

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225005439

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury

Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

The Hospital of Central Connecticut

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

100 Grand Street

City or town, state or province, country, and ZIP or foreign postal code

New Britain, CT 06050

F Name and address of principal officer

Gary Havican

100 Grand Street

New Britain, CT 06050

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.thocc.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1893

M State of legal domicile

CT

G Gross receipts \$

419,957,686

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

The Hospital of Central Connecticut is dedicated to fostering, sustaining and improving the health status of the people in the communities we serve

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

9

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

2,508

6 Total number of volunteers (estimate if necessary)

269

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

3,362,609

9 Program service revenue (Part VIII, line 2g)

395,346,056

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

20,292,538

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,733,691

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

418,021,472

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

35,000

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

170,012,793

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) 844,954

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

228,598,309

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

398,646,102

19 Revenue less expenses Subtract line 18 from line 12

19,375,370

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

500,886,603

21 Total liabilities (Part X, line 26)

212,505,260

22 Net assets or fund balances Subtract line 21 from line 20

288,381,343

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-08-13

Date

mARK kEISE VP Finance

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Mike Engle

Preparer's signature

Mike Engle

Date

Check ☐ if self-employed

PTIN P00482834

Firm's name BKD

Firm's EIN 44-0160260

Firm's address 1201 Walnut Suite 1700

Phone no (816) 221-6300

Kansas City, MO 64106

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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:

The Hospital of Central Connecticut is dedicated to fostering, sustaining and improving the health status of the people in the communities we serve

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 \$ 49,771,415	including grants of \$)	(Revenue \$ 49,216,253)
See Additional Data				

4b	(Code)	(Expenses \$ 33,288,574	including grants of \$)	(Revenue \$ 41,337,547)
See Additional Data				

4c	(Code)	(Expenses \$ 30,919,958	including grants of \$)	(Revenue \$ 33,717,838)
See Additional Data				

(Code)	(Expenses \$ 254,057,515	including grants of \$ 35,000)	(Revenue \$ 271,074,418)
---------	--------------------------	---------------------------------	---------------------------

The Hospital of Central Connecticut (THOCC) is a 414-bed, 32-bassinets, acute-care community teaching hospital with campuses in New Britain and Southington. The Hospital of Central Connecticut has a medical staff of more than 300 physicians. Through the University of Connecticut School of Medicine, the hospital participates in residency programs for primary care internal medicine, obstetrics and gynecology, otolaryngology, and general surgery. In addition to the programs referred to above, the hospital provides services/programs including but not limited to the following: Behavioral & Mental Health, Cancer Care, Cardiology & Heart Care, Diabetes & Endocrinology, Digestive Health, Emergency Services, Headache Center, Imaging Services, Lab Services, Lung & Pulmonary, Maternity, Medical Weight Loss, Movement Disorders Center, Neuroscience Institute, Occupational Health, Orthopedics, Outpatient Services, Pain Treatment, Palliative Care, Pediatrics, Physical Therapy, Primary Care & Specialty Care, Senior Services, Sleep Disorders, Spine Care, Stroke, Surgical Weight Loss, Urology & Kidney, Women's Health, Wound Care.

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 254,057,515	including grants of \$ 35,000)	(Revenue \$ 271,074,418)	

4e	Total program service expenses	368,037,462
-----------	---------------------------------------	--------------------

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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a Yes 28b 28c	No No No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	170	
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?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2,508	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructionsCheck 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 13		
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 9		
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	Yes
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	Yes
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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	Yes
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	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	CT
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 Sean Curtin 100 Grand Street New Britain, CT 06050 (860) 224-5000	

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

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

Form **990** (2017)

[illegible]

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 ► 111

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
University of Connecticut Health Center 263 Farmington Avenue Farmington, CT 06030	Healthcare Services	3,175,698
Frank Capasso & Sons Inc 1003 Middletown Avenue Northford, CT 06472	Construction Services	1,543,984
Morrison Management Specialists Inc 400 Northridge Rd Suite 600 Sandy Springs, GA 30350	Food and Nutrition Services	1,095,857
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	IT Services	933,418
Origin Incorporated 1800 SW 1st Suite 510 Portland, OR 97201	Staffing Services	906,543

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 ► 30	
---	--

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	17,370			
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c	123,205			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	508,612			
	g	Noncash contributions included in lines 1a-1f \$	5,705				
	h	Total. Add lines 1a-1f	649,187				
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	622110	393,404,887	393,404,887		
	b	Income from Investments In Subsid	900003	1,941,169	1,941,169		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f	395,346,056					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,510,077		1,510,077	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real		(ii) Personal			
		Gross rents					
		2,147,865					
		b Less rental expenses		1,362,994			
	c		Rental income or (loss)	784,871			
	d		Net rental income or (loss)	784,871		784,871	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory		13,742,603	5,571,654		
		b Less cost or other basis and sales expenses		0	531,796		
		c		Gain or (loss)	13,742,603	5,039,858	
	d		Net gain or (loss)	18,782,461		18,782,461	
	8a	Gross income from fundraising events (not including \$ 123,205 of contributions reported on line 1c) See Part IV, line 18		a	22,960		
		b Less direct expenses		b	41,424		
		c		Net income or (loss) from fundraising events	-18,464		-18,464
	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	Dietary/Cafeteria	722210	967,284		967,284		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	967,284					
12	Total revenue. See Instructions	418,021,472					
			395,346,056	0	22,026,229		

