER AT THE HOSPITAL FOR SPECIAL CARE IS THE LARGEST THE NEUROMUSCULAR CENTER AT THE HOSPITAL FOR SPECIAL CARE IS THE LARGEST THE NEUROMUSCULAR CENTER AT THE HOSPITAL FOR SPECIAL CARE IS THE LARGEST THE NEUROMUSCULAR CENTER AT THE HOSPITAL FOR SPECIAL CARE IS THE				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
UCHC0-HSC MUSCLE & NERVE BIOPSY SERVICE, REHABILITATION SERVICES SPEECH & LANGUAGE PATHOLOGY, MEDICAL NUTRITION SERVICES, SOCIAL WORK SPEECH & LANGUAGE PATHOLOGY, MEDICAL NUTRITION SERVICES, SOCIAL WORK SPEECH & LANGUAGE PATHOLOGY, MEDICAL NUTRITION SERVICES, SOCIAL WORK SPEECH & LANGUAGE PATHOLOGY, MEDICAL NUTRITION SERVICES, SOCIAL WORK SPEECH & LANGUAGE PATHOLOGY, MEDICAL NUTRITION SERVICES, SOCIAL WORK SPEECH & LANGUAGE PATHOLOGY, MEDICAL NUTRITION SERVICES, SOCIAL WORK				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)			
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)
ALSO OFFERS OUTPATIENT PULMONARY REHABILITATION PROGRAM IT HELP PERSONS WITH PULMONARY DISEASE REACH HIS/HER MAXIMUM LEVEL OF INDEPENDENCE AND WITH PULMONARY DISEASE REACH HIS/HER MAXIMUM LEVEL OF INDEPENDENCE AND WITH PULMONARY DISEASE REACH HIS/HER MAXIMUM LEVEL OF INDEPENDENCE AND WITH PULMONARY DISEASE REACH HIS/HER MAXIMUM LEVEL OF INDEPENDENCE AND WITH PULMONARY DISEASE REACH HIS/HER MAXIMUM LEVEL OF INDEPENDENCE AND			
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)
MODERATE TO VERY SEVERE COPD(CHRONIC OBSTRUCTIVE PULMONARY DISEASE) HSC'S AUTISM CENTER PROVIDES A VARIETY OF DIAGNOSTIC, PSYCHOLOGICAL HSC'S AUTISM CENTER PROVIDES A VARIETY OF DIAGNOSTIC, PSYCHOLOGICAL HSC'S AUTISM CENTER PROVIDES A VARIETY OF DIAGNOSTIC, PSYCHOLOGICAL HSC'S AUTISM CENTER PROVIDES A VARIETY OF DIAGNOSTIC, PSYCHOLOGICAL HSC'S AUTISM CENTER PROVIDES A VARIETY OF DIAGNOSTIC, PSYCHOLOGICAL			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)	
INVOLVED IN THE LIFE OF THE CHILD THESE SERVICES MAY BE CONTRACTED BY EITHER THE CHILD'S PARENTS OR THE SCHOOL SYSTEM IN BY EITHER THE CHILD'S PARENTS OR THE SCHOOL SYSTEM IN BY EITHER THE CHILD'S PARENTS OR THE SCHOOL SYSTEM IN BY EITHER THE CHILD'S PARENTS OR THE SCHOOL SYSTEM IN BY EITHER THE CHILD'S PARENTS OR THE SCHOOL SYSTEM IN				
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)	
THERAPY PROGRAMS FEATURE THE LEE SILVERMAN VOICE TREATMENT (LSVT) BIG AND LOUD PROGRAM THAT INCORPORATES LOUD (LSVT) BIG AND LOUD PROGRAM THAT INCORPORATES LOUD (LSVT) BIG AND LOUD PROGRAM THAT INCORPORATES LOUD (LSVT) BIG AND LOUD PROGRAM THAT INCORPORATES LOUD (LSVT) BIG AND LOUD PROGRAM THAT INCORPORATES LOUD				

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

(Code	) (Expenses \$	including grants of \$	) (Revenue \$
PROGRESSIVE RESISTANCE TRAINING TO IMPROVE TONGUE STRENGTH NECESSARY FOR SWALLOWING (37,089 VISITS)			

(Code	) (Expenses \$	13,934,402	including grants of \$	) (Revenue \$	17,445,749)
INPATIENT CARE SATELLITE UNIT/HARTFORD LOCATION IS A 23-BED UNIT LOCATED WITHIN THE WALLS OF THE NORTH CAMPUS OF SAINT FRANCIS HOSPITAL LOCATED WITHIN THE WALLS OF THE NORTH CAMPUS OF SAINT FRANCIS HOSPITAL LOCATED WITHIN THE WALLS OF THE NORTH CAMPUS OF SAINT FRANCIS HOSPITAL LOCATED WITHIN THE WALLS OF THE NORTH CAMPUS OF SAINT FRANCIS HOSPITAL LOCATED WITHIN THE WALLS OF THE NORTH CAMPUS OF SAINT FRANCIS HOSPITAL					

