

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning** OCT 1, 2011 **and ending** SEP 30, 2012

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b>   |  | <b>D Employer identification number</b> |
|  | THE HOSPITAL OF CENTRAL CONNECTICUT   |  | 06-0646768                              |
|  | Doing Business As   |  | <b>E Telephone number</b>               |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite |  | (860)224-5900                           |
|  | 100 GRAND STREET  |  | <b>G Gross receipts \$</b> 413,414,557. |
| City or town, state or country, and ZIP + 4  |   | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| NEW BRITAIN, CT 06050  |   | <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      |   |
| <b>F Name and address of principal officer:</b> CLARENCE J. SILVIA<br>same as C above  |   | If "No," attach a list. (see instructions)   |   |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |   |
| <b>J Website:</b> ▶ WWW.THOC.C.ORG   |   |  |   |
| <b>H(c) Group exemption number</b> ▶   |   |  |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |  | <b>L Year of formation:</b> 1893        |
| <b>M State of legal domicile:</b> CT   |   |  |   |

**Part I Summary**

|                                    |   |  |   |
|------------------------------------|---|--|---|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities: <u>HCC'S MISSION IS TO FOSTER, SUSTAIN AND IMPROVE THE HEALTH STATUS OF THE PEOPLE IN THE</u> |  |   |
|                                    | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                   |  |   |
|                                    | 3   | Number of voting members of the governing body (Part VI, line 1a)                  | 15  |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b)      | 10  |
|                                    | 5   | Total number of individuals employed in calendar year 2011 (Part V, line 2a)       | 3188  |
|                                    | 6   | Total number of volunteers (estimate if necessary)                                 | 429   |
|                                    | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12               | 3,757,270.  |
| 7b                                 | Net unrelated business taxable income from Form 990-T, line 34  | 0.   |   |
| <b>Revenue</b>                     | 8   | Contributions and grants (Part VIII, line 1h)                                      | Prior Year: 2,983,328. Current Year: 2,046,849.                   |
|                                    | 9   | Program service revenue (Part VIII, line 2g)                                       | 388,490,564. 402,498,584.   |
|                                    | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 1,783,908. 3,942,956.   |
|                                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 2,826,098. 3,003,727.   |
|                                    | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 396,083,898. 411,492,116.   |
|                                    | <b>Expenses</b>   | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |
| 14                                 |   | Benefits paid to or for members (Part IX, column (A), line 4)                      | 0. 0.   |
| 15                                 |   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 205,409,513. 208,286,192.   |
| 16a                                |   | Professional fundraising fees (Part IX, column (A), line 11e)                      | 17,800. 22,034.   |
| 16b                                |   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 677,397.               |   |
| 17                                 |   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 163,198,089. 181,270,682.   |
| 18                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 368,625,402. 389,578,908.  |   |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12  | 27,458,496. 21,913,208.  |   |
| <b>Net Assets or Fund Balances</b> | 20  | Total assets (Part X, line 16)   | Beginning of Current Year: 374,049,690. End of Year: 400,333,621. |
|                                    | 21  | Total liabilities (Part X, line 26)  | 208,172,025. 264,813,382.   |
|                                    | 22  | Net assets or fund balances. Subtract line 21 from line 20                         | 165,877,665. 135,520,239.   |

**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.

|  |   |   |                           |  |
|--|---|---|---------------------------|--|
| <b>Sign Here</b>                                   | ▶ Signature of officer                                | Date                                      |                           |  |
|  | CAROLYN FREIHEIT, CFO<br>Type or print name and title |   |                           |  |
| <b>Paid Preparer Use Only</b>                      | Print/Type preparer's name<br>Beth Thurz              | Preparer's signature<br><i>Beth Thurz</i> | Date<br>8/13/13           | Check <input type="checkbox"/> PTIN<br>self-employed P00346435 |
|  | Firm's name<br>SASLOW, LUFKIN & BUGGY, LLP            | Firm's EIN<br>06-1533253                  | Phone no.<br>860-678-9200 |  |
| Firm's address<br>TEN TOWER LANE<br>AVON, CT 06001 |   |   |                           |  |

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 to any question in this Part III

X

1 Briefly describe the organization's mission:

THE HOSPITAL OF CENTRAL CONNECTICUT ("HCC") REFLECTS THE COMBINED TALENT, RESOURCES, AND CAPABILITIES OF NEW BRITAIN GENERAL HOSPITAL AND BRADLEY MEMORIAL HOSPITAL. IT IS A 414-BED ACUTE CARE TEACHING HOSPITAL AFFILIATED WITH THE UNIVERSITY OF CONNECTICUT SCHOOL OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

X Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes 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 and section 4947(a)(1) trusts 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 \$ 33,858,587. including grants of \$ ) (Revenue \$ 79,761,089.)

THE INPATIENT MEDICAL, SURGICAL AND INTENSIVE CARE SERVICES AREAS SERVED 15,964 WITH TOTAL PATIENT DAYS OF 64,024. 70% AND 59% OF THE NEW BRITAIN AND SOUTHWINGTON COMMUNITY NEEDS ARE RESPECTIVELY MET WITH THESE SERVICES. THE AREAS OF SPECIALTY INCLUDE STROKE SERVICES, BARIATRIC CARE, JOINT REPLACEMENT AND DIABETES.

4b (Code: ) (Expenses \$ 20,892,282. including grants of \$ ) (Revenue \$ 45,753,705.)

TOTAL PATIENT VISITS FOR BOTH EMERGENCY ROOMS WERE OVER 110,000. THIS WAS AN INCREASE OF 1,142 PATIENTS OR 1% FROM THE PREVIOUS YEAR. THE VOLUMES WERE APPROXIMATELY 91,192 AND 19,004 AT THE NGB AND BRADLEY MEMORIAL CAMPUSES RESPECTIVELY. CONTINUED WORK ON STAFFING, STAFFING PATTERNS AND IMPROVEMENTS IN WORK FLOW TO MEET DEMAND AND INCREASED VOLUME. QUALITY INDICATORS FOR THE EMERGENCY ROOM, CONTINUE TO IMPROVE IN THE AREAS TO LEFT WITHOUT BEING SEEN RATES, TIME UNTIL SEEN BY CLINICIAN, BOARDING TIMES AND PATIENT SATISFACTION. CONTINUED INCREASES IN VOLUME, AVAILABLE SPECIALISTS, AND ACUITY OF PATIENTS CHALLENGE THE LEADERSHIP.

4c (Code: ) (Expenses \$ 17,015,149. including grants of \$ ) (Revenue \$ 52,088,354.)

RADIOLOGY-DERIVED INFORMATION IS AN INEXTRICABLE COMPONENT OF OUR PATIENTS' CARE CONTINUUM. FROM SCREENING EXAMS, TO ACUTE INTERVENTIONARY IMAGING, RADIOGRAPHIC TECHNOLOGY CONTINUED TO EVOLVE IN 2012. OVER 161,000 IMAGING EXAMS WERE PERFORMED AT THE NEW BRITAIN AND BRADLEY MEMORIAL CAMPUSES. OF THESE, MORE THAN 76% WERE PERFORMED ON OUTPATIENTS. WHILE THERE WAS A 1.8% OVERALL DECLINE IN IMAGING EXAMS IN FY2012 V. THE PRIOR YEAR, THE DECLINE IS LESS THAN PUBLISHED DECLINES IN PRIMARY CARE AND SELECT SPECIALTY OFFICE VISITS - THE REFERRAL SOURCES FOR IMAGING STUDIES. THAT REFERRAL SOURCE DECLINE, COMBINED WITH ECONOMIC INFLUENCES AND JUDICIOUS APPLICATION OF IMAGING (AND RADIATION EXPOSURE), COMBINE TO ACCOUNT FOR THE DECREASE EXAM VOLUME.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 274,034,156. including grants of \$ ) (Revenue \$ 221,427,356.)

4e Total program service expenses 345,800,174.

**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)?<br><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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  | 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; 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, XII, and XIII.</i>   | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | X   |    |

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

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

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

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year  |     |    |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.    |     |    |
| 1a |  |     | 15 |
| b  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| 1b |  |     | 10 |
| 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   |    |
| 7b | 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
- 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 06051-2924**

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

Check if Schedule O contains a response to any question 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)<br>Name and Title                              | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) CLARENCE J. SILVIA<br>PRESIDENT/ CEO/ DIRECTOR | 50.00  | X   |                       | X       |              |                              | 775,131. | 0.   | 716,236.  |   |
| (2) JOHN W. ANDREOLI, JR., M.D.<br>DIRECTOR        | 1.50   | X   |                       |         |              |                              | 47,000.  | 0.   | 0.  |   |
| (3) FRANK R. MILLER<br>DIRECTOR                    | 2.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (4) MARIE S. GUSTIN, PH.D<br>DIRECTOR              | 2.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (5) LINDSLEY WELLMAN<br>DIRECTOR                   | 1.70   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) JOHN E. DILLAWAY<br>CHAIRMAN                   | 2.50   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7) JOHN S. MANNING<br>DIRECTOR                    | 2.50   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) JOHN J. PATRICK, JR.<br>VICE CHAIRMAN          | 1.00   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (9) ROBERT A. LAPKIN, M.D.<br>DIRECTOR             | 1.50   | X   |                       |         |              |                              | 132,342. | 0.   | 0.  |   |
| (10) WILLIAM W. WEBER<br>SECRETARY                 | 1.50   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (11) LETTERIO ASCIUTO, M.D.<br>DIRECTOR            | 1.50   | X   |                       |         |              |                              | 20,000.  | 0.   | 0.  |   |
| (12) REV. THOMAS A. MILLS, JR.<br>DIRECTOR         | 2.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) ELLIOT JOSEPH<br>DIRECTOR                     | 1.00   | X   |                       |         |              |                              | 0.       | 1,651,290.   | 175,301.  |   |
| (14) THOMAS MARCHOZZI<br>DIRECTOR                  | 1.00   | X   |                       |         |              |                              | 0.       | 690,977.   | 62,526.   |   |
| (15) JOSEPH HARRISON<br>DIRECTOR                   | 1.50   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) AKELLA SARMA, M.D.<br>DIRECTOR                | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) JOSEPH VOELKER<br>DIRECTOR                    | 1.00   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                    |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|--------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Additional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) BRIAN A. ROGOZ<br>VP FINANCE/TREASURER                    | 50.00  |   |                    | X       |              |                              |        | 787,124.   | 0.  | 56,764.   |
| (19) STEVEN D. HANKS, M.D.<br>EXECUTIVE VP & CMO               | 50.00  |   |                    | X       |              |                              |        | 603,858.   | 0.  | 135,607.  |
| (20) ELIZABETH A. LYNCH<br>VP HUMAN RESOURCES                  | 50.00  |   |                    | X       |              |                              |        | 343,705.   | 0.  | 80,476.   |
| (21) JOYCE HAWRYLIK<br>SECRETARY & ASSIST TO PRESIDENT         | 40.00  |   |                    | X       |              |                              |        | 63,138.  | 0.  | 21,857.   |
| (22) STEVEN A. GODFREY<br>VP ANALYTICS & DECISION SUPPORT      | 50.00  |   |                    | X       |              |                              |        | 247,752.   | 0.  | 76,929.   |
| (23) NANCY KROEBER<br>VP CLINICAL OPERATIONS                   | 50.00  |   |                    | X       |              |                              |        | 186,170.   | 0.  | 98,835.   |
| (24) DENISE PETERSON<br>VP PATIENT CARE SERVICES               | 50.00  |   |                    | X       |              |                              |        | 219,216.   | 0.  | 26,751.   |
| (25) RALPH BECKER<br>TREASURER                                 | 50.00  |   |                    | X       |              |                              |        | 0.   | 372,077.  | 84,855.   |
| (26) MARY MORGAN<br>VP HUMAN RESOURCES                         | 50.00  |   |                    | X       |              |                              |        | 116,172.   | 0.  | 4,770.  |
| <b>1b Sub-total</b>  |  |   |                    |         |              |                              |        | <b>3,541,608.</b>  | <b>2,714,344.</b>   | <b>1540907.</b>   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                    |         |              |                              |        | <b>4,344,579.</b>  | <b>0.</b>   | <b>626,239.</b>   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                    |         |              |                              |        | <b>7,886,187.</b>  | <b>2,714,344.</b>   | <b>2167146.</b>   |

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 238

|  | 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  | 3   | 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 | 4   | 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                       | 5   | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CERNER CORPORATION, 2702 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117                | INFORMATION SYSTEMS            | 9,954,450.          |
| UCONN HEALTH CENTER FARMINGTON AVE., FARMINGTON, CT 06030-1915                   | RESIDENT SERVICES              | 5,565,979.          |
| MRI OF NEW BRITAIN 40 HART ST., NEW BRITAIN, CT 06050                            | MRI SERVICES                   | 3,465,720.          |
| KNAUS BUILDERS 150 PRODUCTION COURT, NEW BRITAIN, CT 06051                       | CONSTRUCTION SERVICES          | 2,626,629.          |
| CENTRAL CT SPORTS MEDICINE CENTER, 15 MASSIRIO DRIVE SUITE 104, BERLIN, CT 06037 | PHYSICAL THERAPY SERVICES      | 1,874,710.          |

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 119

See Part VII, Section A Continuation sheets



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

| (A)<br>Name and title                                   | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) THOMAS VACCARELLI<br>VP FACILITIES                 | 50.00                         |  |                       | X       |              |                              |        | 163,621.   | 0.  | 21,311.   |
| (28) JEFFREY A. FINKELSTEIN, M.D.<br>CHIEF ER PHYSICIAN | 50.00                         |  |                       |         | X            |                              |        | 422,695.   | 0.  | 99,392.   |
| (29) MICHAEL BALKUNAS, M.D.<br>CHIEF OF PSYCHIATRY      | 50.00                         |  |                       |         | X            |                              |        | 345,896.   | 0.  | 92,908.   |
| (30) MICHAEL GREY, M.D.<br>CHIEF OF MEDICINE            | 50.00                         |  |                       |         | X            |                              |        | 391,191.   | 0.  | 57,942.   |
| (31) JAMES L. MASSI, M.D.<br>CHIEF OF SURGERY           | 50.00                         |  |                       |         | X            |                              |        | 319,608.   | 0.  | 586.  |
| (32) FRANCIS H. PINTO<br>CHIEF INFORMATION OFFICER      | 50.00                         |  |                       |         | X            |                              |        | 226,171.   | 0.  | 81,130.   |
| (33) ELIZABETH SCHLAPP<br>RISK MANAGER/GENERAL COUNS    | 50.00                         |  |                       |         | X            |                              |        | 200,080.   | 0.  | 54,203.   |
| (34) HAKLAI P LAU, M.D.<br>HOSPITALIST                  | 50.00                         |  |                       |         |              | X                            |        | 475,286.   | 0.  | 12,744.   |
| (35) JAMES F. FLAHERTY<br>DIRECTOR, SURGICAL ONCOLOGY   | 50.00                         |  |                       |         |              | X                            |        | 377,241.   | 0.  | 114,511.  |
| (36) MICHELLE MCDADE<br>EMERGENCY ROOM PHYSICIAN        | 50.00                         |  |                       |         |              | X                            |        | 360,574.   | 0.  | 31,197.   |
| (37) DAVID BUONO<br>MEDICAL DIRECTOR NBG ED             | 50.00                         |  |                       |         |              | X                            |        | 363,044.   | 0.  | 40,800.   |
| (38) ERIC ROBERT<br>MEDICAL DIRECTOR BMH ED             | 50.00                         |  |                       |         |              | X                            |        | 344,451.   | 0.  | 14,070.   |
| (39) MAUREEN FITZSIMMONS<br>VP PATIENT CARE SERVICES    | 50.00                         |  |                       |         |              |                              | X      | 354,721.   | 0.  | 5,445.  |
| Total to Part VII, Section A, line 1c                   |                               |  |                       |         |              |                              |        | 4,344,579.   |   | 626,239.  |