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.	35,000	35,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	205,684	205,684		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	57,000	57,000		
7 Other salaries and wages.	135,986,787	129,967,349	5,824,610	194,828
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,369,311	5,132,062	229,570	7,679
9 Other employee benefits.	19,386,862	18,530,234	828,902	27,726
10 Payroll taxes.	9,007,149	8,546,662	445,583	14,904
11 Fees for services (non-employees):				
a Management.				
b Legal.	33,582		33,582	
c Accounting.				
d Lobbying.	38,291		38,291	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	499,584	499,584		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	33,232,149	33,232,149		
12 Advertising and promotion.	37,408	8,504	28,904	
13 Office expenses.	4,005,933	2,713,906	1,237,749	54,278
14 Information technology.	22,292,326	13,263,877	9,028,449	
15 Royalties.				
16 Occupancy.	7,202,220	6,899,782	302,112	326
17 Travel.	173,205	168,149	4,138	918
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	285,903	275,302	10,601	
20 Interest.	3,148,712	2,726,632	422,080	
21 Payments to affiliates.	33,286,587	28,458,348	4,828,239	
22 Depreciation, depletion, and amortization.	18,062,140	14,545,342	3,507,741	9,057
23 Insurance.	5,796,681	5,796,681		
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 Medical Supplies.	46,772,476	46,772,476		
b Hospital Provider Tax.	34,038,951	34,038,951		
c Purchased Services.	10,533,182	8,446,504	2,082,057	4,621
d Equip. Rental & Maint.	7,842,364	7,271,444	545,053	25,867
e All other expenses.	1,316,615	445,840	366,025	504,750
25 Total functional expenses. Add lines 1 through 24e.	398,646,102	368,037,462	29,763,686	844,954
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		14,840,487	1	17,033,656	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		47,281,417	4	41,641,713	
	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		6,217,752	8	6,472,828	
	9	Prepaid expenses and deferred charges		1,893,410	9	2,493,530	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	477,904,248			
	b	Less: accumulated depreciation	10b	299,689,581	188,546,169	10c	178,214,667
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		240,427,519	12	209,483,457	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		26,032,972	15	45,546,752	
16	Total assets. Add lines 1 through 15 (must equal line 34)		525,239,726	16	500,886,603		
Liabilities	17	Accounts payable and accrued expenses		25,300,681	17	22,120,212	
	18	Grants payable			18		
	19	Deferred revenue		4,265,864	19	3,972,210	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		210,187,707	25	186,412,838	
	26	Total liabilities. Add lines 17 through 25		239,754,252	26	212,505,260	
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		229,974,793	27	230,804,921	
	28	Temporarily restricted net assets		32,063,910	28	32,950,425	
	29	Permanently restricted net assets		23,446,771	29	24,625,997	
	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		285,485,474	33	288,381,343	
	34	Total liabilities and net assets/fund balances		525,239,726	34	500,886,603	

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	418,021,472
2	Total expenses (must equal Part IX, column (A), line 25)	2	398,646,102
3	Revenue less expenses Subtract line 2 from line 1	3	19,375,370
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	285,485,474
5	Net unrealized gains (losses) on investments	5	2,476,969
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	-18,956,470
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	288,381,343

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?	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 06-0646768
Name: The Hospital of Central Connecticut

Form 990 (2017)

Form 990, Part III, Line 4a:

Hartford HealthCare Cancer Institute Hartford HealthCare is Connecticut's most comprehensive healthcare network Our fully integrated health system includes a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals The Hartford HealthCare Cancer Institute encompasses comprehensive cancer centers at five hospitals across Connecticut - Hartford Hospital, The Hospital of Central Connecticut, Backus Hospital, MidState Medical Center and Windham Hospital Collectively, the cancer programs within the Cancer Institute treat more than 5,000 new cancer patients per year while caring for tens of thousands of existing patients, offering a full range of innovative, evidence-based and personalized treatments designed to meet the needs of each individual patient Our innovative Institute approach is unlike any other in the state and is among the most highly regarded in the nation Through our Institute, which is organized around a specific disease and not necessarily location, we can apply best practices throughout our system so that patients receive the same high standards of care no matter where they live or which Hartford HealthCare cancer center they choose For all of our patients, a dedicated team of oncologists, surgeons, radiologists, pathologists, nurses, clinical researchers, technicians and others collaborate to provide the exact course of care they need The Institute's multidisciplinary disease management teams meet and collaborate regularly to lend expertise and insight on numerous cancer types, translating into exceptional coordinated care The Institute's accomplished, fellowship-trained physicians are nationally recognized for their level of sophisticated care in areas such as radiation oncology, medical oncology and surgical oncology Patients are also cared for in an environment that emphasizes compassion and personal connections, with a team of trained nurse navigators who provide guidance and support to patients and families, from diagnosis to recovery The Institute also boasts a thriving survivorship program In 2013, the Hartford HealthCare Cancer Institute became the first community-based cancer program to become a member of the Memorial Sloan Kettering Cancer Alliance, establishing a relationship with one of the world's premier cancer centers The Institute's membership in the Alliance provides patients in Connecticut access to the most advanced, leading-edge treatments available anywhere In 2017, the Institute was accredited as a network by the American College of Surgeons Commission on Cancer, one of a select few institutes nationwide to be recognized as a system, rather than individual cancer centers For patients coming through our doors with a cancer diagnosis, that means three things standardized care, more options and more hope More than four years after the Hartford HealthCare Cancer Institute became the charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance, cancer patients now have unprecedented access to the world's most advanced clinical trials And more than ever before, physicians, nurses, pharmacists and researchers are working collaboratively to implement cancer treatment standards and protocols developed at MSK, the premier cancer treatment center in the country This distinctive cancer care and clinical research partnership means the Hartford HealthCare Cancer Institute brings the most innovative, evidence-based cancer care directly into community settings During FY18, the Institute had 5,598 new cases across the system were as follows Hartford Hospital - 3,132Hospital of Central Connecticut - 1,013Backus Hospital - 765MidState Medical Center - 516Windham Hospital - 172The five most common types of cancer diagnosed by teams of specialists at the Hartford HealthCare Cancer Institute are cancers of the bladder, breast, colon, lung and prostate Each patient has a unique scenario requiring a personalized plan 1,101 Breast Cancer cases were treated across the system as follows Hartford Hospital - 571Hospital of Central Connecticut - 251Backus Hospital - 123MidState Medical Center - 122Windham Hospital - 34726 Lung Cancer cases were treated across the system as follows Hartford Hospital - 392Hospital of Central Connecticut - 142Backus Hospital - 109MidState Medical Center - 59Windham Hospital - 24677 Prostate Cancer cases were treated across the system as follows Hartford Hospital - 386Hospital of Central Connecticut - 98Backus Hospital - 110MidState Medical Center - 62Windham Hospital - 20370 Bladder Cancer cases were treated across the system as follows Hartford Hospital - 175Hospital of Central Connecticut - 79Backus Hospital - 57MidState Medical Center - 46 Windham Hospital - 13241 Colon Cancer cases were treated across the system as follows Hartford Hospital - 137Hospital of Central Connecticut - 42Backus Hospital - 26MidState Medical Center - 36 Today, Hartford HealthCare is creating a better future for healthcare in Connecticut and beyond We are a community of caregivers engaged in developing a coordinated, consistent high standard of care We use research and education as partners in care delivery We create and engage in meaningful alliances to enhance access to services We invest in technology and training to develop new pathways to improve the timeliness, efficiency and accuracy of our services

Form 990, Part III, Line 4b:

Gastroenterology Doctors at The Hospital of Central Connecticut use advanced equipment and procedures to help diagnose and treat a variety of colorectal and anorectal conditions. Conditions treated include Inflammatory Bowel Disease (IBD), Hemorrhoids, Colon Polyps, Bowel Cancer (Colon/Rectal) and Fecal Incontinence. The Hospital of Central Connecticut (HCC) offers a variety of procedures and technology to diagnose colorectal conditions. Clinics are located at both the Bradley Memorial Campus and the New Britain General Campus. The Bradley Memorial campus has a legacy of caring for the Southington community and is supported by a staff that has enthusiasm for their work and compassion for their patients. The New Britain General campus opened in 1899 and has grown into a dynamic, acute-care teaching facility. Our reputation as a leading healthcare provider enables us to attract outstanding talent and acquire leading technology to remain firmly committed to our mission to provide outstanding care to our community.