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

(Code) (Expenses \$ including grants of \$) (Revenue \$)
PROCEDURES, BUT WHO CONTINUE TO REQUIRE 24-HR NURSING CARE AND/OR MONITORING (7,838 PATIENT DAYS)
(Code) (Expenses \$ 5,539,272 including grants of \$) (Revenue \$ 5,199,983)
INPATIENT SERVICES IN FY 2016 HSC OPENED AN 8 BED INPATIENT The Autism Inpatient Unit is established to reduce instances of Emergency Room visits for individuals ages 10 to 21 experiencing the most acute complex Autism Spectrum disorders and co-occurring psychiatric disorders The Autism Inpatient Unit is established to reduce instances of Emergency Room visits for individuals ages 10 to 21 experiencing the most acute complex Autism Spectrum disorders and co-occurring psychiatric disorders

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization HOSPITAL FOR SPECIAL CARE	Employer identification number 06-0646766

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	0 %
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

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

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

Name of the organization HOSPITAL FOR SPECIAL CARE	Employer identification number 06-0646766
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No

87,141

87,141

158,216,133

158,303,274

1,000,000

250,000

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

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	226,983	122,817	138,417	87,141	575,358
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493352005147	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► 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.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization HOSPITAL FOR SPECIAL CARE				Employer identification number 06-0646766	
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? ☐ 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" on 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				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? ☐ Yes ☐ No					
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)? ☐ 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" 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				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,509,164	3,533,135	3,023,022	7,641,397	7,205,185
b Contributions	744,158	485,059	587,874	688,610	467,933
c Net investment earnings, gains, and losses	389,980	-76,244	207,596	424,280	373,757
d Grants or scholarships	8,750	8,750	7,500	6,000	10,000
e Other expenditures for facilities and programs	459,274	424,036	277,857	5,725,265	395,478
f Administrative expenses					
g End of year balance	4,175,278	3,509,164	3,533,135	3,023,022	7,641,397

2

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

a

Board designated or quasi-endowment

37 000 %

b

Permanent endowment

10 000 %

c

Temporarily restricted endowment

53 000 %

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

3a(i)

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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		401,344		401,344
b Buildings		68,238,732	33,991,193	34,247,539
c Leasehold improvements		716,073	392,047	324,026
d Equipment		42,163,096	29,604,233	12,558,863
e Other		4,316,614	2,599,040	1,717,574
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				49,249,346

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due From Affiliates	210,362
(2) Prepaid Sinking Fund	743,479
(3) Debt Service Fund	1,742,485
(4) Debt Issuance Expense	
(5) Insurance Funds	1,210,693
(6) Interest in Foundation	6,226,630
(7) Interest Rate Swap Valuation	1,655,325
(8) Other Assets	5,683,499
(9) Rounding	-1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	17,472,472

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Third Party Payors	1,675,097
Other Liabilities	5,683,499
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,358,596

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

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	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000371
Software Version:
EIN: 06-0646766
Name: HOSPITAL FOR SPECIAL CARE

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Due From Affiliates	210,362
(2) Prepaid Sinking Fund	743,479
(3) Debt Service Fund	1,742,485
(4) Debt Issuance Expense	
(5) Insurance Funds	1,210,693
(6) Interest in Foundation	6,226,630
(7) Interest Rate Swap Valuation	1,655,325
(8) Other Assets	5,683,499
(9) Rounding	-1

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	The Organization holds funds belonging to The Hospital For Special Care to fund future facility maintenance, purchase needed facility equipment, purchase equipment and services for patient care, fund lecture, research, and education, and improve the quality of life for our patients. Additionally, funds are held for HSC community Services, Inc. to fund sports teams and fitness programs for disabled athletes. Support dental care for the underinsured and uninsured children of New Britain, fund initiatives to improve the quality of life for skilled nursing facility patients and support the general operations of HSC Community Services, Inc.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
HOSPITAL FOR SPECIAL CARE

Employer identification number
06-0646766

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☒ 100% ☐ 150% ☐ 200% ☐ Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 28000 000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						0 %
b Medicaid (from Worksheet 3, column a)			70,278,963	70,583,974		0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						0 %
d Total Financial Assistance and Means-Tested Government Programs			70,278,963	70,583,974		0 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			35,639		35,639	0 020 %
f Health professions education (from Worksheet 5)			677,178		677,178	0 380 %
g Subsidized health services (from Worksheet 6)						0 %
h Research (from Worksheet 7)			636,105	557,486	78,619	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			142,786		142,786	0 080 %
j Total. Other Benefits			1,491,708	557,486	934,222	0 520 %
k Total. Add lines 7d and 7j			71,770,671	71,141,460	934,222	0 520 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			7,500		7,500	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			7,500		7,500	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	703,466	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	9,523,197
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	10,757,366
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,234,169
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Hospital For Special Care