Part VIII Statement of Revenue

|  |   |   | (A)<br>Total revenue                         | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |          |  |
|--|---|---|--|---|---|--|----------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a   | Federated campaigns   | 1a   |   |   |  |          |  |
|  | b   | Membership dues   | 1b   |   |   |  |          |  |
|  | c   | Fundraising events  | 1c   | 161,331.  |   |  |          |  |
|  | d   | Related organizations   | 1d   |   |   |  |          |  |
|  | e   | Government grants (contributions)   | 1e   | 1,119,729.                                      |   |  |          |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above  | 1f   | 765,789.  |   |  |          |  |
|  | g   | Noncash contributions included in lines 1a-1f   |  |   |   |  |          |  |
|  | h   | <b>Total.</b> Add lines 1a-1f   |  | 2,046,849.                                      |   |  |          |  |
| Program Service Revenue                                | 2 a   | PATIENT SERVICE REVENUE   | 900099 351211262.                            | 351211262.                                      |   |  |          |  |
|  | b   | LABORATORY SERVICES   | 621500 42317724.                             | 38685292.                                       | 3632432.                                |  |          |  |
|  | c   | OTHER PATIENT SERVICE   | 900099 8,969,598.                            | 8,969,598.                                      |   |  |          |  |
|  | d   |   |  |   |   |  |          |  |
|  | e   |   |  |   |   |  |          |  |
|  | f   | All other program service revenue   |  |   |   |  |          |  |
|  | g   | <b>Total.</b> Add lines 2a-2f   |  | 402498584.                                      |   |  |          |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)  |  | 3,389,351.                                      |   | 3389351.   |          |  |
|  | 4   | Income from investment of tax-exempt bond proceeds  |  |   |   |  |          |  |
|  | 5   | Royalties   |  |   |   |  |          |  |
|  | 6 a   | Gross rents   | (i) Real                                     | 1468419.  |   |  |          |  |
|  |   |   | (ii) Personal                                |   |   |  |          |  |
|  |   |   | b  | Less: rental expenses                           | 1111412.                                |  |          |  |
|  |   |   | c  | Rental income or (loss)                         | 357,007.                                |  |          |  |
|  | d   | Net rental income or (loss)   |  | 357,007.  | -8,985.                                 | 365,992.   |          |  |
|  | 7 a   | Gross amount from sales of assets other than inventory  | (i) Securities                               | 827,233.  | 221,146.                                |  |          |  |
|  |   |   | (ii) Other                                   |   |   |  |          |  |
|  |   |   | b  | Less: cost or other basis and sales expenses    | 22,324.                                 | 472,450.   |          |  |
|  |   |   | c  | Gain or (loss)                                  | 804,909.                                | -251304.   |          |  |
|  | d   | Net gain or (loss)  |  | 553,605.  |   | 553,605.   |          |  |
|  | 8 a   | Gross income from fundraising events (not including \$ 161,331. of contributions reported on line 1c). See Part IV, line 18 | a  | 129,420.  |   |  |          |  |
| b  |   |   | Less: direct expenses                        | 98,457.   |   |  |          |  |
| c  |   |   | Net income or (loss) from fundraising events |   | 30,963.                                 |  | 30,963.  |  |
| 9 a  | Gross income from gaming activities. See Part IV, line 19 | a   |  |   |   |  |          |  |
|  |   | b   | Less: direct expenses                        |   |   |  |          |  |
|  |   | c   | Net income or (loss) from gaming activities  |   |   |  |          |  |
| 10 a   | Gross sales of inventory, less returns and allowances     | a   | 397,487.                                     |   |   |  |          |  |
|  |   | b   | Less: cost of goods sold                     | 217,798.  |   |  |          |  |
|  |   | c   | Net income or (loss) from sales of inventory |   | 179,689.                                |  | 179,689. |  |
| Miscellaneous Revenue                                  |   |   | Business Code                                |   |   |  |          |  |
| 11 a   | DIETARY/ CAFETERIA  | 722210  | 1,725,420.                                   |   |   | 1725420.   |          |  |
|  |   | b   | CHILD CARE INCOME                            | 624410  | 442,575.                                | 30,102.  | 412,473. |  |
|  |   | c   | OUTSIDE SERVICES                             | 518210  | 268,073.                                | 164,352.   | 103,721. |  |
|  |   | d   | All other revenue                            |   |   |  |          |  |
| e  | <b>Total.</b> Add lines 11a-11d                           |   | 2,436,068.                                   |   |   |  |          |  |
| 12   | <b>Total revenue.</b> See instructions.                   |   | 411492116.                                   | 399030504.                                      | 3757270.                                | 6657493.   |          |  |

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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  | 7,181,097.            |                                 | 7,181,097.                             |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 159,463,423.          | 149,363,933.                    | 9,667,846.                             | 431,644.                    |
| 8 Pension plan accruals and contributions (include section 401(c) and section 408(b) employer contributions)  | 8,021,414.            | 7,992,081.                      | 29,333.                                |                             |
| 9 Other employee benefits   | 22,505,171.           | 20,546,136.                     | 1,959,035.                             |                             |
| 10 Payroll taxes  | 11,115,087.           | 10,229,148.                     | 863,296.                               | 22,643.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 4,615,508.            | 3,826,256.                      | 789,252.                               |                             |
| b Legal   | 351,166.              | 199,614.                        | 151,552.                               |                             |
| c Accounting  | 409,431.              |                                 | 409,431.                               |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 22,034.               |                                 |  | 22,034.                     |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   | 32,476,536.           | 26,941,315.                     | 5,535,221.                             |                             |
| 12 Advertising and promotion  | 1,153,828.            | 956,523.                        | 197,305.                               |                             |
| 13 Office expenses  | 64,705,674.           | 61,918,551.                     | 2,787,123.                             |                             |
| 14 Information technology   | 15,729,082.           | 13,039,409.                     | 2,689,673.                             |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 8,624,942.            | 6,975,867.                      | 1,649,075.                             |                             |
| 17 Travel   | 798,501.              | 661,957.                        | 136,544.                               |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 244,459.              | 202,657.                        | 41,802.                                |                             |
| 20 Interest   | 1,724,038.            | 1,428,973.                      | 295,065.                               |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 19,353,058.           | 12,934,165.                     | 6,418,893.                             |                             |
| 23 Insurance  | 5,586,377.            | 4,630,348.                      | 956,029.                               |                             |
| 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>BAD DEBT</b>   | 17,293,190.           | 17,293,190.                     |  |                             |
| b <b>DIETARY</b>  | 2,932,413.            | 2,430,647.                      | 501,766.                               |                             |
| c <b>STRAT INITIATIVE</b>   | 1,505,196.            | 1,247,807.                      | 257,389.                               |                             |
| d <b>COLLECTION EXPENSE</b>   | 1,182,002.            | 979,880.                        | 202,122.                               |                             |
| e All other expenses  | 2,585,281.            | 2,001,717.                      | 382,488.                               | 201,076.                    |
| 25 Total functional expenses. Add lines 1 through 24e   | 389,578,908.          | 345,800,174.                    | 43,101,337.                            | 677,397.                    |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 959-720)

Part X Balance Sheet

|                             |   | (A)<br>Beginning of year  |                  | (B)<br>End of year |              |
|-----------------------------|---|---|------------------|--------------------|--------------|
| Assets                      | 1   | Cash - non-interest-bearing   | 17,548,741.      | 1                  | 27,607,790.  |
|                             | 2   | Savings and temporary cash investments  |                  | 2                  |              |
|                             | 3   | Pledges and grants receivable, net  |                  | 3                  |              |
|                             | 4   | Accounts receivable, net  | 48,945,018.      | 4                  | 48,473,300.  |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                  | 5                  |              |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |                  | 6                  |              |
|                             | 7   | Notes and loans receivable, net   | 65,580.          | 7                  | 31,917.      |
|                             | 8   | Inventories for sale or use   | 5,642,776.       | 8                  | 5,998,294.   |
|                             | 9   | Prepaid expenses and deferred charges   | 4,287,847.       | 9                  | 3,609,849.   |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 425,063,092. |                    |              |
|                             | b   | Less: accumulated depreciation  | 10b 274,632,798. |                    |              |
|                             |   |   | 152,765,070.     | 10c                | 150,430,294. |
|                             | 11  | Investments - publicly traded securities  |                  | 11                 |              |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 128,888,836.     | 12                 | 143,400,598. |
|                             | 13  | Investments - program-related. See Part IV, line 11   | 8,643,214.       | 13                 | 7,530,923.   |
|                             | 14  | Intangible assets   |                  | 14                 |              |
| 15                          | Other assets. See Part IV, line 11  | 7,262,608.  | 15               | 13,250,656.        |              |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 374,049,690.  | 16               | 400,333,621.       |              |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 23,363,595.      | 17                 | 24,789,697.  |
|                             | 18  | Grants payable  |                  | 18                 |              |
|                             | 19  | Deferred revenue  | 434,859.         | 19                 | 572,719.     |
|                             | 20  | Tax-exempt bond liabilities   | 35,743,805.      | 20                 | 35,743,805.  |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                  | 21                 |              |
|                             | 22  | 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  | 6,983,052.       | 23                 | 4,122,249.   |
|                             | 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   | 141,646,714.     | 25                 | 199,584,912. |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 208,172,025.     | 26                 | 264,813,382. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |                  |                    |              |
|                             | 27  | Unrestricted net assets   | 129,061,862.     | 27                 | 93,712,366.  |
|                             | 28  | Temporarily restricted net assets   | 16,726,765.      | 28                 | 20,015,125.  |
|                             | 29  | Permanently restricted net assets   | 20,089,038.      | 29                 | 21,792,748.  |
|                             | Organizations that do not follow SFAS 117, 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>  | 165,877,665.     | 33                 | 135,520,239. |
|                             | 34  | <b>Total liabilities and net assets/fund balances</b>   | 374,049,690.     | 34                 | 400,333,621. |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |              |
|---|--|---|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 411,492,116. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 389,578,908. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 21,913,208.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 165,877,665. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | -52,270,634. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 135,520,239. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?   |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 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?  | X   |    |
| 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.   | X   |    |

Form 990 (2011)



**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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 stop here |          |          |          |          |          | <input type="checkbox"/> |

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

|  |                          |   |
|--|--------------------------|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  | 14                       | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14  | 15                       | % |
| 16a <b>33 1/3% support test - 2011.</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 stop here. The organization qualifies as a publicly supported organization  | <input type="checkbox"/> |   |
| b <b>33 1/3% support test - 2010.</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 stop here. The organization qualifies as a publicly supported organization   | <input type="checkbox"/> |   |
| 17a <b>10% -facts-and-circumstances test - 2011.</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 stop here. 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 - 2010.</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 stop here. 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on      |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                  |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                      | 16 | % |

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

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                        | 18 | % |

19a 33 1/3% support tests - 2011. 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 - 2010. 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.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

**THE HOSPITAL OF CENTRAL CONNECTICUT**

**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 *exclusive* 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 Part I, line 2 of its Form 990-PF, 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) (2011)

|  |   |
|--|---|
| Name of organization<br><b>THE HOSPITAL OF CENTRAL CONNECTICUT</b> | Employer identification number<br><b>**-*****</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 367,534.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          |                                   | \$ 105,406.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          |                                   | \$ 198,435.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          |                                   | \$ 285,750.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          |                                   | \$ 257,983.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          |                                   | \$ 384,833.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

**THE HOSPITAL OF CENTRAL CONNECTICUT**

\*\*-\*\*\*\*\*

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          |                                   | \$ 140,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          |                                   | \$ 49,703.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          |                                   | \$ 103,874.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         |                                   | \$ 118,578.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

**THE HOSPITAL OF CENTRAL CONNECTICUT**

**06-0646758**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |

Name of organization

Employer identification number

**THE HOSPITAL OF CENTRAL CONNECTICUT**

06-0646768

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

Open to Public  
Inspection

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

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

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><b>THE HOSPITAL OF CENTRAL CONNECTICUT</b> | Employer identification number<br><b>06-0646768</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a  | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| b   | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| c   | Total lobbying expenditures (add lines 1a and 1b)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| d   | Other exempt purpose expenditures   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| e   | Total exempt purpose expenditures (add lines 1c and 1d)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| f   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1a, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1a.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1a, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1a. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1a, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1a.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| g   | Grassroots nontaxable amount (enter 25% of line 1f)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| h   | Subtract line 1g from line 1a. If zero or less, enter -0-   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| i   | Subtract line 1f from line 1c. If zero or less, enter -0-   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| j   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period |  |          |          |          |           |
|--|--|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)       | (a) 2008   | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a   | Lobbying nontaxable amount                                 |          |          |          |           |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column (e))   |          |          |          |           |
| c  | Total lobbying expenditures                                |          |          |          |           |
| d  | Grassroots nontaxable amount                               |          |          |          |           |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |           |
| f  | Grassroots lobbying expenditures                           |          |          |          |           |

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

|   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| a Volunteers?   |     | X  |         |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     | X  |         |
| c Media advertisements?   |     | X  |         |
| d Mailings to members, legislators, or the public?  |     | X  |         |
| e Publications, or published or broadcast statements?   |     | X  |         |
| f Grants to other organizations for lobbying purposes?  | X   |    | 39,984. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |     | X  |         |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     | X  |         |
| i Other activities?   |     | X  |         |
| j Total. Add lines 1c through 1i  |     |    | 39,984. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | X  |         |
| b If "Yes," enter the amount of any tax incurred under section 4912   |     |    |         |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |         |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |         |

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

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

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

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

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

CENTRAL CT HEALTH ALLIANCE, THE PARENT COMPANY OF THE HOSPITAL OF

CENTRAL CONNECTICUT, ENGAGED THE FIRM OF KOZAK & SALINA TO LOBBY ON ITS

BEHALF. PAYMENT MADE TO KOZAK & SALINA DURING THE FISCAL YEAR WAS

\$34,500.



**Part IV** Supplemental Information (continued)

ADDITIONALLY, THE HOSPITAL OF CENTRAL CONNECTICUT IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE CONNECTICUT HOSPITAL ASSOCIATION WHO ENGAGE IN LOBBYING AND ADVOCACY EFFORTS ON BEHALF OF ITS MEMBERS.

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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.

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

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |
- 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                              |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- In Part XIV, 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.

- 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 XIV, the text of the footnote to its financial statements that describes these items.
- 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 .....             | ▶ \$ _____ |
- 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 XIV.

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 XIV 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 XIV.