Form 990, Part III, Line 4c:

Women's Health We care for everyone at The Hospital of Central Connecticut (HOCC), but we realize women have unique health needs That's why we offer care designed just for women, including a wide range of women's health specialists and female-focused programs and services- like our Women's Heart Wellness Center, our Women's GI Health Center, women's pelvic health expertise and more HOCC helped New Britain give birth to a lot of pride and joy over the years No hospital in the region delivers more babies - because more parents trust our maternity care, which features many 24/7 on-site specialists, an advanced Neonatal Intensive-Care Unit, and unique services like our Safe Sleep program and 24-hour support hotline for new moms and dads Clinics are located at both the Bradley Memorial Campus and the New Britain General Campus The Bradley Memorial campus has a legacy of caring for the Southington community and is supported by a staff that has enthusiasm for their work and compassion for their patients The New Britain General campus opened in 1899 and has grown into a dynamic, acute-care teaching facility Our locations promote, maintain, and restore physical and emotional well-being for women of all ages Departments/services provided by HOCC include Breast Health HOCC offers services dedicated to breast health in women including mammography, breast testing, breast cancer care and more Gastrointestinal Health Center The Hartford Healthcare Women's Gastrointestinal (GI) Health Center is dedicated to the evaluation, diagnosis, and treatment of GI disorders that are unique to or more common in women Gynecologic Oncology Expert gynecologists are available for consultation, treatment and long term follow-up They work closely with members of radiation therapy and medical oncology departments to ensure comprehensive care Heart Wellness Center HOCC is proud to be a founding member, and the first hospital in New England, to be part of the Women Heart National Hospital Alliance This partnership with Women Heart, the National Coalition for Women with Heart Disease, teams us with a patient-centered organization dedicated to women's heart health through patient support, education and advocacy Maternity It's one of the most wondrous, complex moments of life, marked by eager anticipation and excitement, yet touched by concern and apprehension The Family Birth Place is staffed by board-certified obstetricians, with specialists ready if needed 24 hours a day, including, on-site, board-certified anesthesiologists for pain control and perinatologists for high-risk pregnancies Pelvic Health & Incontinence Our team provides comprehensive diagnosis and treatment for women who suffer from disorders associated with the female pelvic floor

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Joseph Harrison MD Director	60 00	X						114,985	0	14,545
Alan Weiner Director (Thru 9/30/18)	2 00	X						0	30,000	0
Letterio Ascuito MD Director	2 00	X						20,000	0	0
Paul Czepiga Director	2 00	X						0	0	0
Irfan Chughtai MD Director	2 00	X						0	0	0
Nadine Francis-West Director	2 00	X						0	0	0
George Springer Jr Director	2 00	X						0	0	0
Carl Grant Director	2 00	X						0	0	0
Bruce Koeppen MD Director	2 00	X						0	0	0
Denise McNair Director	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Joseph Voelker Director (Thru 9/25/18)	2 00	X						0	0	0
Jason Howey Chair	3 00	X		X				0	0	0
John Rathgeber Vice Chair	2 00	X		X				0	0	0
Gary Havican President/Director	30 00 30 00	X		X				0	400,532	65,794
Margaret Marchak Secretary	3 00 57 00			X				0	691,694	136,350
Sean Curtin VP Finance	30 00 30 00			X				0	0	0
Catherine Stevens VP Patient Care (Thru 12/17)	30 00 30 00				X			0	250,031	51,563
Karen Fasano VP Patient Care	30 00 30 00				X			154,277	0	27,391
Jeff Finkelstein VP Medical Affairs	30 00 30 00				X			0	907,519	83,116
Elizabeth Ciotti VP Care Logistics	30 00 30 00				X			0	226,950	38,134

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Janette Edwards VP Operations	30 00 30 00				X			0	224,517	47,078
Haklai Lau MD Hospitalist	60 00 60 00					X		780,034	0	67,935
Elizabeth Tillman Hospitalist	60 00 60 00					X		451,963	0	43,068
Scott Brown Emergency Room Physicians	60 00 60 00					X		455,444	0	58,927
Michelle McDade Hospitalist	60 00 60 00					X		439,631	0	72,226
Rekhinder Singh Chief of Surgery	60 00 60 00					X		503,645	0	65,602
Richard Dreiss MD Former Director	0 00 0 00						X	59,893	0	0
Lucille Janatka Former Officer & Director (President/Director)	0 00 0 00						X	0	868,759	79,458
Carolyn Freiheit Former Officer (VP, Finance)	0 00 0 00						X	0	226,272	25,276
Jonathan Velez MD Former Key Employee (VP, Medical Affairs)	0 00 0 00						X	0	240,798	40,105

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Mary Morgan Former VP Human Resources	0 00						X	0	371,736	61,557

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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>		
	1	
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>		
	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?		
	1	
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>		
	2	
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>		
	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>		
	2a	
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>		
	2b	
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>		
	3a	
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>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 06-0646768
Name: The Hospital of Central Connecticut

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)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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 <u>www.irs.gov/form990</u>.	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 The Hospital of Central Connecticut	Employer identification number 06-0646768
---	---

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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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****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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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?	Yes		38,291
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			38,291
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
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
Part II-B, Line 1	The Hospital of Central Connecticut paid annual dues to Connecticut Hospital Association (CHA). CHA conducts lobbying activities on behalf of its members. CHA allocates a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA conducts lobbying activities under current Medicare rules. The Organization occasionally asks its employees to volunteer their time to contact state legislators in an effort to lobby on its behalf. The total amount of dues allocated for lobbying expenses for FY18 was \$38,921.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225005439

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

2017

Open to Public Inspection

Name of the organization
The Hospital of Central Connecticut

Employer identification number
06-0646768

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.