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1 Yes	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>www hfsc org</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www hfsc org</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Hospital For Special Care																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td>13 Yes</td><td></td></tr><tr><td>a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 1 00000000 % and FPG family income limit for eligibility for discounted care of 2 80000000 %</td><td></td><td></td></tr><tr><td>b ☐ Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c ☒ Asset level</td><td></td><td></td></tr><tr><td>d ☐ Medical indigency</td><td></td><td></td></tr><tr><td>e ☐ Insurance status</td><td></td><td></td></tr><tr><td>f ☐ Underinsurance discount</td><td></td><td></td></tr><tr><td>g ☐ Residency</td><td></td><td></td></tr><tr><td>h ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td>15 Yes</td><td></td></tr><tr><td>a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td>c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td>d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td>16 Yes</td><td></td></tr><tr><td>a ☒ The FAP was widely available on a website (list url) www hfsc org</td><td></td><td></td></tr><tr><td>b ☒ The FAP application form was widely available on a website (list url) www hfsc org</td><td></td><td></td></tr><tr><td>c ☒ A plain language summary of the FAP was widely available on a website (list url) www hfsc org</td><td></td><td></td></tr><tr><td>d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td>h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td>i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td>j ☐ Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	Did the hospital facility have in place during the tax year a written financial assistance policy that			13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes		a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 1 00000000 % and FPG family income limit for eligibility for discounted care of 2 80000000 %			b ☐ Income level other than FPG (describe in Section C)			c ☒ Asset level			d ☐ Medical indigency			e ☐ Insurance status			f ☐ Underinsurance discount			g ☐ Residency			h ☐ Other (describe in Section C)			14 Explained the basis for calculating amounts charged to patients?	14 Yes		15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes		a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			e ☐ Other (describe in Section C)			16 Was widely publicized within the community served by the hospital facility? 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16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes																																																																																							
a ☒ The FAP was widely available on a website (list url) www hfsc org																																																																																								
b ☒ The FAP application form was widely available on a website (list url) www hfsc org																																																																																								
c ☒ A plain language summary of the FAP was widely available on a website (list url) www hfsc org																																																																																								
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention																																																																																								
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP																																																																																								
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations																																																																																								
j ☐ Other (describe in Section C)																																																																																								

Part V Facility Information (continued)**Billing and Collections**

Hospital For Special Care

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Hospital For Special Care

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt I Line 7	Unreimbursed Medicaid Cost Our cost was based on using worksheet 2 cost to charge ratio
Pt I Line 7 col(f)	Percent of Total Expense The percentage was calculated using PartIX, Line 25, Column (A) total expenses divided by the net community benefit expense Line 7 column (E)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt II	COMMUNITY BUILDING ACTIVITIES COMMUNITY SUPPORT BASED ON EXPERIENCES WITH THE TRAGEDIES SUCH AS THE TERRORIST ATTACKS ON THE U S THAT OCCURED 9-11-01 AND HURRICANE KATRINA, THE GOVERNMENT IDENTIFIED THAT HOSPITALS WERE A VITAL ELEMENT OF THE EMERGENCY RESPONSE BUT HAD NOT BEEN A PRIORITY IN REGARD TI TRAINING AND USE OF THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS IN ORDER TO ASSURE A COORDINATED EMERGENCY MANAGEMENT RESPONS, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ESTABLISHED A HO
Pt II	HOSPITAL FOR SPECIAL CARE (HSC) IS A MEMBER OF THE REGIONAL EMERGENCY SUPPORT PLAN, DESIGNATED AS A MEMBER OF EMERGENCY FUNCTION 8 ALONG WITH ALL AREA ACUTE CARE, LONG TERM CARE, MEDICAL OFFICES, COMMUNTIY HEALTH SERVICES AND MEDICAL EMERGENCY RESPONSE ENTITIES IN TOTAL, THERE ARE 20 EMERGENCY FUNCTIONS THAT ARE A PART OF THE REGIONAL EMERGENCY SUPPORT PLAN THAT INCLUDES TRANSPORTATION, PUBLIC WORKS, ENGINEERING AND FIREFIGHTING FOR EXAMPLE REGIONAL ESF 8 MEMBERS MEET QUARTERLY, COORDINATED BY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt II	HSC IS LOCATED IN THE HHS-DESIGNATED REGION 3 AND IS ALSO A MEMBER OF THE CAPITOL REGION EMERGENCY PLANNING COMMITTEE THAT MEETS MONTHLY TO ALLOW EFFECTIVE PLANNING AMONG THE ESP 8 MEMBERS IN THE CAPITOL REGION, HSC IS ALSO ACTIVE IN THE LOCAL ESF 8 THAT INCLUDES ESF8 MEMBERS FROM NEW BRITAIN AND SOUTHTON EDUCATION AND DRILLS ARE ESSENTIAL COMPONENTS TO TEST OUR ORGANIZATIONAL ABILITY TO RESPOND TO EMERGENCY SITUATIONS AT A MINIMUM TWICE A YEAR DRILLS INVOLVING OUR COMMUNITY, STATE AND/OR R
Pt II	WORKFORCE DEVELOPMENT THE NEW BRITAIN ACADEMY FOR HEALTH PROFESSIONS (HEALTH ACADEMY) WAS ESTABLISHED DECEMBER 7, 2009 THE HEALTH ACADEMY EDUCATES AND PREPARES HIGH SCHOOL STUDENTS FOR CAREERS IN THE HEALTHCARE SERVICE INDUSTRY IN NEW BRITAIN AND IS COLLABORATIVE EFFORT BETWEEN THE BUSINESS COMMUNITY, THE CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN AND NEW BRITAIN'S TWO HOSPITALS, HOSPITAL FOR SPECIAL CARE AND THE HOSPITAL OF CENTRAL CONNECTICUT THE COMPREHENSIVE CURRICULUM PROVIDES STUDENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt III Line 4	Accounts receivable are considered delinquent and written off when all attempts to collect from individuals or other Payor sources have been exhausted As described in note 1 Summary of Significant Accounting Policies on page 7 of the audited financial statement It is also the Hospital's practice to review patient accounts regularly and reserve for any potential bad debts
Pt III Line 8	The organization uses a cost to charge ratio as reported on the Medicare Cost Report to determine Medicare costs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt III Line 9b	Collection Policies are the same for all patients Our Hospital does not pursue collection of amounts from patients determined to qualify for Financial Assistance Our policy provides that we will not refer any accounts for collection until we can determine whether the individual is insured and therefore not eligible for financial assistance
Pt VI Line 3	Patients are notified that financial assistance is available at the time of registration A statement is included on the financial disclosure paperwork which is completed at the time of admission and on each patient bill and subsequent statement Financial counseling appointments are available upon request and interpreter services are available for patients needing information in languages other than English The Hospital's Financial Assistance program is also available on the Hospital's website