**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                     | 126,491,630.     | 128,449,477.   | 115,483,988.       | 110,529,502.         |                     |
| b Contributions                                  | 1,007,071.       | 2,086,374.     | 2,672,254.         | 2,235,178.           |                     |
| c Net investment earnings, gains, and losses     | 15,195,409.      | -2,356,272.    | 11,693,366.        | 4,211,109.           |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 1,415,775.       | 1,687,950.     | 1,400,131.         | 1,491,801.           |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 141,278,335.     | 126,491,629.   | 128,449,477.       | 115,483,988.         |                     |

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

- a Board designated or quasi-endowment  71.63 %
- b Permanent endowment  15.43 %
- c Temporarily restricted endowment  12.94 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | X   |    |
| 3a(ii) |     | X  |
| 3b     |     |    |

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

**Part VI Land, Buildings, and Equipment.** 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  | 1,052,227.                           | 5,042,999.                      |                              | 6,095,226.     |
| b Buildings  | 7,246,519.                           | 222,728,057.                    | 124,538,345.                 | 105,436,231.   |
| c Leasehold improvements   | 200,978.                             | 4,259,827.                      | 2,508,828.                   | 1,951,977.     |
| d Equipment  | 475,691.                             | 174,565,305.                    | 143,104,244.                 | 31,936,752.    |
| e Other  |                                      | 9,491,489.                      | 4,481,381.                   | 5,010,108.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 150,430,294.   |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value      | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|---------------------|--|
| (1) Financial derivatives   |                     |  |
| (2) Closely-held equity interests                                       |                     |  |
| (3) Other   |                     |  |
| (A) FUNDS HELD IN TRUST BY  |                     |  |
| (B) OTHERS  | 15,192,304.         | End-of-Year Market Value                                     |
| (C) MUTUAL FUNDS  | 119,210,648.        | End-of-Year Market Value                                     |
| (D) CURRENT ASSETS WHOSE USE  |                     |  |
| (E) IS LIMITED  | 2,397,202.          | End-of-Year Market Value                                     |
| (F) PERMANENTLY RESTRICTED  |                     |  |
| (G) INVESTMENTS   | 6,600,444.          | End-of-Year Market Value                                     |
| (H)   |                     |  |
| (I)   |                     |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)   | <b>143,400,598.</b> |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                    | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability   | (b) Book value      |
|--|---------------------|
| 1. (1) Federal income taxes  |                     |
| (2) DUE TO THIRD PARTIES   | 15,270,456.         |
| (3) PENSION PLAN AND SELF INSURANCE                                      |                     |
| (4) LIABILITY  | 164,366,024.        |
| (5) ACCRUED COMPENSATION   | 14,266,850.         |
| (6) DUE TO (FROM) AFFILIATES   | 1,644,937.          |
| (7) OTHER LIABILITIES  | 4,036,645.          |
| (8)  |                     |
| (9)  |                     |
| (10)   |                     |
| (11)   |                     |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | <b>199,584,912.</b> |

1. FIN 48 (ASC 740) Footnote: In Part XIV, 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).

2. FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 411,492,116. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 389,578,908. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 21,913,208.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | 11,243,022.  |
| 5  | Donated services and use of facilities   | 5  |              |
| 6  | Investment expenses  | 6  |              |
| 7  | Prior period adjustments   | 7  |              |
| 8  | Other (Describe in Part XIV.)  | 8  | -63,513,656. |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | -52,270,634. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -30,357,426. |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |              |
|---|---|----|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 411,452,869. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |              |
| a | Net unrealized gains on investments   | 2a |              |
| b | Donated services and use of facilities  | 2b |              |
| c | Recoveries of prior year grants   | 2c |              |
| d | Other (Describe in Part XIV.)   | 2d | 1,799,503.   |
| e | Add lines 2a through 2d   | 2e | 1,799,503.   |
| 3 | Subtract line 2e from line 1  | 3  | 409,653,366. |
| 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 XIV.)   | 4b | 1,838,750.   |
| c | Add lines 4a and 4b   | 4c | 1,838,750.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 411,492,116. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |              |
|---|--|----|--------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 389,521,493. |
| 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 XIV.)  | 2d |              |
| e | Add lines 2a through 2d  | 2e | 0.           |
| 3 | Subtract line 2e from line 1   | 3  | 389,521,493. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |              |
| b | Other (Describe in Part XIV.)  | 4b | 57,415.      |
| c | Add lines 4a and 4b  | 4c | 57,415.      |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 389,578,908. |

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4: THE TEMPORARY AND PERMANENTLY RESTRICTED ENDOWMENTS**

ARE RESTRICTED BASED ON THE DONOR'S REQUEST. 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 8 - Other Adjustments:**

|   |              |
|---|--------------|
| CHANGE IN ASSETS HELD IN TRUST BY OTHERS              | 1,703,710.   |
| PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS | -65,083,998. |

Part XIV Supplemental Information (continued)

|  |              |
|--|--------------|
| CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH | 131.         |
| LOSS ON INVESTMENT IN AFFILIATE                    | -133,499.    |
| Total to Schedule D, Part XI, Line 8               | -63,513,656. |

Part XII, Line 2d - Other Adjustments:

|   |            |
|---|------------|
| NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS | 1,559,503. |
| AUXILIARY CONTRIBUTION                                    | 240,000.   |
| Total to Schedule D, Part XII, Line 2d                    | 1,799,503. |

Part XII, Line 4b - Other Adjustments:

|  |            |
|--|------------|
| CONTRIBUTIONS                                      | 882,719.   |
| AUXILIARY SPECIAL EVENTS- GOLF TOURNAMENT AND BALL | 161,331.   |
| AUXILIARY GIFT STORE INCOME                        | 179,689.   |
| AUXILIARY CONTRIBUTIONS                            | 30,963.    |
| INVESTMENT INCOME- TEMP RESTRICTED                 | 584,048.   |
| Total to Schedule D, Part XII, Line 4b             | 1,838,750. |

Part XIII, Line 4b - Other Adjustments:

|                    |         |
|--------------------|---------|
| AUXILIARY EXPENSES | 57,415. |
|--------------------|---------|









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 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<br>(add col. (a) through col. (c)) |            |
|-----------------|----|---|------------------------------------|---------------------|---|------------|
|                 |    | GOLF TOURNAMENTS<br>(event type)                            | CHRYSANTHEMUM BALL<br>(event type) | 1<br>(total number) |   |            |
| Revenue         | 1  | Gross receipts  | 118,690.                           | 141,450.            | 30,611.   | 290,751.   |
|                 | 2  | Less: Charitable contributions                              | 75,190.                            | 76,500.             | 9,641.  | 161,331.   |
|                 | 3  | Gross income (line 1 minus line 2)                          | 43,500.                            | 64,950.             | 20,970.   | 129,420.   |
| Direct Expenses | 4  | Cash prizes   | 0.                                 | 0.                  | 0.  |            |
|                 | 5  | Noncash prizes  | 7,747.                             | 562.                | 558.  | 8,867.     |
|                 | 6  | Rent/facility costs   | 10,569.                            | 0.                  | 12,192.   | 22,761.    |
|                 | 7  | Food and beverages  | 10,269.                            | 41,337.             | 0.  | 51,606.    |
|                 | 8  | Entertainment   | 0.                                 | 3,500.              | 250.  | 3,750.     |
|                 | 9  | Other direct expenses                                       | 2,675.                             | 7,911.              | 887.  | 11,473.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |                                    |                     |   | ( 98,457 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |                                    |                     |   | ( 30,963 ) |

**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   |  |  |  |
| Direct Expenses | 2 | Cash prizes   |  |  |  |
|                 | 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. Combine line 1, column (d), and line 7 |  |  | ( )  |

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:  
a The organization's facility 13a %  
b An outside facility 13b %

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. Complete this part to 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)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **THE HOSPITAL OF CENTRAL CONNECTICUT** Employer identification number: **06-0646768**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|  | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | X   |    |
| b If "Yes," was it a written policy?   | X   |    |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities  |     |    |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year:<br>a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> % | X   |    |
| b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:<br><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   |    |
| c If the organization did not use FPG to determine 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, to determine eligibility for free or discounted care.  |     |    |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | X   |    |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | X   |    |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   | X   |    |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   |     | X  |
| 6a Did the organization prepare a community benefit report during the tax year?  |     | X  |
| b If "Yes," did the organization make it available to the public?  |     |    |

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

|   | (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>7 Financial Assistance and Certain Other Community Benefits at Cost</b>                  |   |                               |                                     |                               |                                   |                              |
| <b>Financial Assistance and Means-Tested Government Programs</b>                            |   |                               |                                     |                               |                                   |                              |
| a Financial Assistance at cost (from Worksheet 1)   |   |                               | 2470777.                            | 616,305.                      | 1854472.                          | .50%                         |
| b Medicaid (from Worksheet 3, column a)   |   |                               | 84338826.                           | 72939503.                     | 11399323.                         | 3.06%                        |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               | 0.                                  | 0.                            |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs                           |   |                               | 86809603.                           | 73555808.                     | 13253795.                         | 3.56%                        |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 61  | 22,120                        | 1618812.                            | 28,178.                       | 1590634.                          | .43%                         |
| f Health professions education (from Worksheet 5)   | 18  |                               | 94110917841.                        | 2743515.                      | 8174326.                          | 2.20%                        |
| g Subsidized health services (from Worksheet 6)   |   |                               | 945,602.                            | 0.                            | 945,602.                          | .25%                         |
| h Research (from Worksheet 7)   | 1   | 0                             | 334,513.                            | 0.                            | 334,513.                          | .09%                         |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 7   | 100                           | 61,120.                             | 0.                            | 61,120.                           | .02%                         |
| j Total, Other Benefits   | 87  | 23,161                        | 13877888.                           | 2771693.                      | 11106195.                         | 2.99%                        |
| k Total. Add lines 7d and 7j  | 87  | 23,161                        | 10068749176327501.                  | 24359990.                     |                                   | 6.55%                        |

**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                         |   |                               | 0.                                   | 0.                            |                                    |                              |
| 2 Economic development                                      |   |                               | 0.                                   | 0.                            |                                    |                              |
| 3 Community support   |   |                               | 6,162.                               | 0.                            | 6,162.                             | .00%                         |
| 4 Environmental improvements                                |   |                               | 0.                                   | 0.                            |                                    |                              |
| 5 Leadership development and training for community members |   |                               | 0.                                   | 0.                            |                                    |                              |
| 6 Coalition building  |   |                               | 0.                                   | 0.                            |                                    |                              |
| 7 Community health improvement advocacy                     |   |                               | 0.                                   | 0.                            |                                    |                              |
| 8 Workforce development                                     |   |                               | 0.                                   | 0.                            |                                    |                              |
| 9 Other:  |   |                               | 0.                                   | 0.                            |                                    |                              |
| 10 Total  |   |                               | 6,162.                               |                               | 6,162.                             |                              |

**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  | 2 | 5,363,741. |    |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy   | 3 | 0.         |    |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit. |   |            |    |

**Section B. Medicare**

|   |   |             |
|---|---|-------------|
| 5 Enter total revenue received from Medicare (including DSH and IME)  | 5 | 90,143,353. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5   | 6 | 97,193,439. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall)   | 7 | -7,050,086. |
| 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:<br><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 (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 % |
|--|---|--|--|---|
|  | Magnetic Resonance                            |  |  |   |
| 2 New Britain MRI LP                       | Imaging                                       | 43.00%   |  |   |
| 3 Central CT Endoscopy Center LLC          | Endoscopy Services                            | 6.50%  |  | 50.00%  |
| 6 New Britain Alliance Occupational Health | Occupational Health Services                  | 100.00%  |  |   |
| 7 Central CT Sports Medicine LLC           | Sports Medicine Provider                      | 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 and address

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

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe). Row 1: X, X, X, X, X, X, New Britain General Hospital campus and



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices.**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Hospital of Central Connecticut

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)  |     |    |
| 1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.<br>If "Yes," indicate what the Needs Assessment describes (check all that apply):  | 1   |    |
| a <input type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| b <input type="checkbox"/> Demographics of the community   |     |    |
| c <input 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 type="checkbox"/> How data was obtained   |     |    |
| e <input type="checkbox"/> The health needs of the community   |     |    |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| i <input 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 Part VI)   |     |    |
| 2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>    </u>  |     |    |
| 3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3   |    |
| 4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI   | 4   |    |
| 5 Did the hospital facility make its Needs Assessment widely available to the public?<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):   | 5   |    |
| a <input type="checkbox"/> Hospital facility's website   |     |    |
| b <input type="checkbox"/> Available upon request from the hospital facility   |     |    |
| c <input type="checkbox"/> Other (describe in Part VI)   |     |    |
| 6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):  |     |    |
| a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |     |    |
| b <input type="checkbox"/> Execution of the implementation strategy  |     |    |
| c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |     |    |
| d <input type="checkbox"/> Participation in the execution of a community-wide community benefit 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 Needs Assessment  |     |    |
| g <input type="checkbox"/> Prioritization of health needs in its community   |     |    |
| h <input 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 Part VI)   |     |    |
| 7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs  | 7   |    |
| <b>Financial Assistance Policy</b>   |     |    |
| Did the hospital facility have in place during the tax year a written financial assistance policy that:  |     |    |
| 8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?   | 8   | X  |
| 9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?<br>If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %<br>If "No," explain in Part VI the criteria the hospital facility used.  | 9   | X  |

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

|   | Yes | No |
|---|-----|----|
| 10 Used FPG to determine eligibility for providing discounted care?<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %<br>If "No," explain in Part VI the criteria the hospital facility used:   | X   |    |
| 11 Explained the basis for calculating amounts charged to patients?<br>If "Yes," indicate the factors used in determining such amounts (check all that apply):<br>a <input type="checkbox"/> Income level<br>b <input type="checkbox"/> Asset level<br>c <input type="checkbox"/> Medical indigency<br>d <input type="checkbox"/> Insurance status<br>e <input type="checkbox"/> Uninsured discount<br>f <input type="checkbox"/> Medicaid/Medicare<br>g <input type="checkbox"/> State regulation<br>h <input type="checkbox"/> Other (describe in Part VI)  |     | X  |
| 12 Explained the method for applying for financial assistance?  | X   |    |
| 13 Included measures to publicize the policy within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):<br>a <input type="checkbox"/> The policy was posted on the hospital facility's website<br>b <input checked="" type="checkbox"/> The policy was attached to billing invoices<br>c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms<br>d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices<br>e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility<br>f <input checked="" type="checkbox"/> The policy was available on request<br>g <input type="checkbox"/> Other (describe in Part VI) | X   |    |
| <b>Billing and Collections</b>  |     |    |
| 14 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   |    |
| 15 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 patient's eligibility under the facility's FAP:<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other similar actions (describe in Part VI)   |     |    |
| 16 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 patient's eligibility under the facility's FAP?<br>If "Yes," check all actions in which the hospital facility or a third party engaged:<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other similar actions (describe in Part VI)   |     | X  |
| 17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):<br>a <input type="checkbox"/> Notified patients of the financial assistance policy on admission<br>b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br>c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills<br>d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy<br>e <input type="checkbox"/> Other (describe in Part VI)   |     |    |

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

**Policy Relating to Emergency Medical Care**

|                        |   | Yes | No |
|------------------------|---|-----|----|
| 18                     | 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? | X   |    |
| If "No," indicate why: |   |     |    |
| a                      | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b                      | <input type="checkbox"/> The hospital facility's policy was not in writing  |     |    |
| c                      | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d                      | <input type="checkbox"/> Other (describe in Part VI)  |     |    |

**Individuals Eligible for Financial Assistance**

|    |   |  |   |
|----|---|--|---|
| 19 | 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  | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged  |  |   |
| b  | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged  |  |   |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged   |  |   |
| d  | <input checked="" type="checkbox"/> Other (describe in Part VI)   |  |   |
| 20 | Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?<br>If "Yes," explain in Part VI. |  | X |
| 21 | Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?<br>If "Yes," explain in Part VI.  |  | X |



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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: HCC uses Federal Poverty Guidelines to determine eligibility.