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

2a

2b

2c

2d

Held at the End of the Year

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) 2017

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	192,345,255	168,264,255	149,273,255	130,149,040	121,211,981
b Contributions	26,491,745		10,000,000	23,000,000	250,703
c Net investment earnings, gains, and losses	16,068,000	24,474,000	14,414,000	-3,233,827	9,453,701
d Grants or scholarships					
e Other expenditures for facilities and programs	50,693,000	393,000	5,423,000	641,958	767,345
f Administrative expenses					
g End of year balance	184,212,000	192,345,255	168,264,255	149,273,255	130,149,040

2

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

a

Board designated or quasi-endowment

76 000 %

b

Permanent endowment

4 000 %

c

Temporarily restricted endowment

20 000 %

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)

Yes

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	782,014	15,015,752		15,797,766
b Buildings	6,262,785	297,720,339	191,336,700	112,646,424
c Leasehold improvements	200,978	4,018,326	4,219,304	0
d Equipment	870,372	126,898,283	104,133,577	23,635,078
e Other		26,135,399		26,135,399
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				178,214,667

Schedule D (Form 990) 2017

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) Investment in Endowment LLC	184,213,216	F
(B) Funds Held in Trust By Others	17,818,446	F
(C) Investment in Other Joint Ventures	4,093,706	F
(D) Investment MRI	2,554,357	F
(E) Investment in HHC Surgery Center	700,562	F
(F) Investment Endoscopy Center	103,170	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	209,483,457	

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	18,121,894
(2) Long Term Malpractice Rec	15,574,406
(3) Short Term Malpratice	5,988,544
(4) Other Non Currect Assets	3,532
(5) Secunity Deposit	1,500
(6) SERP Asset	5,145,504
(7) Bond - Intercompany	704,782
(8) Patient Refunds	6,590
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	45,546,752

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	186,412,838

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:
Software Version:
EIN: 06-0646768
Name: The Hospital of Central Connecticut

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

(a) Description	(b) Book value
Due from Affiliates	18,121,894
Long Term Malpractice Rec	15,574,406
Short Term Malpratice	5,988,544
Other Non Current Assets	3,532
Security Deposit	1,500
SERP Asset	5,145,504
Bond - Intercompany	704,782
Patient Refunds	6,590

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	Accrued Pension Liability	68,255,396
	HHC - Inter Company Bonds	60,364,925
	Malpractice Liability	20,997,326
	Lease Liability	15,946,130
	Hospital Provider Tax	8,510,503
	Due to Third Parties	4,546,070
	IBNR Liability	5,654,790
	Asset Retirement Obligation	1,552,491
	Worker's Compensation	565,615
	Parking Key Card	14,730

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Security Deposits	4,862

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to mission related programs such as those described in Part III, lines 4a-d while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 4% over the long term. Actual returns in any given year may vary from this amount. The Hospital's endowment consists of hundreds of individual funds established for a variety of purposes including but not limited to patient care, research and capital needs. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
The Hospital of Central Connecticut

Employer identification number
06-0646768

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 Fundraiser - Chrysanthemum Ball (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	146,165			146,165
	2 Less Contributions	123,205			123,205
	3 Gross income (line 1 minus line 2)	22,960			22,960
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,821			2,821
	6 Rent/facility costs	27,545			27,545
	7 Food and beverages				
	8 Entertainment	4,650			4,650
	9 Other direct expenses	6,408			6,408
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				41,424
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-18,464

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

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

2017

Open to Public Inspection

Name of the organization
The Hospital of Central Connecticut

Employer identification number
06-0646768

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 25000 0000000000 %		
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 %		
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 Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
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	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
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)			3,636,905		3,636,905	0 910 %
b Medicaid (from Worksheet 3, column a)			114,545,906	85,178,518	29,367,388	7 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			118,182,811	85,178,518	33,004,293	8 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			167,628		167,628	0 040 %
f Health professions education (from Worksheet 5)			15,637,768	2,677,280	12,960,488	3 250 %
g Subsidized health services (from Worksheet 6)			1,698,154	455,843	1,242,311	0 310 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			17,503,550	3,133,123	14,370,427	3 600 %
k Total. Add lines 7d and 7j			135,686,361	88,311,641	47,374,720	11 880 %

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			7,068		7,068	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			7,068		7,068	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		No
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		
	7,640,000		
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	73,459,104
6 Enter Medicare allowable costs of care relating to payments on line 5	6	85,391,717
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,932,613
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 1 Central CT Endoscopy Center LLC	Endoscopy Services	6 500 %		50 000 %
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?

2

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)

		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
	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)
Facility Reporting Group - A**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):** _____

		Yes	No
Community Health Needs Assessment			
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	No
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 <u>20 17</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	Yes
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>See Part V, Page 8</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 <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>See Part V, Page 8</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		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 <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
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? 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) <u>See Part V, Page 8</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>See Part V, Page 8</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Page 8</u>			
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**

Facility Reporting Group - A

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 nonpayment?	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)**

Facility Reporting Group - A

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? **7**

Name and address	Type of Facility (describe)
1 1 - New Britain MRI Limited Partnership 100 Grand Street New Britain, CT 06050	Magnetic Resonance Imaging Services
2 2 - Central Connecticut Endoscopy Center 440 New Britain Avenue Plainville, CT 06062	Endoscopy Services
3 3 - HHC Southington Surgery Center 100 Avon Meadow Lane Avon, CT 06001	Surgery Center
4 4 - The HOCC Family Health Center 22 Pine Street Bristol, CT 06010	Health Center
5 5 - The HOCC Comprehensive Breast Center 201 North Mountain Road Plainville, CT 06062	Mammography
6 6 - The HOCC Imaging Center 201 North Mountain Road Plainville, CT 06062	Imaging Services
7 7 - The HOCC Breast Imaging 55 Meriden Avenue Southington, CT 06489	Imaging Services
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
Part I, Line 3c	The Hospital of Central Connecticut uses Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status and other family eligibility criteria such as family size, employment and financial obligations. Part I, Line 6a. The Organization submits quarterly reports to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Strategy (OHS) annually.
Part I, Line 7	The organization utilized an overall cost to charge ratio, (RCC), developed from the Medicare Cost Report. Total expense was adjusted for: medicaid provider taxes, directly identified community benefit expense and community building expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	No physician clinic costs were included in the Subsidized Health Services cost calculations
Part II, Community Building Activities	The Hospital of Central Connecticut (HOCC) interacts with the community to address needs and facilitate appropriate responses For FY18, HOCC expended \$7,068 on community building activities