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt VI Line 4	HOSPITAL FOR SPECIAL CARE(HSC) IS LICENSED BY THE STATE OF CONNECTICUT AS A CHRONIC-DISEASE HOSPITAL AND CERTIFIED BY MEDICARE AS A LONG TERM ACUTE CARE HOSPITAL UNLIKE ACUTE CARE FACILITIES THAT SERVE THEIR SURROUNDING TOWNS, HSC PATIENTS ARE ADMITTED FROM THROUGHOUT CONNECTICUT AND SOUTHERN NEW ENGLAND HOSPITAL FOR SPECIAL CARE IS THE ONLY LONG TERM ACUTE CARE HOSPITAL IN THE COUNTRY THAT PROVIDES A CONTINUUM OF CARE FROM PEDIATRICS THROUGH ADULTHOOD IT IS NATIONALLY RENOWNED FOR TREATMENT
Pt VI Line 5	THE BOARD OF DIRECTORS IS MADE UP OF MEDICAL AND BUSINESS PROFESSIONALS, ALMOST ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL IN THEIR OVERSIGHT ROLE THEY ARE INVOLVED IN STRATEGIC PLANNING FOR THE HOSPITAL AND ITS SISTER ENTITIES IN FUNDRAISING AND IN GENERAL STEWARDSHIP MEDICAL STAFF PRIVLEDGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNTIY THE HOSPITAL UTILIZES SURPLUS FUNDS TO MAINTAIN AND EXPAND ACCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Pt VI Line 6	THE HOSPITAL'S SOLE CORPORATE MEMBER IS THE CENTER OF SPECIAL CARE, INC A 501(C)(3) CORPORATION (THE "CENTER") THE CENTER PROVIDES GOVERNANCE OVERSIGHT AND STRATEGIC PLANNING FOR ITS SEVERAL WHOLLY OWNED SUBSIDIARIES THESE SUBSIDIARIES INCLUDE THE HOSPITAL, AND ITS SISTER ENTITIES, HSC COMMUNITY SERVICES, INC AND HOSPITAL FOR SPECIAL CARE FOUNDATION, INC ALL OF THESE ENTITIES ARE 501(C)(3) CORPORATIONS WHOSE COLLECTIVE FOCUS IS TO PROVIDE EXEMPLARY CARE THAT ASSISTS PATIENTS AND THEIR FAMIL

Additional Data

Software ID: 16000371

Software Version:

EIN: 06-0646766

Name: HOSPITAL FOR SPECIAL CARE

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	Hospital For Special Care 2150 Corbin Ave New Britain, CT 06053	X	X				X			Long Term Acute Care Fac	

