

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1546-1879

For calendar year 2013, or tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 385,150,442.
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, Part I, line 3c or Part II, line 5c) 5b

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] Signature of officer Date [ ] Title VP Finance

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only [Signature] Date 8/12/15 Check if also paid preparer [ ] Check if self-employed [ ] ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code Hartford Hospital 80 Seymour Street Hartford, CT 06102 EIN 06-0646668 Phone no.

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

Paid Preparer Use Only Print/type preparer's name Beth A. Thurz Preparer's signature Beth A. Thurz Date 8/12/15 Check if self-employed [ ] PTIN P00346435
Firm's name Crowe Horwath LLP Firm's EIN 35-0921680
Firm's address 175 Powder Forest Drive Simsbury, CT 06089 Phone no. 860-678-9200

LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2013)

323061 11-21-13

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047  
**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Department of the Treasury Internal Revenue Service 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](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termi- nated  
 Amend- ed return  
 Applica- tion 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**

**D** Employer identification number: **06-0646768**

**E** Telephone number: **860-224-5900**

**G** Gross receipts \$: **387,107,627.**

**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)

**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**

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: <b>The Hospital of Central Connecticut (HOCC), located in New Britain and Southington provides</b>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>3250</b>
	6 Total number of volunteers (estimate if necessary) <b>414</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>1,908,893.</b>
	7b Net unrelated business taxable income from Form 990-T, line 34 <b>-892,688.</b>
	7c Total unrelated business net assets from Form 990-T, line 35 <b>0.</b>
Revenue	8 Contributions and grants (Part VIII, line 1h) <b>6,660,267.</b> <b>4,733,130.</b>
	9 Program service revenue (Part VIII, line 2g) <b>382,336,238.</b> <b>368,172,882.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>12,029,403.</b> <b>11,085,482.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>2,098,337.</b> <b>1,158,948.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>403,124,245.</b> <b>385,150,442.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>0.</b>
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>220,435,365.</b> <b>193,538,562.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>81,135.</b> <b>36,934.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) <b>704,082.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>155,752,814.</b> <b>164,311,775.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>376,269,314.</b> <b>357,887,271.</b>
19 Revenue less expenses. Subtract line 18 from line 12 <b>26,854,931.</b> <b>27,263,171.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <b>431,395,303.</b> <b>501,255,592.</b>
	21 Total liabilities (Part X, line 26) <b>189,213,621.</b> <b>273,140,311.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 <b>242,181,682.</b> <b>228,115,281.</b>

**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: **Carolyn Freiheit, VP Finance**  
 Signature of officer: *Carolyn Freiheit*  
 Date: **8/12/15**

Paid: **Beth A. Thurz**  
 Print/Type preparer's name: **Beth A. Thurz**  
 Preparer's signature: *Beth A. Thurz*  
 Date: **8/12/15**  
 Check  self-employed PTIN: **P00346435**

Preparer Use Only: **Crowe Horwath LLP**  
 Firm's name: **175 Powder Forest Drive**  
 Firm's address: **Simsbury, CT 06089**  
 Firm's EIN: **35-0921680**  
 Phone no.: **860-678-9200**

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 23,420,832. including grants of \$ ) (Revenue \$ 33,187,034.)

Laboratory Department:

Our Laboratory/Drawing Stations serve the greater New Britain area and its surrounding neighboring towns such as Bristol, Kensington, and Plainville, among other towns. The Laboratory/Drawing Stations performed 1,497,293 tests. Of those tests, 94,125 were from drawing stations (which saw an increase of 4% over prior year). Our Laboratory tested 349,201 units for our inpatients and 1,016,551 for Outpatients (the Outpatients tested were approximately 68% of total units). As a partner in the community, HOCC has positioned itself throughout the greater New Britain area to be convenient to our patients and family members. Our organization continues to review sites that we currently operate and potential new sites to address patient and family

4b (Code: ) (Expenses \$ 26,434,933. including grants of \$ ) (Revenue \$ 44,955,598.)

Emergency Department:

For Fiscal Year 2014 (FY14), there were approximately 145 full-time employees (FTEs) in the Emergency Department for both Southington and New Britain campuses. Our ER team is committed to delivering quality medical care with high patient safety in a timely, efficient and professional manner while also exceeding the needs of our patients and private physicians.

Trends in Emergency Department Volumes: This year our total patient visits for both campuses combined was over 105,304 This was a decrease of 1,760 patients or 1.6% from the previous year. The volumes were approximately 87,000 and 18,000 at the New Britain and Southington

4c (Code: ) (Expenses \$ 23,777,118. including grants of \$ ) (Revenue \$ 47,488,074.)

Radiology Department:

Radiology derived information is an inextricable component of our patients' continuum of care. From screening exams to acute interventional imaging, radiographic technology continued to evolve in 2014. Over 157,000 imaging exams were performed at the New Britain and Southington campuses. Of these, more than 80% were performed on our Outpatient population. There was a 1.9% overall decline in imaging exams in FY14 versus the prior year's due to the combined economic influences and judicious application of imaging and radiation exposure. Management continues to review and monitor satellite offices' volume and staffing levels in a continuous form to stay financially responsible to the organization and community.

4d Other program services (Describe in Schedule O.) (Expenses \$ 242,912,815. including grants of \$ ) (Revenue \$ 240,829,826.)