Part I, Line 7: Charity care is at Cost. Cost to charge ratio was derived from Worksheet 2, Ratio of Patient Care Cost to Charges.

Part I, Line 7, Column (f): The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 17293190.

Part I, Line 6a:

The Hospital of Central Connecticut does not prepare an annual community benefit report.

Part III, Line 4: There is no Footnote for Bad Debt Expense included in the Financial Statements.

**Part VI** Supplemental Information

Part III, Line 8: The costing methodology used for bad debt expense was based on the Financial Services - Calculation of Ratio of Patient Care Costs to Charges worksheet, which is provided in the Lyon's CBISA Online (Community Benefits) software program.

Hospital of Central Connecticut:

Part V, Section B, Line 19d: The Hospital of Central Connecticut is in the process of adopting 501(r) Regulations. Once the regulations are final the Hospital will be in compliance.

Part VI, Line 2: In FY 2012/TY 2011, The Hospital of Central Connecticut began a Community Health Needs Assessment partnering with The Hospital for Special Care and including the towns of New Britain, Berlin, Plainville, Southington, Newington and Bristol. As of Sept. 30, 2012 the CHNA was not yet complete. It is anticipated that secondary data collection and analysis as well as Key Informant Interviews and Focus Groups will be completed as of December 2012, and a report will then be generated. During FY13/TY12 the hospital will develop and enact its Implementation Plan.

Part VI, Line 3: 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 Supplemental Information

Part VI, Line 4: The Hospital of Central Connecticut (HCC) serves primarily the communities located in greater New Britain and the surrounding towns including Berlin, Plainville and Southington, with some coverage of Bristol, Burlington, Cheshire, Cromwell, Farmington, Meriden, Newington and West Hartford. The total population in HCC'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 HCC's primary service area of Berlin, Plainville, New Britain and Southington, the Hispanic population counts for 16%. The population in HCC'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 HCC's communities varies significantly, averaging \$72,000 with 18.7% of NB's population living beneath the federal poverty level.

Part VI, Line 5: The Hospital of Central Connecticut (HCC) 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.

HCC is a Disproportionate Share Hospital with one of the highest rates of Medicaid patients in the state. We provide space for the Medicare Choices program to help community members select the Medicare programs that are best for them. We have a full graduate medical education program for physician training with UCONN, and also provide training for nursing and allied health students, including a specialty echosonographer program. HCC is a major sponsor of the New Britain Health Academy, a program that

**Part VI** Supplemental Information

exposes local high school students to careers in the healthcare field. Presented in partnership with other community organizations, the Academy offers students an opportunity to learn about the types of jobs available, and facilitates contact with healthcare professionals who can guide program participants.

As we have in the past, in FY 2012 we sponsored a community service organization fair where area not for profits are invited to the hospital to share with HCC'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.

On a related note, HCC also participates in the Medical Legal Partnership Program. This program recognizes that there are many issues that may affect children and families seeking health care that are not specifically healthcare problems. These include landlord tenant and housing issues. The program helps healthcare providers to direct families to resources that can assist with these issues. Among our outreach services is our Mothers Offering Mothers Support (M.O.M.S.) program, a weekly support program for mothers 21 years old and under. Program leaders are women who were also young mothers and now are helping others. And, The Hospital of Central Connecticut has a program in which indigent patients who are being discharged from the hospital who do not have prescription drug coverage receive dosages of their prescribed medications to help them recover and comply with treatment guidelines and to reduce readmission rates.

Part VI, Line 6: The Hospital of Central Connecticut is an Affiliate

Schedule H (Form 990) 2011



Part VI Supplemental Information

of Hartford Healthcare Corporation (HHC). HHC strives to provide compassionate care designed to deliver the necessary health services needed by the community. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. 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 hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE HOSPITAL OF CENTRAL CONNECTICUT**

Employer identification number

**06-0646768**

**Part I Questions Regarding Compensation**

|   | Yes                  | No                   |
|---|----------------------|----------------------|
| 1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input checked="" type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><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   | <b>X</b>             |                      |
| 2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   | <b>X</b>             |                      |
| 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. Explain in Part III.<br><input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" 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:<br>a. Receive a severance payment or change-of-control payment?<br>b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br>c. Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>X</b><br><b>X</b> | <b>X</b>             |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>  |                      |                      |
| 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:<br>a. The organization?<br>b. Any related organization?<br>If "Yes" to line 5a or 5b, describe in Part III.   |                      | <b>X</b><br><b>X</b> |
| 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:<br>a. The organization?<br>b. Any related organization?<br>If "Yes" to line 6a or 6b, describe in Part III.   | <b>X</b>             | <b>X</b>             |
| 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   |                      | <b>X</b>             |
| 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  |                      | <b>X</b>             |
| 9. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   |                      |                      |

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

Schedule J (Form 990) 2011

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

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

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

| (A) Name                           | (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 CLARENCE J. SILVIA               | (i) 604,839.<br>(ii) 0.<br>(iii) 0.                | 151,000.<br>0.<br>0.                | 19,292.<br>0.<br>0.                 | 701,603.<br>0.<br>0.                           | 14,633.<br>0.<br>0.     | 1,491,367.<br>0.<br>0.          | 0.<br>0.<br>0.  |
| 2 ELLIOT JOSEPH                    | (i) 1,058,368.<br>(ii) 0.<br>(iii) 0.              | 486,360.<br>0.<br>0.                | 106,562.<br>0.<br>0.                | 130,564.<br>0.<br>0.                           | 44,737.<br>0.<br>0.     | 1,826,591.<br>0.<br>0.          | 0.<br>0.<br>0.  |
| 3 THOMAS MARCHOZZI                 | (i) 497,032.<br>(ii) 219,142.<br>(iii) 0.          | 173,443.<br>41,369.<br>0.           | 20,502.<br>526,613.<br>0.           | 36,100.<br>53,300.<br>0.                       | 26,426.<br>3,464.<br>0. | 753,503.<br>843,888.<br>0.      | 0.<br>0.<br>0.  |
| 4 BRIAN A. ROGOZ                   | (i) 483,454.<br>(ii) 0.<br>(iii) 0.                | 61,133.<br>0.<br>0.                 | 59,271.<br>0.<br>0.                 | 132,901.<br>0.<br>0.                           | 2,706.<br>0.<br>0.      | 739,465.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 5 STEVEN D. HANKS, M.D.            | (i) 267,407.<br>(ii) 0.<br>(iii) 0.                | 28,147.<br>0.<br>0.                 | 48,151.<br>0.<br>0.                 | 63,698.<br>0.<br>0.                            | 16,778.<br>0.<br>0.     | 424,181.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 6 ELIZABETH A. LYNCH               | (i) 188,787.<br>(ii) 0.<br>(iii) 0.                | 20,236.<br>0.<br>0.                 | 38,729.<br>0.<br>0.                 | 74,159.<br>0.<br>0.                            | 2,770.<br>0.<br>0.      | 324,681.<br>0.<br>0.            | 10,847.<br>0.<br>0.                                     |
| 7 STEVEN A. GODFREY                | (i) 157,169.<br>(ii) 0.<br>(iii) 0.                | 19,038.<br>0.<br>0.                 | 9,963.<br>0.<br>0.                  | 96,927.<br>0.<br>0.                            | 1,908.<br>0.<br>0.      | 285,005.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 8 NANCY KROEBER                    | (i) 195,781.<br>(ii) 0.<br>(iii) 0.                | 23,435.<br>0.<br>0.                 | 0.<br>0.<br>0.                      | 24,743.<br>0.<br>0.                            | 2,008.<br>0.<br>0.      | 245,967.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 9 DENISE PETERSON                  | (i) 0.<br>(ii) 0.<br>(iii) 0.                      | 0.<br>0.<br>0.                      | 0.<br>0.<br>0.                      | 0.<br>0.<br>0.                                 | 0.<br>0.<br>0.          | 0.<br>0.<br>0.                  | 0.<br>0.<br>0.  |
| 10 RALPH BECKER                    | (i) 297,588.<br>(ii) 145,497.<br>(iii) 0.          | 48,750.<br>4,689.<br>0.             | 25,739.<br>13,435.<br>0.            | 59,375.<br>18,605.<br>0.                       | 25,480.<br>2,706.<br>0. | 456,932.<br>184,932.<br>0.      | 0.<br>0.<br>0.  |
| 11 THOMAS VACCARELLI<br>JEFFREY A. | (i) 353,689.<br>(ii) 0.<br>(iii) 0.                | 57,960.<br>0.<br>0.                 | 11,046.<br>0.<br>0.                 | 87,929.<br>0.<br>0.                            | 11,463.<br>0.<br>0.     | 522,087.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 12 FINKELSTEIN, M.D.               | (i) 312,603.<br>(ii) 0.<br>(iii) 0.                | 33,293.<br>0.<br>0.                 | 0.<br>0.<br>0.                      | 82,010.<br>0.<br>0.                            | 10,898.<br>0.<br>0.     | 438,804.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 13 MICHAEL BALKUNAS, M.D.          | (i) 317,568.<br>(ii) 0.<br>(iii) 0.                | 62,829.<br>0.<br>0.                 | 10,794.<br>0.<br>0.                 | 50,292.<br>0.<br>0.                            | 7,650.<br>0.<br>0.      | 449,133.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 14 MICHAEL GREY, M.D.              | (i) 280,759.<br>(ii) 0.<br>(iii) 0.                | 29,049.<br>0.<br>0.                 | 9,800.<br>0.<br>0.                  | 586.<br>0.<br>0.                               | 0.<br>0.<br>0.          | 320,194.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 15 JAMES L. MASSI, M.D.            | (i) 189,788.<br>(ii) 0.<br>(iii) 0.                | 5,983.<br>0.<br>0.                  | 30,400.<br>0.<br>0.                 | 63,055.<br>0.<br>0.                            | 18,075.<br>0.<br>0.     | 307,301.<br>0.<br>0.            | 0.<br>0.<br>0.  |
| 16 FRANCIS H. PINTO                | (i) 0.<br>(ii) 0.<br>(iii) 0.                      | 0.<br>0.<br>0.                      | 0.<br>0.<br>0.                      | 0.<br>0.<br>0.                                 | 0.<br>0.<br>0.          | 0.<br>0.<br>0.                  | 0.<br>0.<br>0.  |

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

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

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

|    | (A) Name            | (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 | (iii) Other reportable compensation |  |                         |                                 |   |
| 1  | ELIZABETH SCHLAFF   | 180,736.   | 5,769.                              | 13,575.                             | 49,737.                             | 4,466.   | 254,283.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 2  | HAKLAI P LAU, M.D.  | 218,515.   | 155,963.                            | 100,808.                            | 9,800.                              | 2,944.   | 488,030.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 3  | JAMES F. FLAHERTY   | 369,501.   | 7,740.                              | 0.                                  | 109,012.                            | 5,499.   | 491,752.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 4  | MICHELLE MCDADE     | 264,559.   | 91,290.                             | 4,725.                              | 9,800.                              | 21,397.  | 391,771.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 5  | DAVID BUONO         | 298,198.   | 51,486.                             | 13,360.                             | 38,792.                             | 2,008.   | 403,844.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 6  | ERIC HOBERT         | 279,448.   | 48,463.                             | 16,540.                             | 9,800.                              | 4,270.   | 358,521.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 7  | MAUREEN FITZSIMMONS | 85,209.  | 0.                                  | 269,512.                            | 4,020.                              | 1,425.   | 360,166.                | 0.                              |   |
|    |                     | 0.   | 0.                                  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              |   |
| 8  |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 9  |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 10 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 11 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 12 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 13 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 14 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 15 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |
| 16 |                     |  |                                     |                                     |                                     |  |                         |                                 |   |

## Part III Supplemental Information

Complete this part to 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: "GROSS-UPS" ARE PAID ON THE PORTION OF THE SPLIT DOLLAR ANNUALLY REPORTED ON THE CEO'S W-2. ALSO, THE DISCRETIONARY BONUS PAID TO ALL ELIGIBLE EMPLOYEES WAS GROSSED UP.

Part I, Lines 4a-b: MAUREEN FITZSIMMONS WAS PAID SEVERANCE OF \$255,764 UPON TERMINATION OF HER EMPLOYMENT WITH THE HOSPITAL DURING THE REPORTING YEAR. THERE WERE NO SPECIFIED TERMS OR CONDITIONS ASSOCIATED WITH THIS SEVERANCE PAYMENT.

NONQUALIFIED 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 SECTIONS 201(2), 301(A) (3) AND 401(A)(1) OF ERISA. PAYMENTS FROM SUCH PLANS DURING THE YEAR ARE AS FOLLOWS:

STEVE GODFREY - \$10,847

ELIZABETH LYNCH - \$16,734

BRIAN A. ROGOZ - \$72,401



**Part III** Supplemental Information

Complete this part to 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.

A NONQUALIFIED RETIREMENT PLAN (SERP) HAS BEEN ESTABLISHED TO PROVIDE A SUPPLEMENTAL RETIREMENT BENEFIT TO CLARENCE SILVIA UPON CERTAIN TERMINATION EVENTS OR UPON DISABILITY, DEATH OR ATTAINMENT OF AGE 65 WHILE EMPLOYED. THE PLAN IS INTENDED TO BE "A PLAN WHICH IS UNFUNDED AND IS MAINTAINED BY AN EMPLOYER PRIMARILY FOR THE PURPOSE OF PROVIDING DEFERRED COMPENSATION FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES" WITHIN THE MEANING OF SECTIONS 201(2), 301(A) (3) AND 401(A)(1) OF ERISA, AND SHALL BE INTERPRETED AND ADMINISTERED IN A MANNER CONSISTENT THEREWITH.

AMOUNT OF BENEFIT: THE SUPPLEMENTAL RETIREMENT BENEFIT PAYABLE TO THE PARTICIPANT SHALL BE (A) MINUS (B) MINUS (C) WHERE:

(A) IS THE LUMP SUM ACTUARIAL EQUIVALENT OF A SINGLE LIFE ANNUITY EQUAL TO THE EXCESS OF 60% OF HIS AVERAGE ANNUAL EARNINGS OVER THE SUM OF THE ACTUARIAL EQUIVALENT SINGLE LIFE ANNUITY BENEFIT, AS DETERMINED AS OF HIS NORMAL RETIREMENT DATE, ACCRUED UNDER THE QUALIFIED PLAN, ONE-HALF OF HIS SOCIAL SECURITY BENEFIT PAYABLE AT HIS NORMAL RETIREMENT DATE AND THE ACTUARIAL EQUIVALENT SINGLE LIFE ANNUITY BENEFIT, DETERMINED AS OF HIS NORMAL RETIREMENT DATE, ACCRUED AND VESTED UNDER ANY QUALIFIED RETIREMENT

**Part III** Supplemental Information

Complete this part to 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.