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Hospital For Special Care Pt V Line 5	THE CHNA COMPRISED OF BOTH QUANTITATIVE AND QUALITATIVE RESEARCH COMPONENTS THE CHNA COLLECTED BOTH QUANTITATIVE AND QUALITATIVE DATA THE HSC "COMMUNITY" WAS DEFINED AS INDIVIDUALS LIVING WITH CHRONIC CONDITIONS OR PHYSICAL DISABILITIES, STATEWIDE QUANTITATIVE RESEARCH /RESOURCES RESEARCH RETURNED SOME VERY USEFUL DATA, BUT THERE ARE GAPS IN DATA COLLECTION REGARDING SEVERAL OF THE CHALLENGES FACED BY INDIVIDUALS LIVING WITH CHRONIC CONDITIONS OR PHYSICAL DISABILITIES PRIMARY SOURCES OF DATA INCLUDED UNITED STATES CENSUS BUREAU STATE OF CONNECTICUT DATA HAVEN (NEW HAVEN, CT) AMERICAN LUNG ASSOCIATION NATIONAL CANCER INSTITUTE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) THE HENRY J KAISER FAMILY FOUNDATION (KAISER FAMILY FOUNDATION) NATIONAL COUNCIL ON DISABILITY (NCD) UNITED HEALTH FOUNDATION NATIONAL COALITION AGAINST DOMESTIC VIOLENCE (NCADV) COMMUNITY MEMBER SURVEY AN IMPORTANT COMPONENT OF THE CHNA IS THE DATA PROVIDED BY COMMUNITY MEMBERS HSC CREATED AN ONLINE SURVEY, USING TYPICAL QUESTIONS POSED ON PAST HEALTH NEEDS SURVEYS, WITH ADDED QUESTIONS SPECIFIC TO OUR TARGETED POPULATION TELEPHONE SURVEYS AND PAPER SURVEYS WERE OFFERED AS ALTERNATIVES TO THE ON-LINE SURVEY THE SURVEY WAS DISTRIBUTED WIDELY THROUGHOUT THE STATE MAILINGS, BOTH E MAIL AND POSTAL MAIL, TO 823 PARTICIPANTS IN HSC PROGRAMS INCLUDING DENTAL SERVICES, AQUATIC FITNESS CENTER MEMBERS, THERAPEUTIC HORSEBACK RIDING, INCLUSIVE RECREATION, AND VOLUNTEERS PAPER SURVEYS AND THE LINK TO THE ONLINE SURVEY WERE AVAILABLE IN OUTPATIENT SERVICE WAITING AREAS PAPER SURVEYS AND THE LINK TO THE ONLINE SURVEY WERE DISTRIBUTED AT SEVEN HSC SUPPORT GROUP MEETINGS SOCIAL MEDIA POSTINGS ON HSC SITES THESE POSTS WERE SHARED BY ORGANIZATIONS AND INDIVIDUALS FAMILIAR WITH HSC INITIAL POSTS REACHED 674 PEOPLE ON TWITTER AND 1,114 ON FACEBOOK THE FACEBOOK POST WAS BOOSTED, RESULTING IN 11,500 INDIVIDUALS REACHED COLLABORATIVE ORGANIZATIONS (SPINAL CORD INJURY ASSOCIATION-CT, BRAIN INJURY ALLIANCE CT, AUTISM FAMILIES CONNECTICUT, MUSCULAR DYSTROPHY ASSOCIATION-CT, ALS ASSOCIATION-CT) USED EMAIL, SOCIAL MEDIA, AND NEWSLETTERS TO ASK MEMBERS TO COMPLETE HSC SURVEYS QUALITATIVE KEY INFORMANT SURVEY A SECOND COMPONENT OF THE CHNA IS DATA COLLECTED FROM ORGANIZATIONS ACROSS THE STATE THAT REPRESENT UNDERSERVED GROUPS AND SERVE OUR COMMUNITY MEMBERS HSC REGULARLY WORKS WITH FACILITIES, ORGANIZATIONS AND ASSOCIATIONS THAT SUPPORT OUR COMMUNITY "AN ONLINE KEY INFORMANT SURVEY WAS DISTRIBUTED TO 73 INDIVIDUALS ACROSS 56 ORGANIZATIONS, ASKING EACH TO EXPLAIN THE PRIORITY HEALTH NEEDS OF INDIVIDUALS SERVED BY THEIR ORGANIZATION THOSE CONTACTED INCLUDED ACUTE CARE HOSPITALS, STATE DEPARTMENTS, COMMUNITY-BASED HUMAN SERVICES AGENCIES, NOT-FOR-PROFIT ORGANIZATIONS AND ADVOCATES REPRESENTING INDIVIDUALS WITHIN HSC'S COMMUNITY PUBLIC HEALTH AND HEALTHCARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE POPULATION