4e Total program service expenses 316,545,698.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</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		X
<b>26</b> 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 so, complete Schedule L, Part II		X
<b>27</b> 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		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> 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		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</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	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O		

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

Table with columns for line numbers (1a-14b), values (e.g., 273, 0, 3250), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 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 ..... 11		
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? .....		X
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? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
6	Did the organization have members or stockholders? .....	X	
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? .....	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	X	
b	Each committee with authority to act on behalf of the governing body? .....	X	
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 .....		X

**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? .....	X	
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? .....	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
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 .....	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
13	Did the organization have a written whistleblower policy? .....		X
14	Did the organization have a written document retention and destruction policy? .....		X
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 .....	X	
b	Other officers or key employees of the organization .....	X	
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? .....	X	
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? .....	X	

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Carolyn Freiheit - 860-224-5900**  
**389 John Downey Drive, New Britain, CT 06051**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John W. Andreoli, Jr., MD Director (Thru Sept. 2014)	2.00	X						0.	0.	0.
(2) Letterio Ascianto, MD Director	2.00	X						0.	0.	0.
(3) John E. Dillaway Director	2.00	X						0.	0.	0.
(4) Marie S. Gustin, PHD Director	2.00	X						0.	0.	0.
(5) Joseph Harrison, MD Director	2.00	X						0.	0.	0.
(6) Frank R. Miller Director	2.00	X						0.	0.	0.
(7) John J. Patrick, Jr. Director (Thru Nov. 2013)	2.00	X						0.	0.	0.
(8) Akella Sarma, MD Director	2.00	X						0.	0.	0.
(9) Joseph Voelker Chair	3.00	X		X				0.	0.	0.
(10) George C. Springer Jr. Director	2.00	X						0.	0.	0.
(11) William W. Weber Director	2.00	X						0.	0.	0.
(12) Lindsley Wellman Director	2.00	X						0.	0.	0.
(13) Elliot T. Joseph Director (Thru March 2014)	2.00 60.00	X						0.	1,847,535.	347,786.
(14) Thomas Marchozzi Director (Thru March 2014)	2.00 60.00	X						0.	778,430.	157,569.
(15) Lucille Janatka President/Director	30.00 30.00	X		X				0.	670,426.	125,486.
(16) Jason M. Howey Director	2.00	X						0.	0.	0.
(17) Denise McNair Director	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Steven D. Hanks, MD VP, Medical Affairs	60.00			X				629,647.	0.	161,712.
(19) Carolyn M. Freiheit VP, Finance	30.00 30.00			X				212,012.	0.	56,015.
(20) Catherine Stevens VP, Patient Care	30.00 30.00			X				0.	216,738.	42,957.
(21) Mary J. Morgan VP, Human Resources	30.00 30.00			X				181,420.	0.	65,766.
(22) Justin B. Lundbye, MD Chief of Cardiology	60.00				X			415,006.	0.	27,333.
(23) Rekhinder K. Singh, MD Chief of Surgery	60.00				X			365,293.	0.	51,268.
(24) Nancy Kroeber VP, Clinical Operations	60.00				X			207,731.	0.	149,258.
(25) Thomas Vaccarelli VP, Facilities	30.00 30.00				X			196,017.	0.	68,051.
(26) Michael Balkunas Chief of Psychiatry	30.00 30.00				X			351,834.	0.	109,415.
<b>1b Sub-total</b>								2,558,960.	3,513,129.	136,2616.
<b>c Total from continuation sheets to Part VII, Section A</b>								8,667,407.	333,839.	125,9860.
<b>d Total (add lines 1b and 1c)</b>								11,226,367.	3,846,968.	262,2476.

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 **277**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
New England Mechanical Services, Inc. 166 Tunnel Road, Vernon, CT 06066	Mechanical Services	3,532,101.
Downes Construction Company, LLC 200 Stanley Street, New Britain, CT 06051	Construction	2,900,611.
Bey Sell Construction Co of CT 387 East Main Street, Wallingford, CT 06492	Construction	2,672,718.
Clinical Lab Partners, LLC, 129 Patricia M. Genova Drive, Newington, CT 06111	Lab Services	1,133,720.
Sleep Consultants of CT, LLC 35 Pearl Street, New Britain, CT 06051	Medical Services	914,295.

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 **153**

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) Joseph G. Garner Chief of Medicine	30.00 30.00				X			230,867.	0.	90,904.
(28) Jeffrey A. Finkelstein, MD Chief of ER	60.00				X			521,512.	0.	116,507.
(29) Joseph Vaccarelli Director, Lab	60.00				X			208,221.	0.	9,669.
(30) Robert Flade Director, Emergency Nursing	60.00				X			148,514.	0.	33,034.
(31) Donna Sassi Director, Surgery	60.00				X			150,748.	0.	32,823.
(32) Elizabeth Schlaff Risk Manager/General Counsel	60.00				X			203,510.	0.	62,221.
(33) Denise Peterson VP, Patient Care (Thru Oct. 2013)	60.00				X			512,662.	0.	38,618.
(34) Michael Grey Chief of Medicine (Thru April 2014)	60.00				X			437,392.	0.	10,595.
(35) Nagwa Khadr, MD Chief of Pediatrics (Thru Oct. 2014)	60.00				X			302,132.	0.	16,773.
(36) Steven A. Godfrey, MD VP, Analytics Support (Thru Dec. 2013)	60.00				X			278,818.	0.	129,231.
(37) Francis H. Pinto Chief Info. Officer (Thru Nov. 2013)	60.00				X			204,751.	0.	54,128.
(38) Craig S. Sterns Chief Info. Officer (Thru Dec. 2013)	60.00				X			155,757.	0.	28,003.
(39) David Buono, MD Medical Director NBG ED	60.00					X		390,436.	0.	68,446.
(40) James F. Flaherty, MD Director, Surgical Oncology	60.00					X		539,471.	0.	126,391.
(41) Eric H. Hobert, MD Medical Director BMH ED	60.00					X		390,323.	0.	34,235.
(42) Hussein I. Alahmadi, MD Neurosurgeon	60.00					X		457,229.	0.	6,413.
(43) Haklai P. Lau, MD Hospitalist	60.00					X		581,981.	0.	34,235.
(44) Clarence Silvia Former - President & CEO	0.00						X	2,953,083.	0.	272,252.
(45) Ralph W. Becker Former - CFO	0.00						X	0.	333,839.	95,382.
<b>Total to Part VII, Section A, line 1c</b>								<b>8,667,407.</b>	<b>333,8391</b>	<b>259,860.</b>