**PLAN OF ANY FORMER EMPLOYER.**

(B) IS THE NET CASH SURRENDER VALUE, AS OF HIS NORMAL RETIREMENT DATE, OF ALL SPLIT DOLLAR LIFE INSURANCE POLICIES INSURING THE PARTICIPANT'S LIFE WITH RESPECT TO WHICH THE EMPLOYER HAS PAID SOME OR ALL OF THE PREMIUMS THEREON AND WITH RESPECT TO WHICH THE EMPLOYER HAS A COLLATERAL ASSIGNMENT INTEREST.

(C) IS THE ACTUARIAL EQUIVALENT OF THE VALUE OF ANY BENEFIT PAID HEREUNDER TO THE PARTICIPANT

THERE WAS NO PAYMENT FROM THE PLAN DURING THE YEAR.

Part I, Line 6: THE MANAGEMENT INCENTIVE PLAN'S TRIGGER FOR PAYMENT ELIGIBILITY IS THE ORGANIZATION'S OPERATING MARGIN, AFTER WHICH SPECIFIC DEPARTMENTAL PERFORMANCE GOALS MUST BE MET. THE MAXIMUM BONUS AMOUNT 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

**2011**

Open to Public Inspection

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE HOSPITAL OF CENTRAL CONNECTICUT**

Employer identification number

**06-0646768**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     | X                          |   | 50.  | FMV   |
| 5 Clothing and household goods                               | X                          |   | 7,787.   | FMV   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 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                                | X                          | 1   | 324,050.   | DPH VACCINE GRANT   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( AUCTION ITEMS )                                 | X                          | 45  | 14,718.  | FAIR MARKET VALUE   |
| 26 Other ▶ ( GIFT CARDS & )                                  | X                          | 13  | 1,170.   | FACE VALUE  |
| 27 Other ▶ ( TICKETS TO EV )                                 | X                          | 2   | 135.   | 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

|   | Yes | No |
|---|-----|----|
| 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? |     | 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?  |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | 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.  |     |    |

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

Schedule M (Form 990) (2011)

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.

OMB No. 1545-0047

2011

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:

COMMUNITIES WE SERVE.

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

MEDICINE AND SERVES AS THE PRIMARY REFERRAL CENTER FOR THE CENTRAL  
CONNECTICUT REGION, SERVING A POPULATION OF 250,000. AS A FULL-SERVICE  
HOSPITAL, THE HOSPITAL OF CENTRAL CONNECTICUT OFFERS MANY CLINICAL  
SERVICES THAT ARE RECOGNIZED FOR THEIR COMPREHENSIVENESS AND  
EXCELLENCE. THEY INCLUDE: THE GEORGE BRAY CANCER CENTER; THE WOLFSON  
PALLIATIVE CARE PROGRAM; THE JOSLIN CENTER FOR DIABETES AT THE HOSPITAL  
OF CENTRAL CONNECTICUT; THE WOUND CARE CENTER; THE FAMILY BIRTHPLACE;  
CRITICAL CARE SERVICES, AND THE SLEEP DISORDERS CENTER.

Form 990, Part III, Line 2, New Program Services:

HCC UNDERTOOK VARIOUS PROGRAM ENHANCEMENTS IN SEVERAL CATEGORIES IN  
ORDER TO BETTER MEET THE NEEDS OF OUR COMMUNITY. THEY ARE AS FOLLOWS:

CLINICAL TECHNOLOGY: ENHANCED ITS MINIMALLY INVASIVE ROBOTIC PROGRAMS  
TO INCLUDE MORE SPECIALTIES LIKE ENT. EMPLOYED MEDICAL CARDIOLOGISTS  
TO ADDRESS THE INCREASED DEMAND FOR CARDIOVASCULAR SERVICES.

FACILITY IMPROVEMENTS: OPENED SATELLITE PRIMARY CARE OFFICES AND  
ENDOCRINOLOGY IN THE TOWN OF SOUTHLINGTON TO BETTER MEET THE NEEDS OF  
THAT COMMUNITY.

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

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

Schedule O (Form 990 or 990-EZ) (2011)

182211  
01-23-12

|  |   |
|--|---|
| Name of the organization<br><b>THE HOSPITAL OF CENTRAL CONNECTICUT</b> | Employer identification number<br><b>06-0646768</b> |
|--|---|

OTHER ROUTINE SERVICES SUCH AS LABORATORY, MATERNITY, NEWBORN,  
PSYCHIATRIC AND PEDIATRIC AND ANCILLARY SERVICES PROVIDED TO PATIENTS.

Expenses \$ 274,034,156. including grants of \$ 0. Revenue \$ 221,427,356.

Form 990, Part VI, Section A, line 2: A BOARD MEMBER IS A "TRANSITION PARTNER" IN A LAW FIRM THAT DOES WORK FOR THE HOSPITAL OF CENTRAL CONNECTICUT. ALSO SEVERAL PHYSICIAN BOARD MEMBERS HAVE MEDICAL DIRECTOR CONTRACTS WITH THE HOSPITAL OF CENTRAL CONNECTICUT.

ONE PHYSICIAN BOARD MEMBER IS A PRINCIPAL IN AN ENDOSCOPY CENTER THAT IS A JOINT VENTURE WITH THE HOSPITAL OF CENTRAL CONNECTICUT.

Form 990, Part VI, Section A, line 3: MANAGEMENT SERVICES HAVE BEEN OUTSOURCED FOR PHYSICAL THERAPY, ENVIRONMENTAL SERVICES, MRI AT BRADLEY AND PHARMACY FOR PART OF FY2012.

Form 990, Part VI, Section A, line 6: THE ORGANIZATION HAS A SINGLE MEMBER, NAMELY, CENTRAL CONNECTICUT HEALTH ALLIANCE, INC.

Form 990, Part VI, Section A, line 7a: The Member shall have such rights, powers and responsibilities as are accorded to members under the Act, under the Certificate of Incorporation and under these Bylaws; provided, however, that HHC shall, as the parent company of the Corporation's Member, have the reserved rights and powers set forth in Article 3 hereof.

Form 990, Part VI, Section A, line 7b: CCHA's authority is subject to the Parent Company, Hartford HealthCare. See amended bylaws article 3, section 3.2.

Name of the organization

THE HOSPITAL OF CENTRAL CONNECTICUT

Employer identification number

06-0646768

Form 990, Part VI, Section B, line 11: THE BOARD RECEIVES THE 990 AND COMMENTS ARE INCORPORATED INTO THE RETURN.

Form 990, Part VI, Section B, Line 12c: ANNUAL DISCLOSURES ARE COMPLETED AND SENT TO HARTFORD HEALTHCARE OFFICE OF COMPLIANCE, AUDIT & PRIVACY FOR REVIEW.

Form 990, Part VI, Section B, Line 15: IN FEBRUARY 2011, THE HOSPITAL OF CENTRAL CONNECTICUT AFFILIATED WITH HARTFORD HEALTHCARE. AT THAT TIME, THE EXECUTIVE COMPENSATION COMMITTEE OF HARTFORD HEALTHCARE ASSUMED RESPONSIBILITY FOR THE COMPETITIVE ASSESSMENT AND APPROVAL OF THE TOTAL COMPENSATION OF THE HOSPITAL OF CENTRAL CONNECTICUT'S PRESIDENT AND CEO. WITH THE EXCEPTION OF THE PRESIDENT AND CEO, THE HOSPITAL OF CENTRAL CONNECTICUT ENGAGES AN EXECUTIVE COMPENSATION CONSULTING FIRM TO CONDUCT A COMPETITIVE ASSESSMENT OF TOTAL COMPENSATION FOR OFFICERS AND PHYSICIAN CHIEFS (INCLUDING CASH COMPENSATION AND EXECUTIVE BENEFITS) AND TO VALIDATE THE REASONABLENESS OF SUCH COMPENSATION. THIS ASSESSMENT IS CONDUCTED EVERY OTHER YEAR. SULLIVAN AND COTTER COMPLETED THEIR MOST RECENT ASSESSMENT IN NOVEMBER 2010.

WHEN DETERMINING COMPENSATION FOR THE HOSPITAL'S DEPARTMENT HEADS, RELEVANT MARKET DATA IS COLLECTED FROM A NUMBER OF SOURCES TO ASSURE THAT EACH INCUMBENT IS PAID COMPETITIVELY. SOURCES INCLUDE THE CONNECTICUT HOSPITAL ASSOCIATION SALARY SURVEY PREPARED BY OLNEY/HRADVANTAGE, MERCER'S INTEGRATED HEALTH NETWORKS SURVEY, INTEGRATED HEALTHCARE STRATEGIES NATIONAL HEALTHCARE LEADERSHIP COMPENSATION SURVEY AND SULLIVAN AND COTTER'S SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS. SURVEY DATA IS CONSIDERED BY STATE, REGION, AND SIZE OF HOSPITAL. THE PERFORMANCE OF EACH DEPARTMENT HEAD AND AVAILABLE MONIES ARE

Name of the organization

THE HOSPITAL OF CENTRAL CONNECTICUT

Employer identification number

06-0646768

OTHER FACTORS IN THE DELIBERATION PROCESS. AFTER COLLATING AND ANALYZING ALL RELEVANT DATA, A RECOMMENDATION AS TO APPROPRIATE SALARY IS MADE BY HUMAN RESOURCES MANAGEMENT. THE ADMINISTRATIVE ADVISOR OF EACH DEPARTMENT HEAD THEN CONSIDERS THE RECOMMENDATIONS AND APPROVES OR REVISES THE FIGURES BASED ON THE INFORMATION PRESENTED.

Form 990, Part VI, Section C, Line 19: Governing documents, conflict of interest policy and financial statements aren't made available to the public.

FORM 990, PART VII, COMPENSATION OF OFFICERS, DIRECTORS:

A. DR. ANDREOLI- COMPENSATION PROVIDED FOR PROVISION OF PROFESSIONAL SERVICES AS OB/GYN SITE DIRECTOR RESIDENCY PROGRAM AT THE HOSPITAL OF CENTRAL CONNECTICUT (HCC).

B. DR. ASCIUTO- COMPENSATION PROVIDED FOR PROVISION OF PROFESSIONAL SERVICES AS ASSOCIATE CHIEF OF MEDICAL STAFF, BRADLEY MEMORIAL CAMPUS OF HCC.

C. DR. LAPKIN- COMPENSATION PROVIDED FOR PROFESSIONAL SERVICES AS CHIEF OF STAFF AND MEDICAL DIRECTOR OF THE DIALYSIS UNIT AT HCC.

Form 990, Part XI, line 5, Changes in Net Assets:

|   |              |
|---|--------------|
| Net unrealized gains on investments:                  | 11,243,022.  |
| CHANGE IN ASSETS HELD IN TRUST BY OTHERS              | 1,703,710.   |
| PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS | -65,083,998. |
| CHANGE IN BEGINNING BALANCE OF AUXILIARY NET WORTH    | 131.         |

Name of the organization

THE HOSPITAL OF CENTRAL CONNECTICUT

Employer identification number

06-0646768

LOSS ON INVESTMENT IN AFFILIATE -133,499.

Total to Form 990, Part XI, Line 5 -52,270,634.

FORM 990, Part XII, Line 2C:

Oversight committee is of Hartford Healthcare since the affiliation on February 1, 2011.

Form 990, Part III, Line 1 (continued):

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. Maternity services are not provided, therefore, there are no bassinets. It currently staffs 30 beds. The beds are divided into 27 medical and surgical beds and 3 ICU beds.

Inpatient: The Bradley Memorial campus offers inpatient care in general medicine and surgery and various specialties, including but not limited to cardiology, physical medicine, radiology, 24-hour emergency care, neurosurgery and intensive care.

Outpatient: The campus provides ambulatory surgery, cardiac testing and rehabilitation, physical medicine, respiratory therapy and other types of outpatient services, as well as Women's Center, Diagnostic services, including lab testing and radiology and Wound Care Center.

Both campuses provide a wide array of medical services. Since operating under a single license, patients can receive services offered at either campus without any interruption. Patients are also offered

Name of the organization

THE HOSPITAL OF CENTRAL CONNECTICUT

Employer identification number

06-0646768

continuity of care since the clinical oversight of each service is shared between campuses.

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization:  
**THE HOSPITAL OF CENTRAL CONNECTICUT**  
Employer identification number  
**06-0646768**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                               | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 513(b)(3)<br>controlled<br>entity? |    |
|--|---|---|-------------------------------|---|-------------------------------------|---|----|
|  |   |   |                               |   |                                     | Yes   | No |
| BRADLEY HEALTH SERVICES, INC. - 95-1367014<br>100 GRAND ST.<br>NEW BRITAIN, CT 06050               | HEALTHCARE  | Connecticut   | 501(C)(3)                     | LINE 9  | CENTRAL CT HEALTH<br>ALLIANCE       |   | X  |
| CENTRAL CT HEALTH ALLIANCE - 22-2785033<br>100 GRAND ST.<br>NEW BRITAIN, CT 06050                  | HEALTHCARE ADMINISTRATION                             | Connecticut   | 501(C)(3)                     | LINE 11, II   | HARTFORD HEALTH<br>CARE CORPORATION |   | X  |
| COMMUNITY MENTAL HEALTH AFFILIATES, INC.<br>22-2635676, 45 MERIDEN AVE., SOUTHWINGTON, CT<br>06489 | SUB-ACUTE & LONG TERM<br>HEALTHCARE                   | Connecticut   | 501(C)(3)                     | LINE 9  | CENTRAL CT HEALTH<br>ALLIANCE       |   | X  |
| NEW BRITAIN SENIOR HEALTH SERVICES, INC.<br>22-2635676, 45 MERIDEN AVE., SOUTHWINGTON, CT<br>06489 | MENTAL HEALTH & SUBSTANCE<br>ABUSE TREATMENT PROVIDER | Connecticut   | 501(C)(3)                     | LINE 7  | CENTRAL CT HEALTH<br>ALLIANCE       |   | X  |



## Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity           | (g)<br>Section 513(b)(3)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|---|---|----|
|  |  |   |                               |   |   | Yes   | No |
| MULBERRY GARDENS OF SOUTHWINGTON, LLC<br>82-0586577, 58 MULBERRY ST., PLAINVILLE, CT<br>06479        | ASSISTED LIVING & ADULT<br>DAY CARE FACILITY | Connecticut   | 501(C)(3)                     | LINE 9  | CENTRAL CT SENIOR<br>HEALTH SERVICES,<br>INC. |   | X  |
| THE ORCHARDS OF SOUTHWINGTON - 06-1490803<br>34 Hobart St.<br>SOUTHWINGTON, CT 06489                 | RESIDENTIAL SERVICES FOR<br>SENIOR CITIZENS  | Connecticut   | 501(C)(3)                     | LINE 9  | CENTRAL CT SENIOR<br>HEALTH SERVICES,<br>INC. |   | X  |
| VNA OF CENTRAL CONNECTICUT, INC - 06-0646940<br>205 WEST MAIN STREET<br>NEW BRITAIN, CT 06950        | PUBLIC HEALTH NURSING &<br>HOME CARE         | Connecticut   | 501(C)(3)                     | LINE 9  | CENTRAL CT HEALTH<br>ALLIANCE                 |   | X  |
| JEROME HOME - 06-0646690<br>975 CORBEN AVE<br>NEW BRITAIN, CT 06052                                  | NURSING HOME                                 | Connecticut   | 501(C)(3)                     | LINE 9  | CENTRAL CT HEALTH<br>ALLIANCE                 |   | X  |
| CONNECTICUT HEALTH SYSTEMS, INC - 22-2779421<br>80 SEYMOUR STREET<br>HARTFORD, CT 06102              | COORDINATION OF HEALTH<br>CARE DELIVERY      | Connecticut   | 501(C)(3)                     | LINE 11(C)<br>TYPE III                                    | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| INSTITUTE OF LIVING - 06-0646683<br>200 RETREAT AVENUE<br>HARTFORD, CT 06106                         | PSYCHIATRIC SERVICES                         | Connecticut   | 501(C)(3)                     | LINE 11(C)<br>TYPE III                                    | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| MIDSTATE MEDICAL CENTER - 06-0646715<br>435 LEWIS AVENUE<br>MERIDEN, CT 06451                        | HEALTHCARE SERVICES                          | Connecticut   | 501(C)(3)                     | LINE 3  | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| NATCHAUG HOSPITAL, INC - 06-0956963<br>182 STORRS ROAD<br>MANSFIELD, CT 06226                        | BEHAVIORAL HEALTH                            | Connecticut   | 501(C)(3)                     | LINE 3  | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| RUSHFORD CENTER, INC - 06-0932875<br>883 PADDOCK AVENUE<br>MERIDEN, CT 06450                         | SUBSTANCE ABUSE HEALTHCARE<br>SERVICES       | Connecticut   | 501(C)(3)                     | LINE 7  | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| VNA HEALTH CARE INC. - 06-0646938<br>103 WOODLAND STREET<br>HARTFORD, CT 06105                       | HOME HEALTHCARE                              | Connecticut   | 501(C)(3)                     | LINE 7  | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| WINDHAM COMMUNITY MEMORIAL HOSPITAL -<br>06-0646966, 112 MANSFIELD AVENUE,<br>WILLIAMANTIC, CT 06226 | HEALTHCARE SERVICES                          | Connecticut   | 501(C)(3)                     | LINE 3  | HARTFORD HEALTH<br>CARE CORPORATION           |   | X  |
| WINDHAM HOSPITAL FOUNDATION, INC.<br>56-2546632, 112 MANSFIELD AVENUE,<br>WILLIAMANTIC, CT 06226     | SUPPORTING ORGANIZATIONS                     | Connecticut   | 501(C)(3)                     | LINE 11(A)<br>TYPE I                                      | WINDHAM COMMUNITY<br>MEMORIAL HOSPITAL        |   | X  |

## Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity    | (g)<br>Section 512(c)(13)<br>controlled<br>organization? |    |
|--|---|---|-------------------------------|---|--|--|----|
|  |   |   |                               |   |  | Yes  | No |
| HARTFORD HEALTH CARE CORPORATION -<br>22-2672834, 80 SEYMOUR STREET, HARTFORD, CT<br>06102                     | SUPPORT & MANAGEMENT<br>SERVICES TO HARTFORD<br>HOSPITAL & AFFILIATES | Connecticut   | 501(C)(3)                     | LINE 11(C)<br>TYPE III                                    | HARTFORD HEALTH<br>CARE CORPORATION    |  | X  |
| HARTFORD HOSPITAL - 06-0646668<br>80 SEYMOUR STREET,<br>HARTFORD, CT 06102                                     | HEALTHCARE SERVICES   | Connecticut   | 501(C)(3)                     | LINE 3  | HARTFORD HEALTH<br>CARE CORPORATION    |  | X  |
| HARTFORD HOSPITAL AUXILIARY C/O HARTFORD<br>HOSPITAL - 06-6040747, 80 SEYMOUR STREET,<br>HARTFORD, CT 06115    | FUNDRAISING   | Connecticut   | 501(C)(3)                     | LINE 11(C)  | HARTFORD HOSPITAL                      |  | X  |
| THE HATCH HOSPITAL CORP - 06-6076412<br>112 MANSFIELD AVENUE<br>WILLIMANTIC, CT 06226                          | HEALTHCARE SERVICES   | Connecticut   | 501(C)(3)                     | LINE 3  | WINDHAM COMMUNITY<br>MEMORIAL HOSPITAL |  | X  |
| MIDSTATE MEDICAL CENTER AUXILIARY -<br>06-6063082, 435 LEWIS AVENUE, MERIDEN, CT<br>06451                      | FUNDRAISING   | Connecticut   | 501(C)(3)                     | LINE 3  | MIDSTATE MEDICAL<br>CENTER             |  | X  |
| VNA HEALTH RESOURCES INC. - 06-1161422<br>103 WOODLAND STREET<br>HARTFORD, CT 06105                            | HOME HEALTHCARE   | Connecticut   | 501(C)(3)                     | LINE 9  | HARTFORD HEALTH<br>CARE CORPORATION    |  | X  |
| WINDHAM COMMUNITY MEMORIAL HOSPITAL<br>AUXILIARY - 06-0677728, 112 MANSFIELD<br>AVENUE, WILLIMANTIC, CT 06226  | FUNDRAISING   | Connecticut   | 501(C)(3)                     | LINE 11(A)  | WINDHAM COMMUNITY<br>MEMORIAL HOSPITAL |  | X  |
| CAPITAL AREA HEALTH CONSORTIUM, INC. -<br>51-0172264, 270 FARMINGTON AVE., FARMINGTON,<br>CT 06032             | HEALTHCARE  | Connecticut   | 501(C)(3)                     | LINE 11,<br>III-FL  |  |  | X  |
| HHC PHYSICIANS CARE INC. - 45-4456939<br>80 SEYMOUR STREET<br>HARTFORD, CT 06102                               | PRACTICE MEDICINE AND<br>PROVIDE HEALTHCARE<br>SERVICES TO PUBLIC     | Connecticut   | 501(C)(3)                     | LINE 9  | HARTFORD HEALTH<br>CARE CORPORATION    |  | X  |
| HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG.<br>INC. - 46-0886367, 200 RETREAT AVENUE, FL 9<br>HARTFORD, CT 06102 | MANAGE AND COORDINATE CARE<br>FOR MEDICARE BENEFICIARIES              | Connecticut   | 501(C)(3)                     |   | HHC<br>PHYSICIANS CARE<br>INC.         |  | X  |
| HARTFORD HEALTHCARE CORP. GROUP (VEBA) -<br>26-6671355, 777 MAIN STREET, HARTFORD, CT<br>06102                 | HEALTHCARE SERVICES   | Connecticut   | 501(C)(3)                     | N/A   | HARTFORD HEALTH<br>CARE CORPORATION    |  | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity          | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|---|----------------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|--------------------------------|
|   |                                  |   |                                     |   |                                 |  | Yes                                     | No |   |   |                                |
| CENTRAL CT SPORTS MEDICINE<br>CTR, LLC - 22-3195509-15<br>MASSIRIO DRIVE, SUITE 104<br>BERLIN CT 06037      | PHYSICAL<br>THERAPY              | CT  | CCHA                                | RELATED   | 8,445                           | 0  | X                                       |    | N/A   | X   | 0.0%                           |
| NEW BRITAIN MRI LIMITED<br>PARTNERSHIP - 06-1271349-100<br>GRAND STREET, NEW BRITAIN, CT<br>06050           | MAGNETIC<br>RESONANCE<br>IMAGING | CT  | GenConn<br>Services Inc.            | RELATED   | 758,098                         | 2,212,374                                | X                                       |    | N/A   | X   | 43.40%                         |
| NEW BRITAIN OCCUPATIONAL<br>HEALTH CENTER LLC<br>06-1484904-440 NEW BRITAIN<br>AVENUE, PLAINVILLE, CT 06062 | OCCUPATIONAL<br>HEALTHCARE       | CT  | HCC                                 | RELATED   | 36,786                          | 0  | X                                       |    | N/A   | X   | 0.0%                           |
| HARTFORD HEALTHCARE ENDORSEMENT<br>LLC - 45-4181103-60 SEYMOUR<br>STREET, HARTFORD, CT 06102                | ENDORSEMENT<br>MANAGEMENT        | CT  | N/A                                 | RELATED   | 0                               | 0  | X                                       |    | N/A   | X   | 0.0%                           |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity    | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--|---------------------------|---|--|--|---------------------------------|--|--------------------------------|
| CENCONN SERVICES INC - 22-2836001<br>100 GRAND STREET<br>NEW BRITAIN, CT 06050                         | INVESTMENT MANAGEMENT     | CT  | CCHA                                   | C CORP   | 0                               | 0  | 0.0%                           |
| GRAND INDEMNITY COMPANY, LTD., F.E. PERRY BUILDING -<br>98-0609499-40 CHURCH STREET, HAMILTON, BERMUDA | PROFESSIONAL<br>LIABILITY | Bermuda   | HCC                                    | F CORP   | 5,641,920                       | 39,588,288                               | 100%                           |
| HIMOB CORPORATION & SUBSIDIARY - 06-1140244<br>90 SEYMOUR STREET<br>HARTFORD, CT 06102                 | REAL ESTATE PARKING       | CT  | HARTFORD<br>HEALTH CARE<br>CORPORATION | C CORP   | 0                               | 0  | 0.0%                           |
| CHE INSURANCE LTD<br>40 CHURCH STREET<br>HAMILTON, BERMUDA   | CAPTIVE INSURANCE         | Bermuda   | HARTFORD<br>HOSPITAL                   | C CORP   | 0                               | 0  | 0.0%                           |
| HARTFORD PHYSICIAN SERVICES PC - 05-1254082<br>60 SEYMOUR STREET<br>HARTFORD, CT 06102                 | MEDICAL SERVICES          | CT  | N/A                                    | C CORP   | 0                               | 0  | 0.0%                           |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity          | (c)<br>Legal<br>jurisdiction<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded item tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|----------------------------------|--|-------------------------------------|---|---------------------------------|--|--|----|---|---|----|--------------------------------|
|   |                                  |  |                                     |   |                                 |  | Yes                                    | No |   | Yes                                       | No |                                |
| AMBULANCE SERVICE OF<br>MANCHESTER, LLC - 06-1557358<br>PO BOX 300, MANCHESTER, CT<br>06450               | AMBULATORY<br>SERVICE            | CT   | N/A                                 | RELATED   | 0.                              | 0.                                       | X                                      |    | N/A   | X   |    | .00%                           |
| CONNECTICUT IMAGING PARTNERS<br>LLC - 13-4298940, 111<br>FOUNDERS PLAZA, EAST<br>HARTFORD, CT 06108       | IMAGING<br>SERVICES              | CT   | N/A                                 | RELATED   | 0.                              | 0.                                       | X                                      |    | N/A   | X   |    | .00%                           |
| GLASTONBURY ENDOSCOPY CENTER<br>LLC - 26-1721234, 300 WESTERN<br>BLVD., SUITE B, GLASTONBURY,<br>CT 06033 | ENDOSCOPY<br>SERVICES            | CT   | N/A                                 | RELATED   | 0.                              | 0.                                       | X                                      |    | N/A   | X   |    | .00%                           |
| GLASTONBURY SURGERY CENTER<br>LLC - 26-2600828, 195 EASTERN<br>BLVD., GLASTONBURY, CT 06033               | SURGERY<br>SERVICES              | CT   | N/A                                 | RELATED   | 0.                              | 0.                                       | X                                      |    | N/A   | X   |    | .00%                           |
| HARTFORD - MIDDLESEX CLINICAL<br>SYSTEM LLC - 06-1543605, 80<br>SEYMOUR STREET, HARTFORD, CT<br>06110     | AFFILIATE<br>SUPPORT<br>SERVICES | CT   | N/A                                 | RELATED   | 0.                              | 0.                                       | X                                      |    | N/A   | X   |    | .00%                           |
| MED EAST ASSOCIATES LLC<br>06-1543605, 1703 WEST MAIN<br>STREET, WILLIAMPTIC, CT<br>06226                 | OUTPATIENT CARE<br>CLINIC        | CT   | N/A                                 | RELATED   | 0.                              | 0.                                       | X                                      |    | N/A   | X   |    | .00%                           |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |
|   |                                  |  |                                     |   |                                 |  |  |    |   |   |    |                                |

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a)   | (b)  | (c)                                       | (d)  | (e)  | (f)                   | (g)                         | (h)                                  |
|---|--|---|--|--|-----------------------|-----------------------------|--------------------------------------|
| Name, address, and EIN of related organization  | Primary activity                               | Legal domicile (state or foreign country) | Direct controlling entity  | Type of entity (C corp, S corp, or trust)      | Share of total income | Share of end-of-year assets | Percentage ownership                 |
| HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC<br>22-2785918, 80 SEYMOUR STREET, HARTFORD, CT 06102<br>MERIDEN IMAGING CENTER - 06-1541468<br>101 NORTH PLAINS INDUSTRIAL ROAD<br>MERIDEN, CT 06429 | PHYSICIAN & HOSPITAL<br>SUPPORT<br><br>IMAGING | CT  | N/A  | C CORP   | 0                     | 0                           | .00%                                 |
| WINDHAM FAMILY MEDICAL SERVICES - 06-1491649<br>112 MANSFIELD AVENUE<br>WILLETMAN TIC, CT 06226<br>WINDHAM HEALTH SERVICES INC - 06-1461101<br>112 MANSFIELD AVENUE<br>WILLETMAN TIC, CT 06226    | MEDICAL SERVICES                               | CT  | MIDSTATE<br>MEDICAL CENTER<br>WINDHAM<br>COMMUNITY<br>MEMORIAL<br>WINDHAM<br>COMMUNITY<br>MEMORIAL | C CORP<br>C CORP<br>C CORP<br>C CORP<br>C CORP | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0       | .00%<br>.00%<br>.00%<br>.00%<br>.00% |
| WINDHAM PHYSICIAN HOSPITAL ORGANIZATION - 06-1441614<br>112 MANSFIELD AVENUE<br>WILLETMAN TIC, CT 06226<br>MIDSTATE MEDICAL GROUP PC - 20-432968<br>435 LEWIS STREET<br>MERIDEN, CT 06450         | MEDICAL SERVICES<br><br>PHYSICIAN SERVICES     | CT<br>CT                                  | N/A<br>HARTFORD<br>HEALTH CARE<br>CORPORATION  | C CORP<br>C CORP<br>C CORP                     | 0<br>0<br>0           | 0<br>0<br>0                 | .00%<br>.00%<br>.00%                 |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 Sale of assets to related organization(s)  |     | X  |
| g Purchase of assets from related organization(s)  |     | X  |
| h Exchange of assets with related organization(s)  |     | X  |
| i Lease of facilities, equipment, or other assets to related organization(s)                     | X   |    |
| j Lease of facilities, equipment, or other assets from related organization(s)                   |     | X  |
| k Performance of services or membership or fundraising solicitations for related organization(s) |     | X  |
| l Performance of services or membership or fundraising solicitations by related organization(s)  |     | X  |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |     | X  |
| n Sharing of paid employees with related organization(s)   | X   |    |
| o Reimbursement paid to related organization(s) for expenses                                     |     | X  |
| p Reimbursement paid by related organization(s) for expenses                                     | X   |    |
| q Other transfer of cash or property to related organization(s)                                  |     | X  |
| r 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)<br>Name of other organization      | (b)<br>Transaction type (a-f) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|--|-------------------------------|------------------------|--|
| (1) | NEW BRITAIN OCCUPATIONAL HEALTH CENTER | I                             | 236,350                | ACTUAL                                       |
| (2) | NEW BRITAIN MRI LIMITED PARTNERSHIP    | N                             | 661,448                | ACTUAL                                       |
| (3) | CENTRAL CT HEALTH ALLIANCE             | P                             | 195,423                | ACTUAL                                       |
| (4) | NEW BRITAIN MRI LIMITED PARTNERSHIP    | P                             | 280,601                | ACTUAL                                       |
| (5) | COMMUNITY MENTAL HEALTH AFFILIATES     | I                             | 225,852                | ACTUAL                                       |
| (6) | NEW BRITAIN OCCUPATIONAL HEALTH CENTER | N                             | 873,929                | ACTUAL                                       |