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Hospital For Special Care Pt V Line 5	ATIONS THEY SERVE, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS "A LINKEDIN POST WAS ALSO USED TO REACH KEY INFORMANTS THE POST WAS SEEN BY OVER A THOUSAND PEOPLE, ALTHOUGH IT IS NOT POSSIBLE TO DETERMINE HOW MANY WERE KEY INFORMANTS WORKING IN CONNECTICUT ORGANIZATIONS ON KEY INFORMANT LISTADVANCED PHYSICAL THERAPYAETNA PRODUCT S TRATEGY & INSIGHTSALS ASSOCIATION - CTAMERICAN LUNG ASSOCIATION-CTANDREW HOUSE HEALTH CARE AUTISM FAMILIES CONNECTICUTBERLIN MOSQUEBILLINGS FORGE COMMUNITY WORKSBRAIN INJURY ALLIANC E OF CTBRISTOL HOSPITALCCARCCOGINCHAUG REGIONAL HIGH SCHOOLCOMMUNITY HEALTH CENTERS (MIDDLETOWN, NEW BRITAIN, NEW LONDON, OTHER LOCATIONS)CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCECORPORATION FOR INDEPENDENT LIVINGCT SOCIETY FOR RESPIRATORY CARECW RESOURCE DENTIST, PRIVATE PRACTICE, KENSINGTONGORSUCH ASSOCIATESGROVE HILL MEDICAL CENTER (STARLING PHYSICIANS)HANGER PROSTHETICSHARTFORD BEHAVIORAL HEALTHHARTFORD HEALTHCARE REHABILITATION NETWORK HARTFORD HOSPITALHARTFORD NEIGHBORHOOD CENTERS, INC HARVEST DEVELOPMENT GROUHHISPANIC HEALTH COUNCILHOSPITAL OF CENTRAL CTJOURNEY FOUND, INC KEEPMEHOME, LLCLEADINGAGE CONNECTICUTMI DSTATE MEDICAL CENTERMONEY FOLLOWS THE PERSONMUSCULAR DYSTROPHY ASSOCIATION-CTNEIGHBORHOOD HOUSING SERVICES OF NEW BRITAINNEW BRITAIN BOARD OF EDUCATIONNEW BRITAIN EMSNEW BRITAIN HEALTH DEPARTMENTNEW BRITAIN HOUSING AUTHORITYOPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAINPATHWAYS SENDEROSPATIENT ADVOCATE FOR YOU SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SCHOOL STREET APARTMENTS WELLNESS CENTERSEABURY RETIREMENT COMMUNITYSMALL MIRACLES NATURAL HEALTH CENTERSPINAL CORD INJURY ASSOCIATION-CTTHE EDWARD & MARY LORD FAMILY HEALTH CENTER UNITED COMMUNITY AND FAMILY SERVICES, THE EDWARD & MARY LORD FAMILY HEALTH CENTERUNIVERSITY OF CONNECTICUT, HARTFORD CAMPUSUNIVERSITY OF SAINT JOSEPHWHEELER CLINICWOMEN'S HEALTH US AYWCA OF NEW BRITAINBECAUSE THE SURVEY WAS ANONYMOUS, WE CANNOT CONFIRM EXACTLY WHICH ORGANIZATIONS RESPONDED, HOWEVER, THE DEMOGRAPHIC DATA COLLECTED REFLECTS A WIDE VARIETY OF ORGANIZATIONS REPRESENTING HEALTHCARE, PUBLIC HEALTH, MENTAL/BEHAVIORAL HEALTH, NOT-FOR-PROFIT, GOVERNMENT, AND OTHER SERVICE GROUPS COMMUNITY HEALTH NEEDS FORUM AND EXCHANGE (SEPTEMBER 13, 2016)WITH THE HOSPITAL OF CENTRAL CONNECTICUT AND THE COMMUNITY FOUNDATION OF GREATER NEW BRITAIN, HSC OFFERED A FORUM FOR HEALTH AND HUMAN SERVICES PROVIDERS THE THREE HOSTS REVIEWED THE RESULTS OF THEIR RECENT HEALTH AND WELL-BEING ASSESSMENTS REPRESENTATIVES FROM A VARIETY OF ORGANIZATIONS OFFERED UPDATES ON THEIR PROGRAMS TARGETING THESE HEALTH NEEDS THE GROUP EXPRESSED INTEREST IN ONGOING COMMUNICATION SO NEEDS MAY BE ADDRESSED IN COLLABORATIVE EFFORTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Hospital For Special Care Pt V Line 11	THE IDENTIFIED SIGNIFICANT HEALTH NEEDS WERE PRIORITIZED, AND HSC IS ADDRESSING THESE NEEDS WITH AN IMPLEMENTATION STRATEGY CREATED AFTER THE CHNA WAS ACCEPTED BY THE BOARD IN MARCH 2016 THE IMPLEMENTATION STRATEGY WAS ACCEPTED BY THE BOARD IN JULY 2016, AND PROJECTS HAVE BEGUN SOME IDENTIFIED HEALTH NEEDS ARE BEYOND OF THE SCOPE OF SERVICES OFFERED AT HSC, A LONG TERM ACUTE CARE HOSPITAL (LTACH) THESE INCLUDE MENTAL HEALTH, SUBSTANCE ABUSE, WEIGHT LOSS AND HEALTHY FOOD CHOICE PROGRAMS HSC PATIENTS AND PROGRAM PARTICIPANTS IN NEED OF SUCH SERVICES ARE REFERRED TO EXISTING COMMUNITY SERVICES WITH EXPERTISE IN THESE AREAS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HOSPITAL FOR SPECIAL CARE

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Employer identification number
06-0646766

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 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

(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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
(1) Scholarship	3	8,750			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
Pt I Line 2	Scholarship Funds are distributed directly to the institution which the recipient attends