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,392,645.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,340,485.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			4,733,130.			
Program Service Revenue	<b>2 a</b> Patient Service Revenue	Business Code	622110	328,485,583.	328,485,583.		
	<b>b</b> Laboratory Services		621500	33,187,034.	31,317,491.	1,869,543.	
	<b>c</b> Other Patient Services		622110	6,500,265.	6,500,265.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			368,172,882.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,541,495.		4,541,495.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	854,170.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	1,957,185.				
	<b>c</b> Rental income or (loss)	-1,103,015.					
	<b>d</b> Net rental income or (loss)			-1,103,015.		-1,103,015.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	6,543,987.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	0.				
		<b>c</b> Gain or (loss)	6,543,987.				
	<b>d</b> Net gain or (loss)			6,543,987.		6,543,987.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
<b>11 a</b> Dietary/Cafeteria		722210	1,591,448.			1,591,448.	
<b>b</b> Child Care Income		624410	479,528.		5,556.	473,972.	
<b>c</b> Outside Services		518210	190,987.	157,193.	33,794.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			2,261,963.				
<b>12 Total revenue.</b> See instructions.			385,150,442.	366,460,532.	1,908,893.	12,047,887.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,003,817.	2,555,882.	1,447,935.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,985,960.		1,985,960.	
7 Other salaries and wages	142,426,442.	130,496,851.	11,559,578.	370,013.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,579,103.	9,483,995.	1,068,734.	26,374.
9 Other employee benefits	23,959,370.	21,479,187.	2,420,451.	59,732.
10 Payroll taxes	10,583,870.	9,488,268.	1,069,216.	26,386.
11 Fees for services (non-employees):				
a Management	196,194.		196,194.	
b Legal	522,680.		522,680.	
c Accounting				
d Lobbying	36,934.			36,934.
e Professional fundraising services. See Part IV, line 17	560,072.	540,369.	19,703.	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	33,631,603.	27,944,885.	5,686,718.	
12 Advertising and promotion	2,047,607.	1,357,403.	690,204.	
13 Office expenses	16,292,976.	10,657,340.	5,480,237.	155,399.
14 Information technology	11,412,787.	11,283,333.	129,454.	
15 Royalties				
16 Occupancy	6,577,626.	6,150,449.	427,177.	
17 Travel	333,519.	159,980.	172,272.	1,267.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	764,908.	261,905.	503,003.	
20 Interest	1,418,199.	1,394,090.	24,109.	
21 Payments to affiliates	14,506,497.	9,358,683.	5,147,814.	
22 Depreciation, depletion, and amortization	18,225,335.	16,770,666.	1,429,920.	24,749.
23 Insurance	4,381,706.	3,791,242.	590,464.	
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 <b>Medical Supplies</b>	46,905,053.	46,905,053.		
b <b>Strat Initiatives</b>	3,381,522.	3,381,522.		
c <b>Dietary</b>	1,979,645.	1,913,977.	65,668.	
d <b>Dues, Subs &amp; Licenses</b>	729,276.	726,048.		3,228.
e All other expenses	444,570.	444,570.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	357,887,271.	316,545,698.	40,637,491.	704,082.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	24,345,392.	1	44,302,297.
	2	Savings and temporary cash investments		2	6,142,964.
	3	Pledges and grants receivable, net	2,183,659.	3	3,517,458.
	4	Accounts receivable, net	45,274,226.	4	40,490,596.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	23,335.	7	
	8	Inventories for sale or use	5,478,899.	8	5,624,397.
	9	Prepaid expenses and deferred charges	2,919,904.	9	2,168,888.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 422,211,703.		
	b	Less: accumulated depreciation	10b 248,041,258.	10c	174,170,445.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	157,774,881.	12	17,539,370.
	13	Investments - program-related. See Part IV, line 11	7,610,869.	13	2,749,826.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,973,922.	15	204,549,351.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	431,395,303.	16	501,255,592.	
Liabilities	17	Accounts payable and accrued expenses	47,802,206.	17	24,758,070.
	18	Grants payable		18	
	19	Deferred revenue	5,596,339.	19	5,441,998.
	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	5,348,928.	23	1,574,774.
	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	130,466,148.	25	241,365,469.
	26	<b>Total liabilities.</b> Add lines 17 through 25	189,213,621.	26	273,140,311.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	195,038,001.	27	178,222,406.
	28	Temporarily restricted net assets	24,361,771.	28	26,776,206.
	29	Permanently restricted net assets	22,781,910.	29	23,116,669.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	242,181,682.	33	228,115,281.	
34	<b>Total liabilities and net assets/fund balances</b>	431,395,303.	34	501,255,592.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	385,150,442.
2	Total expenses (must equal Part IX, column (A), line 25)	2	357,887,271.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,263,171.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242,181,682.
5	Net unrealized gains (losses) on investments	5	2,500,328.
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	-43,829,900.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	228,115,281.

**Part XII Financial Statements and Reporting**

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

- 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
- 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
- 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.
- 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? \_\_\_\_\_
- 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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2013)

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

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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" to Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	121,211,981.	141,278,334.	126,491,629.	128,449,477.	115,483,988.
b Contributions	250,703.	1,199,865.	1,007,071.	2,086,374.	2,672,254.
c Net investment earnings, gains, and losses	9,453,701.	12,890,385.	15,195,409.	-2,356,272.	11,693,366.
d Grants or scholarships					
e Other expenditures for facilities and programs	767,345.	215,484.	1,415,775.	1,687,950.	1,400,131.
f Administrative expenses					
g End of year balance	130,149,040.	155,153,100.	141,278,334.	126,491,629.	128,449,477.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  91.00 %
  - b Permanent endowment  5.00 %
  - c Temporarily restricted endowment  4.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  | X   |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	953,194.	5,111,813.		6,065,007.
b Buildings	7,066,214.	238,082,566.	139,708,937.	105,439,843.
c Leasehold improvements	200,978.	4,012,468.	3,460,280.	753,166.
d Equipment	875,378.	124,789,862.	99,783,292.	25,881,948.
e Other		41,119,230.	5,088,749.	36,030,481.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				174,170,445.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Receivable	22,047,042.
(2) Due from Health Insurance Trust	434,867.
(3) Due from Affiliates	754,970.
(4) SERP Plan Asset	6,101,199.
(5) Long Term Malpractice Rec	10,848,256.
(6) Bond - Intercompany	974,448.
(7) Interest In Investments Held By Endowment	147,085,079.
(8) Funds Designed For Debt Service	16,303,490.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	204,549,351.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	
(2) Due to Third Parties	19,389,673.
(3) Pension Plan and Self Insurance	
(4) Liability	133,917,262.
(5) Due to (From) Affiliates	5,524,921.
(6) Malpractice Liability	15,015,927.
(7) Inter Company Bond Debt - A	30,435,535.
(8) Inter Company Bond Debt - C	4,544,163.
(9) Inter Company Bond Debt - E	25,643,279.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	241,365,469.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	383,649,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	2,204,812.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,308,781.	
e	Add lines 2a through 2d	2e		5,513,593.
3	Subtract line 2e from line 1		3	378,136,390.
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	7,014,051.	
c	Add lines 4a and 4b	4c		7,014,051.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	385,150,441.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	359,304,084.
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	1,957,185.	
e	Add lines 2a through 2d	2e		1,957,185.
3	Subtract line 2e from line 1		3	357,346,899.
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	540,372.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		540,372.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	357,887,271.