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	A pre bad debt financial assistance screening is in place to identify patients that may be eligible for financial assistance. Pre bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2018 would be immaterial.
Part III, Line 4	Please see the text of the footnote that describes bad debt expense beginning on page 26 of the Audited Financial Statement. This note also relates to Part III, Line 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	Cost Reports were used to report Medicare allowable costs. Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities. It specifically excludes certain costs that are not directly related to patient care. The hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable. This additional expense includes costs of physician services (emergency on-call fees, Hospitalist Programs, recruitment, etc.), advertising costs, cafeteria costs for meals sold to visitors, etc. The Hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries. To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 65% of unpaid amounts. The table reconciles the shortfall or surplus from Line 7 to the actual surplus or shortfall. The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs. The unpaid coinsurance/deductibles were estimated using historical collection results. Any shortfall amounts have not been treated as Community Benefits.
Part III, Line 9b	The Hospital of Central Connecticut has adopted the Financial Assistance Policy of its Parents Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted Charges pursuant to this Policy, and the patient does not pay timely their obligations to The Hospital of Central Connecticut, the Hospital reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts. No Extraordinary Collection Actions (ECA) will be initiated during the first 120 days following the first post discharge billing statement to a valid address or during the time that patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event. If the patient applies for assistance within 240 days from the first notification of the self pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	The Hospital of Central Connecticut assesses the health care needs of the communities it serves in several manners. The hospital analyzed claims based data to understand what medical diagnoses and surgical procedures are attributed to its local population in order to plan for program growth and/or capacity. Additionally, the hospital continues its involvement through contact and collaboration with local community groups. These groups often identify medical services that are needed in the HOCC's primary focus area.
Part VI, Line 3	The Hospital of Central Connecticut provides information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas, (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications, (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas, (iv) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HOCC's home page, (v) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy, and (vi) include the tag line "Please ask about our Financial Assistance Policy" in THOCC written publications.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	The Hospital of Central Connecticut (HOCC) primary service area has a total population of 456,330 people. Of those, 20.3% are under the age of 18, 62.6% 18 to 64 and 17.2% are seniors. The racial make up is 69.7% White, 7.2% Black, 18.9% Hispanic and 6.5% identified as other. 11.6% live in poverty. 10.9% do not have a high school Diploma and 19.7% have a Bachelor's Degree.
Part VI, Line 5	The Hospital of Central Connecticut (HOCC) is responsive to the community by having a completely open medical staff and a board of trustees with diverse membership that reflects the community at large. The hospital is a Disproportionate Share Hospital with one of the highest rates of Medicaid patients in the state. We provide space for the Medicare Choices program to help community members select the Medicare programs that are best for them. We have a full graduate medical education program for physician training with UCONN, and also provide training for nursing and allied health students. HOCC is a major sponsor of the New Britain Health Academy, a program that exposes local high school students to careers in the healthcare field. Presented in partnership with other community organizations, the Academy offers students an opportunity to learn about the types of jobs available, and facilitates contact with healthcare professionals who can guide program participants. In FY2018 HOCC continues to support a community service organization fair where area not-for-profits are invited to the hospital to share with HOCC's community about their mission and purpose. In addition, various hospital staff members and departments support community events on an ongoing basis, as well as frequent monetary and in-kind donations to area organizations in need. The Hospital of Central Connecticut also participates in the Medical Legal Partnership Program. This program recognizes that there are many issues that may affect children and families seeking health care that are not specifically healthcare problems. These include landlord-tenant and housing issues. The program helps healthcare providers' direct families to resources that can assist with these issues. Among our outreach services is our Mothers Offering Mothers Support (M O M S) program, a weekly support program for mothers 21 years old and under. Program leaders are women who were also young mothers and now are helping others. And, The Hospital of Central Connecticut has a program in which indigent patients who are being discharged from the hospital who do not have prescription drug coverage receive dosages of their prescribed medications to help them recover and comply with treatment guidelines and to reduce readmission rates.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including The Hospital of Central Connecticut, strives to improve health using the "Triple Aim" model: improving quality and experience of care, improving health of the population (population health) and reducing costs. HHC and its affiliates including all supported organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care, create efficiency on both our internal operations and the utilization of health care, and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care." The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital. The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.
Part VI, Line 7, Reports Filed With States	CT

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:

EIN: 06-0646768
Name: The Hospital of Central Connecticut

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

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? 2		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
1	The Hospital of Central Connecticut 100 Grand Street New Britain, CT 06050 www.thocc.org 000052	X	X		X			X		New Britain General Hospital Campus and Bradley Memorial Hospital Campus	A
2	Bradley Memorial 81 Meriden Avenue Southington, CT 06489 www.thocc.org/locations/bradley-memori 000052	X	X					X		Bradley Memorial Campus at the Hospital of Central Connecticut	A

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 The Hospital of Central Connecticut, - Facility 2 Bradley Memorial

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 5	To solicit input from key informants and individuals who have broad interest in the health of the community, the hospital performed surveys, community forums, focus groups and interviews with key informants. The key informants were selected by community leader(s) or liaison(s). Additionally, focus groups were used to identify any other resource Focus groups, community forums, and individual key informant interviews were conducted from February to June 2018 with representatives from Hartford HealthCare, the Hospital and numerous community-based organizations and social services agencies. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the overall community. They were asked to rate the degrees to which various health issues were a problem in the HOCC Region. Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed. These participants included physicians, public health representatives, health professionals, social service providers and a variety of other community leaders including the following -Central Connecticut Health District -Hospital of Special Care -New Britain YMCA -New Britain YMCA-Catholic Charities-Bread for Life -Wheeler Clinic -Friendship Service Center -Boys & Girls Club -Central Connecticut State University -New Britain Roots -Klingberg Center -City of New Britain -American Savings Foundation -Community Foundation of Greater New Britain -Community Health Center -Main Street Community Foundation -Southington Early Childhood Collaborative -Prudence Crandall Center -Community Mental Health Affiliates -Town of Berlin -United Way of Central & Northeast Connecticut -NAACP -Foodshare -Human Resources Agency of New Britain -Senior Transportation Services -Coalition for New Britain Youth -New Britain Consolidated School District -New Britain Emergency Services -New Britain Health Department -Southington/Plainville Health District -Southington/Cheshire YMCA -Southington Community Services -New Britain Community Chest -Alzheimer's Resource Center -Coalition for New Britain Youth The 2018 CHNA took a close look at social determinants of health such as poverty, affordable housing, transportation, education, economic stability, and neighborhood safety. Social determinants of health have become a national priority for identifying and addressing health disparities, and HOCC is committed to addressing these disparities through the Community Health Improvement Plan. Thru this process, input was gathered from individuals whose organizations can provide information for the following data elements -Medically Underserved Areas-Health Professional Shortage Areas-Demographics-Ethnicity Distributions-Median Household Incomes-Homeownership Rates-Poverty Metrics-Unemployment Rates-Educational Metrics -Children in Poverty and Single-Parent Households-Linguistically Isolated Populations-Uninsured Population Estimates-CLI

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 5	nical Provider Ratios-Physical Environment Metrics-Crime Rates-General Health Status Indicators-Cancer Prevalence and Screening Indicators-Cardiovascular Disease-Respiratory Diseases-Diabetes-Infectious Diseases-Sexually Transmitted Diseases-Births and Prenatal Care-Health Behaviors-Benchmark Metrics (Healthy People 2020)

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 6a	Midstate Medical CenterPart V, Section B, Line 7a https //thocc org/health-community/community-health-needs-assessment

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 7d	The needs assessment was published in June 2018 and is available on the hospital's website In addition, electronic copies are available upon request Part V, Section B, Line 10a https //thocc org/health-community/community-health-needs-assessment