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 HOSPITAL FOR SPECIAL CARE	Employer identification number 06-0646766
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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 on 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 on 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	Yes
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 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: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 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.	7	Yes
8 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.	8	No
9 If "Yes" on 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 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
Pt I Line 4b	Certain officers and highly paid employees are enrolled in a non qualified benefit plan. Payments to the plan were as follows: John Votto \$31,165, Laurie Whelan \$31,312, Felicia Dedominicis \$38,526, Lynn Ricci \$159,400, Paul Scalise \$56,451. John Votto received a distribution from the Phoenix for \$941,733 for insurance proceeds after retirement.
Pt I Line 3	THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGANIZATION'S CEO, OFFICERS, AND KEY EMPLOYEES IS AS FOLLOWS: THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE CONSISTING ENTIRELY OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. ANNUALLY, THE COMMITTEE IS GIVEN RECOMMENDATIONS FROM AN INDEPENDENT CONSULTANT REGARDING THE COMPENSATION OF THOSE EMPLOYEES IDENTIFIED ABOVE. THE COMMITTEE HAS THE SOLE DISCRETION TO ACCEPT OR REVISE THE RECOMMENDATIONS OF THE CONSULTANT IN SETTING THE COMPENSATION OF THE PREVIOUSLY IDENTIFIED EMPLOYEES.
Pt I Line 7	Discretionary Bonuses are awarded based on performance.

Additional Data

Software ID:

Software Version:

EIN: 06-0646766

Name: HOSPITAL FOR SPECIAL CARE

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				
1LYNN RICCI	(i)	390,762	20,000	48,760	147,536	6,461	613,519	
	(ii)	46,855			15,044	-	-	
1NANCY MARTONE	(i)	189,942		10,662	2,084	6,684	209,372	
	(ii)					-	-	
2JOHN J VOTTO DO	(i)	442,693		1,565,503	35,338	19,979	2,063,513	
	(ii)	6,246			67	-	-	
3LAURIE A WHELAN	(i)	302,914	20,000	66,838	32,990	14,485	437,227	
	(ii)	17,740			1,502	-	-	
4FELICIA DEDOMINICIS	(i)	253,025	20,000	51,588	39,691	21,526	385,830	
	(ii)	11,489			1,405	-	-	
5PAUL SCALISE MD	(i)	434,993	20,000	106,852	67,404	23,130	652,379	
	(ii)					-	-	
6DONALD CYR	(i)	187,250		28,518	3,560	15,144	234,472	
	(ii)					-	-	
7VICTORIA GOLAB	(i)	180,052		18,364	3,305	17,789	219,510	
	(ii)					-	-	
8JASON JAKUBOWSKI	(i)	162,872		30,239	1,838	21,680	216,629	
	(ii)					-	-	
9SLANISLAW JANKOWSKI	(i)	202,981		56,608	2,241	15,270	277,100	
	(ii)					-	-	
10PATRICIA AGUAYO	(i)	271,372	149	23,112	692	582	295,907	
	(ii)					-	-	
11BRENDA NURSE MD	(i)	240,442		79,472	4,240	2,109	326,263	
	(ii)					-	-	
12JOHN PELEGANO	(i)	241,358		45,458	4,240	21,307	312,363	
	(ii)					-	-	
13WILLIAM PESCE MD	(i)	303,625		55,950	4,240	22,366	386,181	
	(ii)					-	-	
14THOMAS SOLTIS MD	(i)	222,437		42,208	3,520	20,238	288,403	
	(ii)					-	-	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
HOSPITAL FOR SPECIAL CARE

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
06-0646766

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Connecticut Health and education Facilities Author	06-0806186	20774UNN1	06-26-2007	21,180,000	To refund a portion of a prior		X		X		X
B Connecticut Health and education Facilities Author	06-0806186	000000000	10-06-2016	42,837,000	To refund a portion of a prior		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	3,108,035		42,837,000					
4	Gross proceeds in reserve funds	3,108,035							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			853,713					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds			41,983,287					
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 346 %		0 346 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 346 %		0 346 %					
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			Webster Bank National Association					
c Term of hedge			15 000000 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Other	PART II LINE 11 COLUMN B OTHER SPENT PROCEEDS WERE USED TO DEFEASE PRIOR BOND ISSUE

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 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 .	OMB No 1545-0047 2016 Open to Public Inspection
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Name of the organization HOSPITAL FOR SPECIAL CARE	Employer identification number 06-0646766
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 19	The Organization provides the 990 to the Finance Committee of the Board of Directors for a n independent review Any questions or concerns are addressed prior to the 990 being filed Prior to filing, a copy of the completed 990 is provided to the Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 7a	The Center of Special Care, Inc is the parent and sole member of the Hospital For Special Care As such, it approves the appointment of all new members of the Hospital's Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 7b	The Center of Special Care, Inc is the parent and sole member of the Hospital For Special Care As such, it has final approval over all strategic and Financial Decisions of the ma de by the Hospitals Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 12c	The Organization requires all officers, directors, managers, and other key employees to complete a conflict of interest statement annually. Every year the statement is presented to those individuals required to complete the form and completion of the form is monitored to ensure compliance.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 15a	The process for determining the compensation for the organization's CEO, Officers, and key employees is as follows. The organization utilizes a compensation committee consisting entirely of independent members of the Board of Director. Annually, the committee is given recommendations from an independent consultant regarding the compensation of those employees identified above. The committee has the sole discretion to accept or revise the recommendations of the consultant in setting the compensation of the previously identified employees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 19	The organization makes its governing documents and conflict of interest policies available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 15b	The process for determining the compensation for the organization's CEO, Officers, and key employees is as follows. The organization utilizes a compensation committee consisting entirely of independent members of the Board of Directors. Annually, the committee is given recommendations from an independent consultant regarding the compensation of those employees identified above. The committee has the sole discretion to accept or revise the recommendations of the consultant in setting the compensation of the previously identified employees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 6	HOSPITAL FOR SPECIAL CARE'S SOLE MEMBER IS THE CENTER OF SPEACIAL CARE, INC CENTER OF SPE CIAL CARE, INC IS THE PARENT ORGANIZATION OF HOSPITAL FOR HOSPITAL FOR SPECIAL CARE, SPEC IAL CARE AND ALL ITS RELATED SUBSIDIARIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 11b	THE ORGANIZATION PROVIDES THE 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR AN INDEPENDENT REVIEW ANY QUESTIONS OR CONCERNS ARE ADDRESSED PRIOR TO THE 990 BEING FILED PRIOR TO FILING, A COPY OF THE COMPLETED IS PROVIDED TO THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt XI	Line 9 change in Equity to affiliates 1,003,629 unrealized gain on interest rate swap 1,65 5,325 Loss on refinancing -2,622,204 transfer to affiliates -823,710