**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.

Part V, line 4:

Explanation: The temporary and permanently restricted endowments are restricted according to the donor's requests. The other board designated endowments are intended to support the hospital's future needs in providing health care services to the community.

Part XI, Line 2d - Other Adjustments:

Net Assets Released From Restrictions	1,351,596.
Income/Expense Reclass (rental expense)	1,957,185.
Total to Schedule D, Part XI, Line 2d	3,308,781.

Part XI, Line 4b - Other Adjustments:

**Part XIII** Supplemental Information (continued)

Interest & Dividends	3,311,244.
Resticted Contribution	3,093,738.
Investment Income	663,693.
Loss from Endowment LLC	-54,624.
Total to Schedule D, Part XI, Line 4b	7,014,051.

Part XIII, Line 2d - Other Adjustments:

Income/Expense Reclass (rental expense)	1,957,185.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America & The Caribbean	0	0	Program Services/Captive Insurance	Insurance Premiums	1,050,457.
Central America & The Caribbean	0	0	Investment		246,688.
<b>3 a</b> Sub-total .....	0	0			1,297,145.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,297,145.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2013**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990)

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** 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			
The Giving Collaborative LLC - 53 Morgan Avenue, East	Campaign for the new Cancer Center		X	0.	36,934.	-36,934.
<b>Total</b>					36,934.	-36,934.

**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" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....				
	2	Less: Contributions .....				
	3	Gross income (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....				
	8	Entertainment .....				
	9	Other direct expenses .....				
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue .....				
	2	Cash prizes .....				
Direct Expenses	3	Noncash prizes .....				
	4	Rent/facility costs .....				
	5	Other direct expenses .....				
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 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 to be 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 complete this part to provide any additional information (see instructions).

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: The Giving Collaborative LLC

(i) Address of Fundraiser: 53 Morgan Avenue, East Haven, CT 06512

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			6284959.		6284959.	1.76%
<b>b</b> Medicaid (from Worksheet 3, column a)			91976352.	75805175.	161711177.	4.52%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			98261311.	75805175.	22456136.	6.28%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1916703.	5,736.	1910967.	.53%
<b>f</b> Health professions education (from Worksheet 5)			17507297.	4288823.	13218474.	3.69%
<b>g</b> Subsidized health services (from Worksheet 6)			1057008.		1057008.	.30%
<b>h</b> Research (from Worksheet 7)			320,573.		320,573.	.09%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			3,705.		3,705.	.00%
<b>j Total.</b> Other Benefits			20805286.	4294559.	16510727.	4.61%
<b>k Total.</b> Add lines 7d and 7j			119066597	80099734.	38966863.	10.89%

**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						
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						

**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? .....		X
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 .....		
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 .....		
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	92,710,755.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	91,232,415.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	1,478,340.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X	
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		X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Central CT Endoscopy Center LLC	Endoscopy Services	6.50%		50.00%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

1 The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050  
000052

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X			X		New Britain General Hospital Campus and Bradley Memorial	

**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)

Name of hospital facility or facility reporting group The Hospital of Central Connecticut

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 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	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.thocc.org</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7 X	
8a 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)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, 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) The Hospital of Central Connecticut

		Yes	No
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
15	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 actions the hospital facility may take upon non-payment? .....	X	
16	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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third 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? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** (continued) **The Hospital of Central Connecticut**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?

	Yes	No
19	X	

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)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Section C)

**21** 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?

21		X
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If "Yes," explain in Section C.

**22** 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?

22		X
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If "Yes," explain in Section C.

**Part V Facility Information** (continued)

**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.

The Hospital of Central Connecticut:

Part V, Section B, Line 3: The Hospital of Central Connecticut

contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the qualitative research components is included below:

THOCC sought community input through Key Informant Interviews with community stakeholders. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by THOCC including medically underserved, low income, and minority populations. Interviews were conducted with key community leaders. In total, 21 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

Name - Organization

Dr. Michael Grey - The Hospital of Central Connecticut

Dr. Jeffrey Finkelstein - The Hospital of Central Connecticut

Kathy Scalise -The Hospital of Central Connecticut

Paul Hutcheon - Central Connecticut Health Department

Sergio Lupo - New Britain Health Department

Francine Truglio - New Britain Health Department



**Part V Facility Information** (continued)

**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.

Shane Lockwood - Plainville/Southington Health Department

Wendy DeAngelo - Wheeler Clinic

Ray Gorman - Community Mental Health Affiliate

Yvette Highsmith Francis - Community Health Centers

Ellen Rothberg - VNA Healthcare

Pat Ciardullo - New Britain EMS

Grace Damio - Hispanic Health Counsel

Fatma Antar - Berlin Mosque

Monsignor Daniel Plocharczyk - Sacred Heart of New Britain

Stephen J. Varga - New Britain Area Inter Faith Conference

John Myers - Southington YMCA

Roseanne Bilodeau - Pathway Senderos

Mary Royce - New Britain Housing Authority

Carol Zesut - New Britain Police Department

Trish Walden - Central Connecticut Senior Health Services

A Household Telephone Survey was also conducted with 630 randomly-selected community residents who reside within specific zip codes in Hartford County, CT. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the service area of THOCC.