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

|      | (a)<br>Name of other organization   | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------|-------------------------------------|-------------------------------|------------------------|--|
| (7)  | NEW BRITAIN MRI LIMITED PARTNERSHIP | I                             | 117,976                | ACTUAL                                       |
| (8)  | HARTFORD HOSPITAL                   | P                             | 5,320,444              | ACTUAL                                       |
| (9)  | HARTFORD HOSPITAL                   | N                             | 1,778,939              | ACTUAL                                       |
| (10) |                                     |                               |                        |  |
| (11) |                                     |                               |                        |  |
| (12) |                                     |                               |                        |  |
| (13) |                                     |                               |                        |  |
| (14) |                                     |                               |                        |  |
| (15) |                                     |                               |                        |  |
| (16) |                                     |                               |                        |  |
| (17) |                                     |                               |                        |  |
| (18) |                                     |                               |                        |  |
| (19) |                                     |                               |                        |  |
| (20) |                                     |                               |                        |  |
| (21) |                                     |                               |                        |  |
| (22) |                                     |                               |                        |  |
| (23) |                                     |                               |                        |  |
| (24) |                                     |                               |                        |  |





Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

WINDHAM FAMILY MEDICAL SERVICES

Direct Controlling Entity: WINDHAM COMMUNITY MEMORIAL HOSPITAL

Name of Related Organization:

WINDHAM HEALTH SERVICES INC

Direct Controlling Entity: WINDHAM COMMUNITY MEMORIAL HOSPITAL

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |   |   |
|--|---|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section:<br/> <input checked="" type="checkbox"/> 501(c)(03)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year<br/><b>400333621.</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/><b>06-0646768</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)<br/><b>621500 518210</b></p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.):<br/><b>THE HOSPITAL OF CENTRAL CONNECTICUT</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/><b>100 GRAND STREET</b></p> <p>City or town, state, and ZIP code<br/><b>NEW BRITAIN, CT 06050</b></p> <p><b>F</b> Group exemption number (See instructions.)</p> <p><b>G</b> Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|---|---|

**H** Describe the organization's primary unrelated business activity. **See Statement 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **CAROLYN FREIHEIT** Telephone number **860-224-5900**

| Part I Unrelated Trade or Business Income   |                    | (A) Income           | (B) Expenses   | (C) Net           |
|---|--------------------|----------------------|----------------|-------------------|
| <b>1a</b> Gross receipts or sales   | <b>10,157,089.</b> |                      |                |                   |
| <b>b</b> Less returns and allowances  | <b>6,390,834.</b>  | <b>1c 3,766,255.</b> |                |                   |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  |                    | <b>2 753,631.</b>    |                |                   |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       |                    | <b>3 3,012,624.</b>  |                | <b>3,012,624.</b> |
| <b>4a</b> Capital gain net income (attach Schedule D)                                     |                    | <b>4a</b>            |                |                   |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 |                    | <b>4b</b>            |                |                   |
| <b>c</b> Capital loss deduction for trusts  |                    | <b>4c</b>            |                |                   |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            |                    | <b>5</b>             |                |                   |
| <b>6</b> Rent income (Schedule C)   |                    | <b>6</b>             |                |                   |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      |                    | <b>7 15,656.</b>     | <b>24,641.</b> | <b>-8,985.</b>    |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) |                    | <b>8</b>             |                |                   |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) |                    | <b>9</b>             |                |                   |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   |                    | <b>10</b>            |                |                   |
| <b>11</b> Advertising income (Schedule J)   |                    | <b>11</b>            |                |                   |
| <b>12</b> Other income (See instructions; attach schedule.)                               |                    | <b>12</b>            |                |                   |
| <b>13 Total.</b> Combine lines 3 through 12   |                    | <b>13 3,028,280.</b> | <b>24,641.</b> | <b>3,003,639.</b> |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.) |                        |            |                   |                    |
|---|------------------------|------------|-------------------|--------------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)  |                        | <b>14</b>  |                   |                    |
| <b>15</b> Salaries and wages  |                        | <b>15</b>  | <b>643,504.</b>   |                    |
| <b>16</b> Repairs and maintenance   |                        | <b>16</b>  | <b>20,610.</b>    |                    |
| <b>17</b> Bad debts   |                        | <b>17</b>  |                   |                    |
| <b>18</b> Interest (attach schedule)  |                        | <b>18</b>  |                   |                    |
| <b>19</b> Taxes and licenses  |                        | <b>19</b>  |                   |                    |
| <b>20</b> Charitable contributions (See instructions for limitation rules.)   |                        | <b>20</b>  |                   |                    |
| <b>21</b> Depreciation (attach Form 4562)   |                        | <b>21</b>  | <b>69,984.</b>    |                    |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return   |                        | <b>22a</b> |                   | <b>22b 69,984.</b> |
| <b>23</b> Depletion   |                        | <b>23</b>  |                   |                    |
| <b>24</b> Contributions to deferred compensation plans  |                        | <b>24</b>  |                   |                    |
| <b>25</b> Employee benefit programs   |                        | <b>25</b>  | <b>23,214.</b>    |                    |
| <b>26</b> Excess exempt expenses (Schedule I)   |                        | <b>26</b>  |                   |                    |
| <b>27</b> Excess readership costs (Schedule J)  |                        | <b>27</b>  |                   |                    |
| <b>28</b> Other deductions (attach schedule)  | <b>See Statement 3</b> | <b>28</b>  | <b>1,207,716.</b> |                    |
| <b>29 Total deductions.</b> Add lines 14 through 28   |                        | <b>29</b>  | <b>1,965,028.</b> |                    |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  |                        | <b>30</b>  | <b>1,038,611.</b> |                    |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)   |                        | <b>31</b>  | <b>1,038,611.</b> |                    |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  |                        | <b>32</b>  | <b>0.</b>         |                    |
| <b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)  |                        | <b>33</b>  |                   |                    |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  |                        | <b>34</b>  | <b>0.</b>         |                    |

| Part III Tax Computation  |        |        |        |
|---|--------|--------|--------|
| 35. Organizations Taxable as Corporations. See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: |        |        |        |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  |        |        |        |
| (1) \$  | (2) \$ | (3) \$ |        |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$  |        |        |        |
| (2) Additional 3% tax (not more than \$100,000) \$  |        |        |        |
| c Income tax on the amount on line 34   |        |        | 35c 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:   |        |        |        |
| <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)   |        |        | 36     |
| 37 Proxy tax. See instructions  |        |        | 37     |
| 38 Alternative minimum tax  |        |        | 38     |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies  |        |        | 39 0.  |

| Part IV Tax and Payments  |  |     |    |
|---|--|-----|----|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   |  | 40a |    |
| b Other credits (see instructions)  |  | 40b |    |
| c General business credit. Attach Form 3800   |  | 40c |    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827)  |  | 40d |    |
| e Total credits. Add lines 40a through 40d  |  | 40e |    |
| 41 Subtract line 40e from line 39   |  | 41  | 0. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8868 <input type="checkbox"/> Other (attach schedule) |  | 42  |    |
| 43 Total tax. Add lines 41 and 42   |  | 43  | 0. |
| 44a Payments: A 2010 overpayment credited to 2011   |  | 44a |    |
| b 2011 estimated tax payments   |  | 44b |    |
| c Tax deposited with Form 8868  |  | 44c |    |
| d Foreign organizations: Tax paid or withheld at source (see instructions)  |  | 44d |    |
| e Backup withholding (see instructions)   |  | 44e |    |
| f Credit for small employer health insurance premiums (Attach Form 8941)  |  | 44f |    |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other   |  | 44g |    |
| 45 Total payments. Add lines 44a through 44g  |  | 45  |    |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  |  | 46  |    |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed   |  | 47  | 0. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   |  | 48  | 0. |
| 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>  |  | 49  |    |

| Part V Statements Regarding Certain Activities and Other Information (see instructions)  |  | Yes | No |
|--|--|-----|----|
| 1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>Canada, Bermuda, Ireland</b> |  | X   |    |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  |  |     | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$   |  |     |    |

| Schedule A - Cost of Goods Sold. Enter method of inventory valuation. <input type="checkbox"/> N/A |             |   |            |
|--|-------------|---|------------|
| 1 Inventory at beginning of year   | 1 0.        | 6 Inventory at end of year  | 6 0.       |
| 2 Purchases  | 2           | 7 Cost of goods sold: Subtract line 6 from line 5. Enter here and in Part I, line 2   | 7 753,631. |
| 3 Cost of labor  | 3           | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X |            |
| 4a Additional section 263A costs   | 4a          |   |            |
| b Other costs (attach schedule)  | 4b 753,631. |   |            |
| 5 Total. Add lines 1 through 4b  | 5 753,631.  |   |            |

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 taxpayer) is based on all information of which preparer has any knowledge.

|                        |   |                      |      |   |   |
|------------------------|---|----------------------|------|---|---|
| Sign Here              | Signature of officer                                | Date                 | CFO  | Title   | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                        | Beth Thurz  |                      |      |   |   |
| Paid Preparer Use Only | Print/type preparer's name                          | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN  |
|                        | Firm's name <b>SASLOW, LUFKIN &amp; BUGGY, LLP</b>  |                      |      |   | P00346435   |
|                        | Firm's address <b>TEN TOWER LANE AVON, CT 06001</b> |                      |      | Firm's EIN <b>06-1533253</b>                    | Phone no. <b>860-678-9200</b>   |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(b) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 8, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |   |   |
|---|---|--|---|---|
|   |   | (a) Straight line depreciation (attach schedule)<br>Statement 5              | (b) Other deductions (attach schedule)<br>Statement 5 |   |
| (1)   |   |  |   |   |
| (2) <b>MEDICAL OFFICE BUILDING AT 209</b>   |   |  |   |   |
| (3) <b>MAIN ST., SOUTHLINGTON, CT</b>   | 191,395.  | 223,370.   | 77,870.   |   |
| (4)   |   |  |   |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)      | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |   |   |
| (2)   |   | %  |   |   |
| (3) 276,906.  | 3,387,193.  | 8.18%  | 15,656.   | 24,641.   |
| (4)   |   | %  |   |   |
| Totals  |   |  | 15,656.   | 24,641.   |
| Total dividends received deductions included in column 8  |   |  | 0.  |   |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
| Totals            |   |                                     | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1, Part I, line 9, column (A): |                                 | Enter here and on page 1, Part I, line 9, column (B):   |
|                          |                     | 0.  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|--|---|--------------------------------------|---|
| (1)                                  |   |   |  |   |                                      |   |
| (2)                                  |   |   |  |   |                                      |   |
| (3)                                  |   |   |  |   |                                      |   |
| (4)                                  |   |   |  |   |                                      |   |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col. (A):                        | Enter here and on page 1, Part I, line 10, col. (B):   |   |                                      | Enter here and on page 1, Part II, line 26:                                     |
|                                      |   | 0.  | 0.   |   |                                      | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|--|
| (1)  |                             |                             |  |                       |                     |  |
| (2)  |                             |                             |  |                       |                     |  |
| (3)  |                             |                             |  |                       |                     |  |
| (4)  |                             |                             |  |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.   |                       |                     | 0.   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|-----------------------------|--|--|-----------------------|---------------------|--|
| (1)                                |                             |  |  |                       |                     |  |
| (2)                                |                             |  |  |                       |                     |  |
| (3)                                |                             |  |  |                       |                     |  |
| (4)                                |                             |  |  |                       |                     |  |
| <b>(5) Totals from Part I</b>      |                             | 0.   | 0.   |                       |                     | 0.   |
| <b>Totals, Part II (lines 1-5)</b> |                             | Enter here and on page 1, Part I, line 11, col. (A): | Enter here and on page 1, Part I, line 11, col. (B):                                       |                       |                     | Enter here and on page 1, Part II, line 27:                                      |
|                                    |                             | 0.   | 0.   |                       |                     | 0.   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |

Form 990-T Description of Organization's Primary Unrelated Business Activity Statement 1

LABORATORY: PATIENT SPECIMENS ARE ACQUIRED AT PHYSICIANS' OFFICES AND ARE SENT TO THE HOSPITAL OF CENTRAL CT FOR TESTING. THE RESULTS ARE SENT BACK TO THE PHYSICIAN'S OFFICE, WHERE THE PHYSICIAN PROVIDES THE RESULTS TO THE PATIENT. THESE PHYSICIANS HAVE PRIVILEGES TO PRACTICE AT THE HOSPITAL.  
 PACS: THE HOSPITAL OF CENTRAL CONNECTICUT PROVIDES PICTURE ARCHIVE AND COMMUNICATION SYSTEM (PACS) SERVICES TO NEW BRITAIN MRI LIMITED PARTNERSHIP. MRI ARE ARCHIVED AND COMMUNICATED WITH PHYSICIANS THROUGH THIS SYSTEM.  
 CHILD CARE: THE HOSPITAL PROVIDES CHILD CARE SERVICES TO THE CHILDREN OF ITS EMPLOYEES. THE CHILD CARE CENTER MAY ENROLL OTHER CHILDREN WHOSE PARENTS DO NOT WORK AT THE HOSPITAL WHEN THERE IS EXCESS CAPACITY. THE TUITION CHARGES FOR THESE CHILDREN IS SUBJECT TO UNRELATED BUSINESS INCOME.

To Form 990-T, Page 1

| Footnotes              | Statement 2 |
|------------------------|-------------|
| 2001 NOL               | 274,919.    |
| 2002 NOL               | 412,414.    |
| 2003 NOL               | 290,556.    |
| 2004 NOL               | 592,694.    |
| 2005 NOL               | 98,926.     |
| 2006 NOL               | 318,441.    |
| 2007 NOL               | 149,795.    |
| TOTAL NOL CARRYFORWARD | 2,137,745.  |

Form 990-T Other Deductions Statement 3

| Description                          | Amount     |
|--------------------------------------|------------|
| RENTAL OF EQUIPMENT                  | 114,780.   |
| MISCELLANEOUS EXPENSE                | 13,552.    |
| INDIRECT EXPENSES                    | 1,079,384. |
| Total to Form 990-T, Page 1, line 28 | 1,207,716. |

Form 990-T Cost of Goods Sold - Other Costs Statement 4

| Description                              | Amount   |
|--|----------|
| LABORATORY AND OTHER COSTS               | 753,631. |
| Total to Form 990-T, Schedule A, line 4b | 753,631. |

Form 990-T Schedule E - Depreciation Deduction Statement 5

| Description                                  | Activity Number | Amount   | Total    |
|--|-----------------|----------|----------|
| DEPRECIATION                                 |                 | 223,370. |          |
| - SubTotal -                                 | 3               |          | 223,370. |
| Total of Form 990-T, Schedule E, Column 3(a) |                 |          | 223,370. |

Form 990-T Schedule E - Other Deductions Statement 6

| Description                                  | Activity Number | Amount  | Total   |
|--|-----------------|---------|---------|
| OTHER EXPENSES                               |                 | 77,870. |         |
| - SubTotal -                                 | 3               |         | 77,870. |
| Total of Form 990-T, Schedule E, Column 3(b) |                 |         | 77,870. |

Consent Plan and Apportionment Schedule  
for a Controlled Group

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

|   |  |
|---|--|
| Name<br>THE HOSPITAL OF CENTRAL CONNECTICUT | Employer identification number<br>06-0646768 |
|---|--|

**Part I** Apportionment Plan Information

- 1 Type of controlled group:
  - a  Parent-subsidiary group.
  - b  Brother-sister group.
  - c  Combined group.
  - d  Life insurance companies only.
  