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11	After reviewing the Community Health Needs Assessment findings, the community representatives met on May 15, 2018 to determine the health needs to be prioritized for action. There was a review of the identified needs followed by a wide-ranging discussion. The participants were asked to rank each of the needs. Based on data analysis, surveys, focus groups, and interviews, these are the top community health needs and priorities identified for the Hospital of Central Connecticut focus area: Housing and Transportation. *When the lack of access to transportation impact the ability to access healthcare, the population usually foregoes healthcare services. *Transportation schedules and routes do not service many outpatient or urgent care clinics, however, they do service the hospital, leading to overutilization of the ED. *Some areas not served effectively by public transportation and medical providers not conveniently located. *Lack of affordable, secure, and stable housing leads to significant health and safety challenges. Access to Care. *Emergency departments often used for primary care. *Patient hand-offs between caregivers are not well coordinated or followed-up. *Underutilized preventative care. *Not enough providers who accept Medicaid. *Limited after-hours options for those who work during the day. *Limited dental care access for poor population leads to additional health and nutrition issues. *Challenges with translation services and cultural sensitivity of health care providers. Availability of Healthy Foods. *Especially fruits and vegetables, with a significant impact on seniors and children outside school-based programs. *Childhood obesity including a lack of resources/facilities to safely exercise. Mental Health Issues Including Substance Abuse and Addiction. *Insufficient treatment options or shortage of providers. *Lack of affordable treatment options. *Limited comprehensive outpatient care. *Lack of insurance coverage for behavioral health. *No same-day access. *Specific issues related to opioid addiction/epidemic. Stressing of Social Networks. Seniors and Children are Particularly Vulnerable. *New Britain scored significantly worse in physical and mental health indicators (including healthy weight, cigarette smoking, and depression) relative to the rest of the focus area and the state of Connecticut. Lack of Coordination Among and Between Providers and Community-Based Organizations. *limits the overall effectiveness of the programs and the funding that is going to help serve the populations most in need. The results were then grouped into 3 Areas of Concern that were addressed in Community Health Improvement Plan (CHIP). 1. Enhance Coordination of Services. this category includes Access to Care and Transportation. CHIP addressed this need in the following manner: a. Evaluate and use information exchange portal resources, linking healthcare providers with community-based organizations. b. Improve IT resources to enable community focus and better measurement of outcomes.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11	c Develop a playbook for infrastructure, dashboard of health, governance, and community workflows d Enable dynamic and up-to-date asset mapping e Develop innovation network for learning, research, co-creation, and rapid knowledge dissemination (bi-directional communication platform) f Implement new or increased use of Community Health Workers (CHW) g Evaluate and use adaptive technology (e.g., geo-fencing, GIS mapping, artificial intelligence, biometric risk assessment, Epic tie-ins) 2 Promote Healthy Behaviors and Lifestyle this category includes Access to Healthy Food and Poor Physical and Mental Health CHIP addresses this need in the following manner a Screen for healthy food need identification in community population and provide assessment at points of care b Enhance Promotion and Marketing, including adopting 5-2-1-0 initiative, at schools, workplaces, public spaces, faith communities, and healthcare events c Provide voucher/prescription programs for fruits and vegetables d Promote and improve healthy food donations e Further partnerships with food pantries/banks and food providers and suppliers f Create more access points for healthy foodsg Develop urban gardens, community gardens, hospital campus gardens, farmer's markets (fresh food)h Evaluate and use mobile food programsi Create and support food policy councils3 Improve community Behavioral Health this category includes Mental Health and Substance Abuse CHIP addresses this need in the following manner a Embed behavioral health services in primary care (ongoing) b Recruit more mental health providers, with focus on community outpatient services (e.g., family therapists) c Implement Recovery Coach program in ED d Provide more depression screening growth and at more points of care with referrals (including at public schools) and integrate into Epic e Further Mental Health First Aid training and grow community behavioral health training at the local level f Enhance services in virtual mental health, including tele-psychiatry

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 13h	Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of the health care expenses

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 15e	In addition, patients may ask a nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process Part V, Section B, Line 16a FAP Website https //thocc org/patients-visitors/patients/billing-insurance/financial-assistance Part V, Section B, Line 16b FAP Application Website https //thocc org/patients-visitors/patients/billing-insurance/financial-assistance Part V, Section B, Line 16c FAP Plain Language Summary https //thocc org/patients-visitors/patients/billing-insurance/financial-assistance

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 16j	Patients are informed directly by staff of the availability of the Financial Assistance Policy

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Hospital of Central Connecticut

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

2017

Open to Public Inspection

Employer identification number
06-0646768

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 1

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(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
Part I, Line 2	Upon issuing the grant, the hospital attaches a letter that restricts the use of the funds for a specific purpose. All of the grants are made to public charities to assist in funding their exempt programs. Therefore, extensive monitoring of the use of these funds by these entities is not warranted.

Additional Data

Software ID:
Software Version:
EIN: 06-0646768
Name: The Hospital of Central Connecticut

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friendship Service Center Inc PO Box 1896 New Britain, CT 060501896	06-0871295	501(c)(3)	25,000				To support the North Street Supportive Housing Project in New Britain, CT
							Supporting the 2018 Race in the Park

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To support the organizations mission

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization The Hospital of Central Connecticut	Employer identification number 06-0646768
---	--

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 indemnification 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	Yes
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 nonfixed 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	

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.

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of The Hospital of Central Connecticut hires an outside consultant, Integrated Healthcare Strategies, a division of Gallagher Benefit Services, Inc., to determine best practices in governing executive compensation. Please refer to compensation narrative reported on Schedule O.
Part I, Lines 4a-b	In 2017, Carolyn Freiheit received a lump sum severance payment in the amount of \$84,000. Hartford Healthcare Corporation, a related organization, maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the CEO, President, Executive Vice President, Senior Vice President and Vice President levels that are reported by The Hospital of Central Connecticut on its Form 990, Part VII. Contributions are made by Hartford HealthCare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause, upon reaching age 65 or the occurrence of a change in control. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service. 2017 SERP Accruals were made on behalf of the following individuals: Margaret Marchak \$62,514; Gary Havican \$14,331. 2017 SERP Payouts were made on behalf of the following individuals: Mary Morgan \$101,422; Rekhinder Singh \$99,497.
Part I, Line 7	Hartford HealthCare Corporation, a related organization, has a Compensation At Risk Plan that encourages and rewards achievements of significant functional goals. These goals contribute to the organization's strategic and financial direction. The plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Additional Data

Software ID:
Software Version:
EIN: 06-0646768
Name: The Hospital of Central Connecticut