**Part V Facility Information** (continued)

**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.

The Hospital of Central Connecticut:

Part V, Section B, Line 4: The Hospital for Special Care.

The Hospital of Central Connecticut:

Part V, Section B, Line 20d: The Hospital of Central Connecticut is in the process of adopting Final 501R Regulations.

**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? 2

Name and address	Type of Facility (describe)
1 New Britain MRI Limited Partnership 100 Grand Street New Britain, CT 06050	Magnetic Resonance Imaging Services
2 Central Connecticut Endoscopy Center 440 New Britain Avenue Plainville, CT 06062	Endoscopy Services

Schedule H (Form 990) 2013

**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.

Part I, Line 3c:

Explanation: The Hospital of Central Connecticut uses Federal Poverty Guidelines to determine eligibility.

Part I, Line 6a:

Explanation: The Organization's community benefit results were included in Hartford Hospital's (a related organization) Community Benefit Report.

Part I, Line 7:

Explanation: 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

**Part VI** Supplemental Information (Continuation)

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.

Part I, Line 7g:

Explanation: Physician clinic costs were included in the Subsidized Health Services cost calculations.

Part III, Line 4:

Explanation: Please see the text of the footnote that describes bad debt expense beginning on page 17 of the Audited Financial Statement. This note also relates to Part III, Line 2.

Part III, Line 3:

In 2012 a pre-bad debt financial assistance screening was put 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 2014 would be immaterial.

Part III, Line 8:

Explanation: The Organization's Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part VI, Line 2:

Explanation: The Hospital of Central Connecticut assesses the health care needs of the communities it serves in several manners. HOCC has recently

**Part VI** Supplemental Information (Continuation)

conducted a community needs assessment of the population within its service area in order to ascertain the prevalent health care needs. The assessment identified chronic diseases, defined the population cohorts most at risk and segregated needs based on socioeconomic and mental status. Within these stratifications, HOCC looked to identify the barriers to receiving appropriate care such as lack of transportation, program capacity, mobility issues, mental status, age, and language. The Hospital will be partnering with other community organizations to address some of the most prevalent needs identified. HOCC also 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. Another method HOCC employs is through continuous contact and collaboration with local community groups. These groups often identify medical services that are needed in the community that HOCC ought to address.

## Part VI, Line 3:

Explanation: The patients are educated about Financial Assistance by the signage and Financial Assistance summary hand out available in the following departments at the hospital, Admitting, Patient Accounts, Emergency Department, Behavioral Health, and Social Services. Financial Assistance education is also provided on the back of the hospital's monthly statement, by our outside vendors, and collection agencies.

## Part VI, Line 4:

Explanation: The Hospital of Central Connecticut (HOCC) serves primarily the communities located in greater New Britain and the surrounding towns including Berlin, Plainville and Southington, with some coverage of

**Part VI** Supplemental Information (Continuation)

Bristol, Burlington, Cheshire, Cromwell, Farmington, Meriden, Newington and West Hartford. The total population in HOCC's service area is 441,300 as defined by CERC town profiles for 2010. The most prominent race is Caucasian at about 84% of the total population which has been declining as the Hispanic population has grown to approximately 12% of the total 12 town primary and sub-service areas. Within HOCC's primary service area of Berlin, Plainville, New Britain and Southington, the Hispanic population counts for 16%. The population in HOCC's service area is older than the US and CT as a whole with approximately 16% in the over 65 category in some of the primary towns. The median household income in HOCC's communities varies significantly averaging \$72,000 with 18.7% of NB's population living beneath the federal poverty level compared to 1.1% of Burlington's population.

Part VI, Line 5:

Explanation: 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.

HOCC is a Disproportionate Share Hospital with one of the highest rates of Medicaid patients in the state. The organization provides space for the Medicare Choices program to help community members select the Medicare programs that are best for them. The organization has a full graduate medical education program for physician training with UCONN, and also provides training for nursing and allied health students, including a specialty echosonographer program. 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

**Part VI** Supplemental Information (Continuation)

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 FY 2014, HOCC continues to support a community service organization fair where area not-for-profit organizations 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.

HOCC 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 related. 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 are now helping others. In addition, The Hospital of Central Connecticut has a program in which indigent patients who are being discharged from the hospital and who do not have prescription drug coverage, receive dosages of their prescribed medications to help them recover and comply with treatment guidelines as well as reduce readmission rates.

Part VI, Line 6:

Explanation: Hartford Healthcare Corporation (HHC) is organized as a

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

supporting 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. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates including all supporting 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".

HHC affiliation creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the 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 largest of the system hospitals.

The affiliation further enhances the affiliates abilities to support their missions, identity, and respective community roles. This is achieved

**Part VI** Supplemental Information (Continuation)

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 containment strategies.

Additionally, the hospital is affiliated with several other non hospital charitable organizations. These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