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	OUTPATIENT REHABILITATION SERVICES INCLUDE MULTIDISCIPLINARY SERVICES TO MEET THE NEEDS 12139631 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	DESIGNED TO CONSIDER ALL OF THE VARIABLES THAT AFFECT A PATIENT'S ABILITY TO MEET HIS/HER 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	CENTER WITH THE LATEST CARDIOVASCULAR AND STRENGTH TRAINING EQUIPMENT 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	UCHC0-HSC MUSCLE & NERVE BIOPSY SERVICE, REHABILITATION SERVICES 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	ALSO OFFERS OUTPATIENT PULMONARY REHABILITATION PROGRAM IT HELP PERSONS 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	MODERATE TO VERY SEVERE COPD(CHRONIC OBSTRUCTIVE PULMONARY DISEASE) 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	INVOLVED IN THE LIFE OF THE CHILD THESE SERVICES MAY BE CONTRACTED 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	THERAPY PROGRAMS FEATURE THE LEE SILVERMAN VOICE TREATMENT 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	PROGRESSIVE RESISTANCE TRAINING TO IMPROVE TONGUE STRENGTH 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	INPATIENT CARE SATELLITE UNIT/HARTFORD LOCATION IS A 23-BED UNIT 13934402 0 17445749

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	PROCEDURES, BUT WHO CONTINUE TO REQUIRE 24-HR NURSING 0 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	INPATIENT SERVICES IN FY 2016 HSC OPENED AN 8 BED INPATIENT 5539272 0 5199983

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

2016

Open to Public Inspection

Name of the organization
HOSPITAL FOR SPECIAL CARE

Employer identification number
06-0646766

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)Hospital For Special Care Foundation Inc 2150 Corbin Ave New Britain, CT 06053 06-1534092	FUNDRAISING	CT	501(c)(3)	Line 11B, II	NA		No
(2)Center of Special Care Inc 2150 Corbin Avenue New Britain, CT 06053 06-1464177	PARENT ENTITY FOR HOSPITAL AND AFFILIATES	CT	501(c)(3)	Line 11B, II	NA		No
(3)HSC Community Services Inc 2150 Corbin Avenue New Britain, CT 06053 06-1464179	COMMUNITY SUPPORT	CT	501(c)(3)	Line 9	NA		No
(4)CSI Residential Inc 2150 Corbin Avenue New Britain, CT 06053 31-1584385	HOUSING FOR THE DISABLED	CT	501(c)(3)	Line 9	NA		No
(5)Manes and Motions Therapeutic Riding Center Inc 2150 Corbin Ave New Britain, CT 06053 06-1550599	THERAPEUTIC HORSEBACK RIDING	CT	501(c)(3)	Line 7	NA		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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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: 16000371
Software Version:
EIN: 06-0646766
Name: HOSPITAL FOR SPECIAL CARE

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Hospital For Special Care Foundation Inc	b	516,660	Amount Transferred
(1)	Manes and Motions Therapeutic Riding Center Inc	b	191,051	Amount Transferred
(2)	Hospital For Special Care Foundation Inc	c	477,147	Amount Transferred
(3)	Hospital For Special Care Foundation Inc	m	542,013	Amount Transferred
(4)	HSC Community Services Inc	o	336,198	Salary Allocation
(5)	Hospital For Special Care Foundation Inc	o	381,897	
(6)	Manes and Motions Therapeutic Riding Center Inc	o	279,203	
(7)	Hospital For Special Care Foundation Inc	q	302,254	
(8)	Hospital For Special Care Foundation Inc	r	115,090	
(9)	HSC Community Services Inc	b	106,817	
(10)	CSI RESIDENTIAL Inc	n	43,423	
(11)	HSC Community Services Inc	q	60,751	
(12)	MANES AND MOTIONS THERAPEUTIC RIDING	q	16,406	
(13)	CSI RESIDENTIAL Inc	q	14,246	