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

(A) Name 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				
1Gary Havican President/Director	(i)	0	0	0	0	0	0	0
	(ii)	296,851	102,542	1,139	33,231	32,563	466,326	0
1Margaret Marchak Secretary	(i)	0	0	0	0	0	0	0
	(ii)	516,132	151,455	24,107	81,414	54,936	828,044	0
2Catherine Stevens VP Patient Care (Thru 12/17)	(i)	0	0	0	0	0	0	0
	(ii)	198,477	51,007	547	12,201	39,362	301,594	0
3Karen Fasano VP Patient Care	(i)	140,922	12,936	419	7,876	19,515	181,668	0
	(ii)	0	0	0	0	0	0	0
4Jeff Finkelstein VP Medical Affairs	(i)	0	0	0	0	0	0	0
	(ii)	362,480	35,000	510,039	24,300	58,816	990,635	0
5Elizabeth Ciotti VP Care Logistics	(i)	0	0	0	0	0	0	0
	(ii)	183,255	42,072	1,623	15,724	22,410	265,084	0
6Janette Edwards VP Operations	(i)	0	0	0	0	0	0	0
	(ii)	185,932	38,276	309	15,160	31,918	271,595	0
7Haklai Lau MD Hospitalist	(i)	420,097	359,082	855	18,900	49,035	847,969	0
	(ii)	0	0	0	0	0	0	0
8Elizabeth Tillman Hospitalist	(i)	314,253	137,014	696	18,900	24,168	495,031	0
	(ii)	0	0	0	0	0	0	0
9Scott Brown Emergency Room Physicians	(i)	405,698	49,194	552	18,900	40,027	514,371	0
	(ii)	0	0	0	0	0	0	0
10Michelle McDade Hospitalist	(i)	376,928	62,463	240	18,900	53,326	511,857	0
	(ii)	0	0	0	0	0	0	0
11Rekhinder Singh Chief of Surgery	(i)	357,246	46,350	100,049	18,900	46,702	569,247	99,497
	(ii)	0	0	0	0	0	0	0
12Richard Dreiss MD Former Director	(i)	0	0	59,893	0	0	59,893	0
	(ii)	0	0	0	0	0	0	0
13Lucille Janatka Former Officer & Director (President)	(i)	0	0	0	0	0	0	0
	(ii)	647,707	196,386	24,666	18,900	60,558	948,217	0
14Carolyn Freiheit Former Officer (VP, Finance)	(i)	0	0	0	0	0	0	0
	(ii)	141,960	0	84,312	7,184	18,092	251,548	0
15Jonathan Velez MD Former Key Employee (VP, Medical Aff	(i)	0	0	0	0	0	0	0
	(ii)	240,590	0	208	11,482	28,623	280,903	0
16Mary Morgan Former VP Human Resources	(i)	0	0	0	0	0	0	0
	(ii)	220,860	48,999	101,877	21,179	40,378	433,293	101,422

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
The Hospital of Central Connecticut

Employer identification number
06-0646768

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) See Part V	See Part V	57,000	Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
Part IV, Business Transactions Involving Interested Persons	(a) Name of Person Barbara Harrison (b) Description of Transaction Mr Joseph Harrison is a Board member of the organization His wife is currently employed as a nurse by the organizations and was paid a salary of \$57,000

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Hospital of Central Connecticut

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

2017

Open to Public Inspection

Employer identification number

06-0646768

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The Hospital of Central Connecticut is organized as a non-stock not-for-profit entity Hartford HealthCare Corporation is the sole member

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the organization has the authority to approve/remove members of the governing body

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The sole member of the organization has the right to review, approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the VP of Finance for review. The final Form was provided to the entire Board prior to submission to the Internal Revenue Services (IRS). Once the entire review process was completed, the Form was signed by the VP of Finance and then filed with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC) HHC's Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed Conflict of interest disclosure statements are maintained by the HHC Office of Compliance and Integrity (OCI) Employee disclosures are reviewed by OCI in collaboration with the Covered Individuals' supervisor when deemed appropriate, to determine if there is a potential conflict Oversight review of employee disclosures is provided by the Conflict of Interest Committee ("COIC") (the Committee) which includes representation from the Medical Staff, the Legal Department, Human Resources, Finance Administration, Management and Compliance The Committee assesses and may recommend the conflicting interest either be (a) eliminated for continued relationship with HHC/The Hospital of Central Connecticut or, (b) managed through a management plan Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of The Hospital of Central Connecticut hires an outside consultant, Integrated Healthcare Strategies, a division of Gallagher Benefit Services, Inc , to determine best practices in governing executive compensation The following steps were taken - The use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of The Hospital of Central Connecticut, established and regularly reviews Executive Compensation Philosophy, - The Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons, - National peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors, - Analysis of current total compensation versus market is performed by independent third party compensation consulting firm and is then reviewed by the committee, - Recommendations are made based on market data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy, -The CEO compensation is reviewed by the Committee and is based on comparative market information and organizational performance, - All changes are reviewed and approved by the Executive Compensation Committee, The compensation determination process for the CEO is reviewed on an annual basis All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Hospital's Financial Statements, Governing Documents and the Conflict of Interest Policy are available for inspection upon request at the Hospital's address

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Change In Pension Funding Obligation 28,450,534 Transfer to Affiliates -47,423,364 HOCC Auxiliary Not Included on Audited Financial Statements 16,360

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225005439

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Hospital of Central Connecticut

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

2017

Open to Public Inspection

Employer identification number
06-0646768

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	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

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)

Additional Data

Software ID:
Software Version:
EIN: 06-0646768
Name: The Hospital of Central Connecticut