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

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2013

The Hospital of Central Connecticut 06-0646768

Schedule J (Form 990) 2013 **Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Elliot T. Joseph Director (Thru March 2014)	0.	0.	0.	0.	0.	0.	0.
(ii) Director (Thru March 2014)	1,133,866.	365,065.	348,604.	307,338.	40,448.	2,195,321.	0.
(2) Thomas Marchozzi Director (Thru March 2014)	0.	0.	0.	0.	0.	0.	0.
(iii) Director (Thru March 2014)	573,345.	200,716.	4,369.	129,591.	27,978.	935,999.	0.
(3) Lucille Janatka President/Director	0.	0.	0.	0.	0.	0.	0.
(ii) President/Director	536,357.	103,773.	30,296.	99,695.	25,791.	795,912.	0.
(4) Steven D. Hanke, MD VP, Medical Affairs	498,515.	37,935.	93,197.	137,676.	24,036.	791,359.	0.
(ii) VP, Medical Affairs	0.	0.	0.	0.	0.	0.	0.
(5) Carolyn M. Freiheit VP, Finance	194,962.	13,750.	3,300.	47,365.	8,650.	268,027.	0.
(ii) VP, Finance	0.	0.	0.	0.	0.	0.	0.
(6) Catherine Stevens VP, Patient Care	0.	0.	0.	0.	0.	0.	0.
(ii) VP, Patient Care	199,355.	17,383.	0.	8,873.	34,084.	259,695.	0.
(7) Mary J. Morgan VP, Human Resources	168,920.	12,500.	0.	42,198.	23,568.	247,186.	0.
(ii) VP, Human Resources	0.	0.	0.	0.	0.	0.	0.
(8) Justin B. Lundbye, MD Chief of Cardiology	393,339.	21,667.	0.	5,210.	22,123.	442,339.	0.
(ii) Chief of Cardiology	0.	0.	0.	0.	0.	0.	0.
(9) Rekhinder K. Singh, MD Chief of Surgery	343,637.	21,656.	0.	27,700.	23,568.	416,561.	0.
(ii) Chief of Surgery	0.	0.	0.	0.	0.	0.	0.
(10) Nancy Kroeber VP, Clinical Operations	192,082.	12,188.	3,461.	132,408.	16,850.	356,989.	0.
(ii) VP, Clinical Operations	0.	0.	0.	0.	0.	0.	0.
(11) Thomas Vaccarelli VP, Facilities	180,897.	11,563.	3,557.	45,928.	22,123.	264,068.	0.
(ii) VP, Facilities	0.	0.	0.	0.	0.	0.	0.
(12) Michael Balkunas Chief of Psychiatry	330,897.	20,937.	0.	87,292.	22,123.	461,249.	0.
(ii) Chief of Psychiatry	0.	0.	0.	0.	0.	0.	0.
(13) Joseph G. Garner Chief of Medicine	220,539.	6,000.	4,328.	67,145.	23,759.	321,771.	0.
(ii) Chief of Medicine	0.	0.	0.	0.	0.	0.	0.
(14) Jeffrey A. Finkelstein, MD Chief of ER	500,166.	21,346.	0.	92,471.	24,036.	638,019.	0.
(ii) Chief of ER	0.	0.	0.	0.	0.	0.	0.
(15) Joseph Vaccarelli Director, Lab	185,501.	8,386.	14,334.	8,028.	1,641.	217,890.	0.
(ii) Director, Lab	0.	0.	0.	0.	0.	0.	0.
(16) Robert Flade Director, Emergency Nursing	135,508.	6,408.	6,598.	24,384.	8,650.	181,548.	0.
(ii) Director, Emergency Nursing	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Donna Sassi Director, Surgery	142,068.	7,532.	1,148.	6,290.	26,533.	183,571.	0.
(18) Elizabeth Schlaiff Risk Manager/General Counsel	203,510.	0.	0.	47,902.	14,319.	265,731.	0.
(19) Denise Peterson VP, Patient Care (Thru Oct. 2013)	177,471.	42,156.	293,035.	24,793.	13,825.	551,280.	36,542.
(20) Michael Grey Chief of Medicine (Thru April 2014)	354,532.	59,812.	23,048.	10,200.	395.	447,987.	0.
(21) Nagwa Khadr, MD Chief of Pediatrics (Thru Oct. 2014)	284,319.	17,813.	0.	8,123.	8,650.	318,905.	0.
(22) Steven A. Godfrey, MD VP, Analytics Support (Thru Dec. 2013)	213,637.	0.	65,181.	105,195.	24,036.	408,049.	45,474.
(23) Francis H. Pinto Chief Info. Officer (Thru Nov. 2013)	187,848.	8,464.	8,439.	33,849.	20,279.	258,879.	0.
(24) Craig S. Sterns Chief Info. Officer (Thru Dec. 2013)	149,547.	6,210.	0.	5,880.	22,123.	183,760.	0.
(25) David Buono, MD Medical Director NBG ED	316,678.	47,195.	26,563.	44,410.	24,036.	458,882.	0.
(26) James F. Flaherty, MD Director, Surgical Oncology	416,190.	123,281.	0.	110,200.	16,191.	665,862.	0.
(27) Eric H. Hoberg, MD Medical Director BMH ED	301,517.	58,533.	30,273.	10,200.	24,035.	424,558.	0.
(28) Hussein I. Alahmadi, MD Neurosurgeon	387,270.	25,000.	44,959.	0.	6,413.	463,642.	0.
(29) Haklai P. Lau, MD Hospitalist	199,748.	297,202.	85,031.	10,200.	24,035.	616,216.	0.
(30) Clarence Silvia Former - President & CEO	629,751.	96,927.	2,226,405.	270,888.	1,364.	3,225,335.	2,196,398.
(31) Ralph W. Becker Former - CFO	259,817.	63,725.	10,297.	61,837.	33,545.	429,221.	0.
( )							
( )							

**Part II** 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.

Part I, Line 1a:

Explanation: "Gross-ups" are paid on the portion of the split dollar annually reported on the CEO'S W-2. Also, a number of "above and beyond" recognition awards were grossed up for employees.

Part I, Line 1b:

Explanation: In 2013, the Organization implemented a new Tax Gross-Up policy which restricts the use of gross-up.

Part I, Line 3:

Explanation: The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare Corporation, on behalf of The Hospital of Central Connecticut, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation. Please refer to schedule O for more details.

Part I, Lines 4a-b:

Explanation: Denise Peterson (former Officer) received severance payments

**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.

of \$226,660 in 2013.

Mr. Clarence Silvia was paid a lump sum amount of \$2,196,398 to close out his participation in the Supplemental Employee Retirement Plan (SERP), upon reaching Normal Retirement Age, as required under the SERP. Total compensation to Mr. Silvia including the SERP payment was \$3,225,335.

Denise Peterson was paid an annual lump sum amount of \$36,541.61 to close out her participation in the Supplemental Employee Retirement Plan (SERP), upon reaching Normal Retirement Age, as required under the SERP. Total compensation to Denise Peterson including the SERP payment was \$551,280.

Dr. Steven A. Godfrey was paid an annual lump sum amount of \$45,474.31 to close out his participation in the Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Godfrey including the SERP payment was \$408,049.

The Hospital of Central Connecticut

Schedule J (Form 990) 2013

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.

Nongualified Retirement Plans (SERP) have been established for certain employees, which are maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees within the meaning of section 201(2), 301(A) (3) and

401(A)(1) of ERISA. Payments from such plans during the year are as follows:

Ms. Freiheit	\$17,500
Dr. Hanks	\$103,896
Ms. Morgan	\$17,500
Mr. Silva	\$213,717
Mr. Balkunas	\$50,585
Dr. Finkelstein	\$59,876
Dr. Godfrey	\$21,693
Ms. Peterson	\$17,500
Dr. Singh	\$17,500
Mr. T. Vaccarelli	\$17,500
Dr. Flaherty	\$100,000
Mr. Marchozzi	\$71,294
Mr. Joseph	\$248,953



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.

Ms Janatka \$89,495

Part I, Line 6:

Explanation: The Management Incentive Plan's trigger for payment eligibility is the organization's operating margin. From there, the payout is determined by assessing both organizational and individual performance relative to attainment of goals determined at the beginning of the plan year. The maximum opportunity is up to 12% of base salary. The officers are also eligible for a similar incentive plan for which the trigger is the organization's operating margin, followed by the necessary attainment of organizational goals. This plan has a target payout of 12.5% for Vice Presidents and Physician Chiefs and a 15% target payout for the Chief Medical Officer.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		645.	FMV
5 Clothing and household goods	X		5,928.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	14,948.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Auction Items)	X	69	15,568.	FMV
26 Other ▶ (Gift Cards)	X	51	5,946.	Face Value
27 Other ▶ (Tickets to Ev)	X	16	1,548.	Face Value
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2013)

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

Form 990, Part I, Line 1, Description of Organization Mission:

medical, surgical and other specialties. Centers of excellence include the Center for Cardiovascular Medicine; Center for Joint Care, Ferdinand Sauer, MD Family BirthPlace, Joslin Diabetes Affiliate, Sleep Disorders Center, and George Bray Cancer Center. The Hospital also operates medical, surgical, pediatric and ob/gyn outpatient clinics; outpatient diagnostic and laboratory services in New Britain and surrounding towns; and runs various community events and programs.

The Hospital of Central Connecticut at Bradley Memorial, founded in 1938, is an acute care hospital located at 81 Meriden Avenue, Southington, Connecticut. It provides a wide range of inpatient and outpatient services to a geographic area centered on the town of Southington. The Bradley Memorial Campus is licensed for 84 beds.

Both campuses provide a wide array of medical services operating under a single license.

Form 990, Part III, Line 4a, Program Service Accomplishments:

experience, satisfaction and convenience.

Form 990, Part III, Line 4b, Program Service Accomplishments:

campuses respectively. The Department continues to manage staffing levels based upon census levels and trends to meet the demands of our patient volumes.

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

Form 990, Part III, Line 4d, Other Program Services:

Other routine services such as inpatient and outpatient medical and surgical, maternity, newborn, psychiatric and pediatric and ancillary services provided to patients.

Expenses \$ 242,912,815. including grants of \$ 0. Revenue \$ 240,829,826.

Form 990, Part VI, Section A, line 6:

Explanation: The Hospital of Central Connecticut is organized as a non-stock not-for-profit entity. Hartford HealthCare Corporation is the sole member.

Form 990, Part VI, Section A, line 7a:

Explanation: The sole member of the organization has the authority to approve/deny members of the governing body.

Form 990, Part VI, Section A, line 7b:

Explanation: The sole member of the organization has the right to review, approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc.

Form 990, Part VI, Section B, line 11:

Explanation: 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 completed form was forwarded to the entire Board for review. Once the entire review process was completed, the form was signed by the VP of Finance and then filed with the Internal Revenue Service.

Name of the organization The Hospital of Central Connecticut	Employer identification number 06-0646768
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Form 990, Part VI, Section B, Line 12c:

Explanation: 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, Audit & Privacy (OCAP). All employee disclosures are reviewed by OCAP to determine if there is a potential conflict. Legal counsel will review all cases where the individual has a significant financial interest and these cases are forwarded to the System Executive Compliance Steering Committee. The System Executive Compliance Steering Committee will assess and may recommend whether 1) the conflict be eliminated, 2) the proposed activity be prohibited, or 3) a Conflict of Interest management plan be implemented. Results of the survey of board members are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.

Form 990, Part VI, Sch B, Lines 13 & 14:

The organization does have a written Document Retention and Destruction policy as well as a written Whistleblower policy. Although the policies were not formally approved by the Board, they were in effect for the entire tax year.

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

Form 990, Part VI, Section B, Line 15:

Explanation: 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, to determine best practices in governing executive compensation.

The following steps were taken:

- \* Use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, 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 an independent third party compensation consulting firm, and is then reviewed by the Committee
- \* Recommendations are made based on data analysis to ensure appropriate competitive positioning within parameters of the compensation philosophy
- \* The CEO compensation is determined by the Committee based on comparative market information and organizational performance
- \* All changes are reviewed and approved by the Executive Compensation Committee

The CEO compensation determination process is reviewed on an annual basis.

Name of the organization

The Hospital of Central Connecticut

Employer identification number

06-0646768

All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.

Form 990, Part VI, Section C, Line 18:

Explanation: The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request.

Form 990, Part VI, Section C, Line 19:

Explanation: The Hospital's Financial Statements, Governing Documents and the Conflict of Interest Policy are available for inspection upon request at the Hospital's address.

Form 990, Part XI, line 9, Changes in Net Assets:

Change In Pension Funding Obligation	-53,361,191.
Net Assets Transfer From GIC to HOCC	14,478,570.
Transfer to Affiliate	-4,477,163.
Auxiliary	-470,120.
Rounding	4.
Total to Form 990, Part XI, Line 9	-43,829,900.