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
80 Seymour Street Hartford, CT 06102 06-0646668	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
112 Mansfield Avenue Willimantic, CT 06226 06-0646966	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
112 Mansfield Avenue Willimantic, CT 06226 56-2546632	Supporting Organization	CT	501(C)(3)	12(a)	Windham Community Memorial Hospital	Yes	
80 Seymour Street Hartford, CT 06102 06-6040747	Fundraising	CT	501(C)(3)	12(a)	Hartford Hospital	Yes	
80 Seymour St Hartford, CT 06102 22-2779421	Coordination of Health Delivery	CT	501(C)(3)	12(c)	Hartford HealthCare Corporation	Yes	
189 Storrs Road Mansfield Center, CT 06226 06-0966963	Behavioral Health	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-0646938	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-1161422	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare At Home Inc	Yes	
One State Street Suite 19 Hartford, CT 06103 22-2672834	Support & Management Services to Hartford Hospital and Affiliates	CT	501(C)(3)	12(c)			No
883 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
883 Paddock Avenue Meriden, CT 06450 06-1432692	Support Organization	CT	501(C)(3)	12(a)	Rushford Center Inc	Yes	
112 Mansfield Avenue Willimantic, CT 06226 06-0677728	Fundraising	CT	501(C)(3)	12(a)	Windham Community Memorial Hospital	Yes	
45 Meriden Avenue Southington, CT 06489 22-2635676	Sub-Acute & Long Term Healthcare	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
34 Hobart Street Southington, CT 06489 06-1490803	Residential Services for Senior Citizens	CT	501(C)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
58 Mulberry St Plantsville, CT 06479 82-0586577	Assisted Living & Adult Day Care Facility	CT	501(C)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	CT	501(C)(3)	12(a)	MidState Medical Center	Yes	
1290 Silas Deane Hwy 2nd Floor Hartford, CT 06102 45-4456939	Medical Services	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
200 Retreat Avenue Fl 9 Hartford, CT 06102 46-0886367	Government Contracts	CT	501(C)(3)	7	HHC PhysiciansCare Inc	Yes	
326 Washington Steet Norwich, CT 06360 06-0250773	Hospital	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
326 Washington Steet Norwich, CT 06360 22-2481794	Support Organization	CT	501(C)(3)	12(a)	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britain, CT 060522016 26-4469178	Employee Fund	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
80 Seymour St Hartford, CT 06102 45-4181103	Investment Management	CT	501(C)(3)	12(a)	Hartford HealthCare Corporation	Yes	
540 Litchfield Street PO Box 988 Torrington, CT 06790 06-0646678	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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	
New Britain MRI Limited Partnership 100 Grand St New Britain, CT 06050 06-1271349	Magnetic Resonance Imaging	CT	CenConn Services Inc	Related	2,537,764	-134,141		No			No	43 430 %
Ambulance Service of Manchester LLC PO Box 300 Manchester, CT 064500300 06-1557358	Ambulatory Services	CT	N/A									
Connecticut Imaging Partners LLC 111 Founders Plaza East Hartford, CT 06108 13-4298940	Imaging Services	CT	N/A									
Glastonbury Endoscopy Center LLC 300 Western Blvd Suite B Glastonbury, CT 06033 26-1721234	Endoscopy Services	CT	N/A									
Glastonbury Surgery Center LLC 195 Eastern Blvd Glastonbury, CT 06033 26-2600828	Surgery Services	CT	N/A									
Hartford-Middlesex Clinical System LLC 80 Seymour Street Hartford, CT 06102 06-1543605	Affiliate Support Services	CT	N/A									
Med East Assoc LLC 1703 West Main Street Willimantic, CT 06226 06-1469575	Outpatient Care Clinic	CT	N/A									
Omni Home Health Services E CT LLC 12 Case Street 317 Norwich, CT 06360 06-1458837	Home Care Services	CT	N/A									
HHC Southington Surgery Center LLC 100 Avon Meadow Lane PO Box 1281 Avon, CT 06001 46-5500829	Surgery Services	CT	The Hospital of Central Connecticut	Related	1,652,390	538,125		No			No	26 000 %
Constitution Surgery Center East LLC 174 Cross Road Waterford, CT 06385 06-1574704	Surgery Services	CT	N/A									
CT GI Endoscopy Center LLC 4 Northwestern Drive Bloomfied, CT 06002 06-1573358	GI Services	CT	N/A									
HHC Hartford Surgery Center LLC 100 Avon Meadow Lane Avon, CT 06001 81-2637261	Surgery Services	CT	N/A									
HHC Urgent Care Go Health LLC 2711 Centerville Road Suite 400 Willmington, DE 19808 81-5112698	Urgent Care Services	DE	N/A									
Wallingford Endoscopy Center LLC 85 Seymour Street Suite 1000 Hartford, CT 06106 82-4601730	Endoscopy Services	CT	N/A									
Central Connecticut Endoscopy Center 440 New Britain Avenue Plainville, CT 06062 14-1855010	Endoscopy Services	CT	The Hospital of Central Connecticut	Related	37,392	442,637		No			No	51 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
HHMOB Corporation 80 Seymour Street PO Box 5037 Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	N/A	C				Yes	
Hartford HealthCare Indemnity Services Ltd FB Perry Blvd 40 Church Street Hamilton BD	Captive Insurance	BD	N/A	C				Yes	
CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Holding Company	CT	The Hospital of Central Connecticut	C	339,234	2,235,008	100 000 %	Yes	
Hartford Physician Services PC 80 Seymour Street PO Box 5037 Hartford, CT 06102 06-1254082	Medical Services	CT	N/A	C				Yes	
Meriden Imaging Center 101 N Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S				Yes	
Aetna Ambulance Services Inc PO Box 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C				Yes	
Metro Wheelchair Services Inc PO Box 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C				Yes	
WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094836	Holding Company	CT	N/A	C				Yes	
ConnCare Inc 326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C				Yes	
Backus Medical Center Condo Assoc Inc 330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C				Yes	
Windham Professional Office Condominium Association Inc 112 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C				Yes	
Midstate Medical Group PC 435 Lewis Avenue Meriden, CT 06450 20-4327968	Medical Services	CT	N/A	C				Yes	
Litchfield County HealthCare Services Corporation 540 Litchfield Street Torrington, CT 06790 06-1227655	Management Services	CT	N/A	C				Yes	

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
Hartford HealthCare Endowment LLC	S	50,000,000	FMV
Hartford Hospital	M	1,634,064	FMV
Hartford Hospital	O	434,734	FMV
Hartford Hospital	P	2,744,598	FMV
Hartford Hospital	Q	191,129	FMV
Hartford Hospital	R	949,762	FMV
Hartford Hospital	S	5,559,231	FMV
Midstate Medical Center	A	38,165	FMV
Midstate Medical Center	L	81,728	FMV
Midstate Medical Center	M	58,400	FMV
Midstate Medical Center	O	290,720	FMV
Midstate Medical Center	P	120,787	FMV
Midstate Medical Center	Q	163,261	FMV
Midstate Medical Center	R	543,035	FMV
Midstate Medical Center	S	232,732	FMV
MRI Of Farmington Ave	Q	199,087	FMV
New Britain MRI LP	A	305,525	FMV
New Britain MRI LP	M	2,824,294	FMV
New Britain MRI LP	R	385,533	FMV
The William W Backus Hospital	Q	66,168	FMV
The William W Backus Hospital	S	876,093	FMV
Hartford HealthCare Medical Group Inc	A	238,677	FMV
Hartford HealthCare Medical Group Inc	M	5,719,163	FMV
Hartford HealthCare Medical Group Inc	O	593,777	FMV
Hartford HealthCare Medical Group Inc	Q	148,122	FMV

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
Hartford HealthCare Medical Group Inc	R	254,810	FMV
Hartford HealthCare Medical Group Inc	S	6,281,014	FMV
Hartford HealthCare Rehabilitation Network LLC	R	363,118	FMV
Hartford HealthCare Rehabilitation Network LLC	S	195,319	FMV
Hartford HealthCare at Home Inc	S	100,383	FMV
Southington Care Center	A	22,800	FMV