**Part I** Continuation of 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 organization?	
						Yes	No
Hartford Hospital Auxiliary C/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06102	Fundraising	Connecticut	501(C)(3)	11(c)	Hartford Hospital		X
Connecticut Health System Inc. - 22-2779421 80 Seymour St. Hartford, CT 06102	Coordination of Health Delivery	Connecticut	501(C)(3)	11(c)	Hartford HealthCare Corporation		X
Institute of Living - 06-0646683 200 Retreat Avenue Hartford, CT 06102	Supporting Organization to Hartford Hospital	Connecticut	501(C)(3)	11(c)	Hartford Hospital		X
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford HealthCare At Home Inc. - 06-0646938, 1290 Silas Deane Hwy Suite 4B, Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
VNA Health Resources Inc. - 06-1151422 1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare At Home Inc.		X
Hartford HealthCare Corporation - 22-2672834 One State Street, Suite 19 Hartford, CT 06103	Support & Management Services to Hartford Hospital and Affiliates	Connecticut	501(C)(3)	11(c)	Hartford HealthCare Corporation		X
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support Organization	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.		X
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital		X
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Avenue Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital		X
Central CT Senior Health Services d.b.a. Southington Care Ctr - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation		X

**Part II** Continuation of 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 organization?	
						Yes	No
Bradley Health Services - 06-1367014 100 Grand St. New Britain, CT 06050	Healthcare Services Support & Management Services to THOCC and Affiliates - Shell	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation		X
Central CT Health Alliance - 22-2785033 100 Grand St. New Britain, CT 06050	Residential Services for Senior Citizens	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation		X
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services		X
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry St., Plantsville, CT 06479	Fundraising	Connecticut	501(C)(3)	11(a)	Central CT Senior Health Services		X
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Practice Medicine and Provide Health Care Services to the Public	Connecticut	501(C)(3)	9	Midstate Medical Center		X
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour St. Hartford, CT 06106	To Manage and Coordinate Care for Medicare Beneficiaries	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 200 Retreat Avenue, Fl 9, Hartford, CT 06102	To Provide Medical Dental, Life Disability and Other Benefits to Employees	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation		X
Backus Corporation - 22-2757608 326 Washington Steet Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation		X
The William W. Backus Hospital - 06-0250773 326 Washington Steet Norwich, CT 06360	Hospital	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Backus HealthCare Inc. - 22-2481794 326 Washington Steet Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation		X
Caring for Colleagues Employee Crisis Fund - 26-4469178, 100 Grand Street, New Britain, CT 06489	Employee Fund	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X



**The Hospital of Central Connecticut**

Schedule R (Form 990) 2013 **Part III** Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
New Britain MRI Limited Partnership - 06-1271349, 100 Grand St., New Britain, CT 06050	Magnetic Resonance Imaging	CT	CenConn Services Inc.	Related	750,807.	2,473,610.		X	N/A		X	43.43%
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour St., Hartford, CT 06102	Endowment Management	CT	Hartford Hospital	Investment	9,302,334.	147,219,166.		X	N/A		X	17.83%
Ambulance Service of Manchester, LLC - 06-1557358, PO Box 300, Manchester, CT 06450	Ambulatory Services	CT	N/A	N/A	N/A	N/A			N/A		N/A	N/A
Connecticut Imaging Partners, LLC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Services	CT	N/A	N/A	N/A	N/A			N/A		N/A	N/A

**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
H.H.M.O.B Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	N/A	C CORP	N/A	N/A	N/A		X
Hartford HealthCare Indemnity Services, Ltd FB Perry Blvd. 40 Church Street , Hamilton, BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
Windham Health Services Inc. - 06-1451101 112 Mansfield Avenue Willimantic, CT 06226	Home Healthcare	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Physician Hospital Organization - 06-1441614, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Family Medical Services P.C. - 06-1491649, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990) The Hospital of Central Connecticut

**Part II** Continuation of 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) 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			
Glastonbury Endoscopy Center, LLC - 26-1721234, 300 Western Bldg Suite B, Glastonbury, CT 06033	Endoscopy Services	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Glastonbury Surgery Center LLC - 26-2600828, 195 Eastern Bldg, Glastonbury, CT 06033	Surgery Services	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hartford-Middlesex Clinical System LLC - 06-1543605, 80 Seymour Street, Hartford, CT 06102	Affiliate Support Services	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Med East Assoc. LLC - 06-1469575, 1703 West Main Street, Willimantic, CT 06226	Outpatient Care Clinic	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Omni Home Health Services E. CT LLC - 06-1458837, 12 Case Street #317, Norwich, CT 06360	Home Care Services	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HHC Southington Surgery Center LLC - 46-5500829, 81 Meriden Avenue, Southington, CT 06489	Surgery Services	CT	HOCC	Related	0.	322,000.	X	N/A	N/A	X	26.00%

Schedule R (Form 990) **The Hospital of Central Connecticut**

**Part IV** Continuation of 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
CenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
Hartford Physician Services P.C. - 06-1254082, 80 Seymour Street, Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Meriden Imaging Center - 06-1541468 101 N Plains Industrial Road Meriden, CT 06429	Imaging	CT	N/A	S CORP	N/A	N/A	N/A		X
Hartford Physician Hospital Organization Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	N/A	N/A	N/A		X
Aetna Ambulance Services, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Metro Wheelchair Services Inc. - 06-0878432 P.O. Box 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	N/A	N/A	N/A		X
WNB Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Health Care Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Professional Office Condominium Association Inc. - 06-1090041, 112 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Select Physicians Network - 06-1426901 112 Mansfield Avenue Willimantic, CT 06226	Managing offices of physicians and surgeons	CT	N/A	C CORP	N/A	N/A	N/A		X
Midstate Medical Group P.C. - 20-4327968 435 Lewis Avenue Meriden, CT 06450	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X

**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Hartford Hospital	M	3,317,593.FMV	
(2) Hartford Hospital	O	496,166.FMV	
(3) HHC Indemnity Services, Limited	P	1,050,457.FMV	
(4)			
(5)			
(6)			