- 2 This corporation has been a member of this group:
  - a  For the entire year.
  - b  From \_\_\_\_\_, 20\_\_\_\_, until \_\_\_\_\_, 20\_\_\_\_.
  
- 3 This corporation consents and represents to:
  - a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_, and for all succeeding tax years.
  - b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending SEPT 30, 2012, and for all succeeding tax years.
  - c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
  - d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_, and for all succeeding tax years.
  
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
  - a  Elected by the component members of the group.
  - b  Required for the component members of the group.
  
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
  - a  No apportionment plan is in effect and none is being adopted.
  - b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, 20\_\_\_\_, and for all succeeding tax years.
  
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?  
See instructions.
  - a  Yes.
    - (i)  The statute of limitations for this year will expire on \_\_\_\_\_, 20\_\_\_\_.
    - (ii)  On \_\_\_\_\_, 20\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_, 20\_\_\_\_.
  - b  No. The members may not adopt or amend an apportionment plan.
  
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions).
  - a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount (method) for allocating the additional taxes for the group imposed by section 11(b)(1).
  - b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
  - c  The corporation has a short tax year that does not include December 31.



**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

|    | (a)<br>Group member's name and<br>employer identification number | (b)<br>Tax year end<br>(Y-Mo) | Taxable Income Amount Allocated to<br>Each Bracket |            |              |            |              | (g)<br>Total (add columns<br>(c) through (f)) |
|----|--|-------------------------------|--|------------|--------------|------------|--------------|---|
|    |  |                               | (c)<br>15%   | (d)<br>25% | (e)<br>34%   | (f)<br>35% |              |   |
| 1  | H. H. M. O. B. CORPORATION<br>& SUBSIDIARY<br>06-1140244         | 12-09                         |  |            |              |            | 0.00         |   |
| 2  | HARTFORD HEALTHCARE<br>CORPORATION<br>22-2672834                 | 12-09                         | 50,000   | 25,000     | 4,257,052    |            | 4,332,052.00 |   |
| 3  | HARTFORD HOSPITAL<br>06-0646668                                  | 12-09                         |  |            | 530,078      |            | 530,078.00   |   |
| 4  | MIDSTATE MEDICAL CENTER<br>06-0646715                            | 12-09                         |  |            | 43,236       |            | 43,236.00    |   |
| 5  | WINDHAM COMMUNITY<br>MEMORIAL HOSPITAL<br>06-0646966             | 12-09                         |  |            | 40,508       |            | 40,508.00    |   |
| 6  | THE HOSPITAL OF CENTRAL<br>CONNECTICUT<br>06-0646768             | 12-09                         |  |            |              |            | 0.00         |   |
| 7  | CENTRAL CONNECTICUT<br>SENIOR HEALTH SERVICES<br>22-2635676      | 12-09                         |  |            |              |            | 0.00         |   |
| 8  | CENNCN SERVICES, INC<br>22-2836001                               | 12-09                         |  |            |              |            | 0.00         |   |
| 9  |  |                               |  |            |              |            |              |   |
| 10 |  |                               |  |            |              |            |              |   |
|    | <b>Total</b>   |                               | 50,000.00  | 25,000.00  | 4,870,874.00 | 0.00       | 4,945,874.00 |   |

**Part III** Income Tax Apportionment. (See instructions)

Income Tax Apportionment

| (a)<br>Group member's name                      | (b)<br>15% | (c)<br>25% | (d)<br>34%   | (e)<br>35% | (f)<br>5% | (g)<br>3% | (h)<br>Total income tax<br>(combine lines<br>(b) through (g)) |
|---|------------|------------|--------------|------------|-----------|-----------|---|
| 1 H.H.M.O.B. CORPORATION<br>& SUBSIDIARY        |            |            |              |            |           |           | 0.00  |
| 2 HARTFORD HEALTHCARE<br>CORPORATION            | 7,500      | 6,250      | 1,447,398    |            | 11,750    |           | 1,472,898.00  |
| 3 HARTFORD HOSPITAL                             |            |            | 180,227      |            |           |           | 180,227.00  |
| 4 MIDSTATE MEDICAL CENTER                       |            |            | 14,700       |            |           |           | 14,700.00   |
| 5 WINDHAM COMMUNITY<br>MEMORIAL HOSPITAL        |            |            | 13,772       |            |           |           | 13,772.00   |
| 6 THE HOSPITAL OF CENTRAL<br>CONNECTICUT        |            |            |              |            |           |           | 0.00  |
| 7 CENTRAL CONNECTICUT<br>SENIOR HEALTH SERVICES |            |            |              |            |           |           | 0.00  |
| 8 CENNCNCONN SERVICES, INC.                     |            |            |              |            |           |           | 0.00  |
| 9   |            |            |              |            |           |           |   |
| 10  |            |            |              |            |           |           |   |
| <b>Total</b>                                    | 7,500.00   | 6,250.00   | 1,656,097.00 | 0.00       | 11,750.00 | 0.00      | 1,681,597.00  |

**Part IV Other Apportionments (See instructions)**

Other Apportionments

| (a)<br>Group member's name                   | (b) Accumulated earnings credit: | (c) AMT exemption amount | (d) Phaseout of AMT exemption amount | (e) Penalty for failure to pay estimated tax | (f) Other |
|--|----------------------------------|--------------------------|--------------------------------------|--|-----------|
| 1 H.H.M.O.B. CORPORATION & SUBSIDIARY        |                                  | 40,000                   |                                      |  |           |
| 2 HARTFORD HEALTHCARE CORPORATION            |                                  |                          |                                      |  |           |
| 3 HARTFORD HOSPITAL                          |                                  |                          |                                      |  |           |
| 4 MIDSTATE MEDICAL CENTER                    |                                  |                          |                                      |  |           |
| 5 WINDHAM COMMUNITY MEMORIAL HOSPITAL        |                                  |                          |                                      |  |           |
| 6 THE HOSPITAL OF CENTRAL CONNECTICUT        |                                  |                          |                                      |  |           |
| 7 CENTRAL CONNECTICUT SENIOR HEALTH SERVICES |                                  |                          |                                      |  |           |
| 8 CENNCORP SERVICES, INC.                    |                                  |                          |                                      |  |           |
| 9  |                                  |                          |                                      |  |           |
| 10   |                                  |                          |                                      |  |           |
| <b>Total</b>                                 | 0.00                             | 40,000.00                | 0.00                                 | 0.00   | 0.00      |

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **OCT 1, 2011** and ending **SEP 30, 2012**

Attachment  
Sequence No. **121**

|   |   |
|---|---|
| Name of person filing this return<br><b>THE HOSPITAL OF CENTRAL CONNECTICUT</b><br><small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small><br><b>100 GRAND STREET</b><br>City or town, state, and ZIP code<br><b>NEW BRITAIN, CT 06050</b> | <b>A Identifying number</b><br><b>06-0646768</b>  |
| Filer's tax year beginning <b>OCT 1, 2011</b> and ending <b>SEP 30, 2012</b>  | <b>B Category of filer</b> (See instructions. Check applicable box(es):<br>1 (repeated) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> |
| <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> <b>100.00 %</b>  |   |

**D. Person(s) on whose behalf this information return is filed:**

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) |         |          |
|----------|-------------|------------------------|------------------------------|---------|----------|
|          |             |                        | Shareholder                  | Officer | Director |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

|   |   |
|---|---|
| <b>1a Name and address of foreign corporation</b><br><b>Grand Indemnity Company, Ltd.</b><br><b>40 Church Street</b><br><b>Hamilton</b><br><b>Bermuda</b> | <b>b(1) Employer identification number, if any</b><br><b>98-0609499</b>   |
|   | <b>b(2) Reference ID number (see instructions)</b>                        |
|   | <b>c Country under whose laws incorporated</b><br><b>Bermuda</b>          |
| <b>d Date of incorporation</b><br><b>01/06/09</b>   | <b>e Principal place of business</b><br><b>Hamilton</b><br><b>Bermuda</b> |
| <b>f Principal business activity code number</b><br><b>524290</b>   | <b>g Principal business activity</b><br><b>Insurance</b>                  |
|   | <b>h Functional currency</b><br><b>U.S., Dollar</b>                       |

**2 Provide the following information for the foreign corporation's accounting period stated above.**

|   |  |  |
|---|--|--|
| <b>a Name, address, and identifying number of branch office or agent (if any) in the United States:</b>   | <b>b If a U.S. income tax return was filed, enter:</b>   |  |
|   | <b>(i) Taxable income or (loss)</b>  | <b>(ii) U.S. income tax paid (after all credits)</b> |
|   |  |  |
| <b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b><br><b>Quest Management Service Limited</b><br><b>40 Church Street</b><br><b>Hamilton</b><br><b>BERMUDA</b> | <b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b><br><b>Oceana Yates</b><br><b>40 Church Street</b><br><b>Hamilton</b><br><b>BERMUDA</b> |  |

**Schedule A | Stock of the Foreign Corporation**

| (a) Description of each class of stock | (b) Number of shares issued and outstanding |                                      |
|--|---|--------------------------------------|
|  | (i) Beginning of annual accounting period   | (ii) End of annual accounting period |
| <b>Common</b>                          | <b>120,000</b>                              | <b>120,000</b>                       |
|  |   |                                      |
|  |   |                                      |

**Schedule B U.S. Shareholders of Foreign Corporation**

| (a) Name, address, and identifying number of shareholder                         | (b) Description of each class of stock held by shareholder.<br><i>Note:</i> This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|--|--|--|--|--|
| HOSPITAL OF CENTRAL CT<br>100 GRAND STREET<br>NEW BRITAIN CT 06050<br>06-0646768 | Common   | 120,000  | 120,000  | 100.00%  |
|  |  |  |  |  |
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**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

|  |  | Functional Currency | U.S. Dollars    |
|--|--|---------------------|-----------------|
| Income   | 1a Gross receipts or sales   | 1a                  |                 |
|  | b Returns and allowances   | 1b                  |                 |
|  | c Subtract line 1b from line 1a  | 1c                  |                 |
|  | 2 Cost of goods sold   | 2                   |                 |
|  | 3 Gross profit (subtract line 2 from line 1c)  | 3                   |                 |
|  | 4 Dividends  | 4                   | 101,976.        |
|  | 5 Interest   | 5                   | 8,688.          |
|  | 6a Gross rents   | 6a                  |                 |
|  | b Gross royalties and license fees   | 6b                  |                 |
| 7 Net gain or (loss) on sale of capital assets | 7  |                     |                 |
| 8 Other income (attach schedule)               | 8  | See Statement 7     | 2,981,081.      |
| 9 Total income (add lines 3 through 8)         | 9  |                     | 3,091,745.      |
| Deductions                                     | 10 Compensation not deducted elsewhere   | 10                  |                 |
|  | 11a Rents  | 11a                 |                 |
|  | b Royalties and license fees   | 11b                 |                 |
|  | 12 Interest  | 12                  |                 |
|  | 13 Depreciation not deducted elsewhere   | 13                  |                 |
|  | 14 Depletion   | 14                  |                 |
|  | 15 Taxes (exclude provision for income, war profits, and excess profits taxes)   | 15                  |                 |
|  | 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes)  | 16                  | See Statement 8 |
| 17 Total deductions (add lines 10 through 16)  | 17   |                     | -2,550,175.     |
| Net Income                                     | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) | 18                  | 5,641,920.      |
|  | 19 Extraordinary items and prior period adjustments  | 19                  |                 |
|  | 20 Provision for income, war profits, and excess profits taxes   | 20                  |                 |
|  | 21 Current-year net income or (loss) per books (combine lines 18 through 20)   | 21                  |                 |

**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

|   | (a)<br>Name of country or U.S. possession | Amount of tax              |                        |                        |
|---|---|----------------------------|------------------------|------------------------|
|   |   | (b)<br>In foreign currency | (c)<br>Conversion rate | (d)<br>In U.S. dollars |
| 1 | U.S.                                      |                            |                        |                        |
| 2 |   |                            |                        |                        |
| 3 |   |                            |                        |                        |
| 4 |   |                            |                        |                        |
| 5 |   |                            |                        |                        |
| 6 |   |                            |                        |                        |
| 7 |   |                            |                        |                        |
| 8 | Total                                     |                            |                        |                        |

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets                                      |  | (a)<br>Beginning of annual<br>accounting period | (b)<br>End of annual<br>accounting period |
|---|--|---|---|
| 1   | Cash   | 3,128,733.                                      | 5,418,905.                                |
| 2a  | Trade notes and accounts receivable                          |   |   |
| b   | Less allowance for bad debts                                 | ( )   | ( )                                       |
| 3   | Inventories  |   |   |
| 4   | Other current assets (attach schedule) See Statement 9       | 7,455,687.                                      | 7,545,701.                                |
| 5   | Loans to shareholders and other related persons              |   |   |
| 6   | Investment in subsidiaries (attach schedule)                 |   |   |
| 7   | Other investments (attach schedule) See Statement 10         | 24,695,956.                                     | 26,593,682.                               |
| 8a  | Buildings and other depreciable assets                       |   |   |
| b   | Less accumulated depreciation                                | ( )   | ( )                                       |
| 9a  | Depletable assets  |   |   |
| b   | Less accumulated depletion                                   | ( )   | ( )                                       |
| 10  | Land (net of any amortization)                               |   |   |
| 11  | Intangible assets:   |   |   |
| a   | Goodwill   |   |   |
| b   | Organization costs   |   |   |
| c   | Patents, trademarks, and other intangible assets             |   |   |
| d   | Less accumulated amortization for lines 11a, b, and c        | ( )   | ( )                                       |
| 12  | Other assets (attach schedule)                               |   |   |
| 13  | Total assets   | 35,280,376.                                     | 39,558,288.                               |
| <b>Liabilities and Shareholders' Equity</b> |  |   |   |
| 14  | Accounts payable   | 38,000.   | 38,576.                                   |
| 15  | Other current liabilities (attach schedule) See Statement 11 | 2,062,066.                                      | 2,026,654.                                |
| 16  | Loans from shareholders and other related persons            | 147,573.  | 71,831.                                   |
| 17  | Other liabilities (attach schedule) See Statement 12         | 18,010,207.                                     | 14,961,027.                               |
| 18  | Capital stock:   |   |   |
| a   | Preferred stock  |   |   |
| b   | Common stock   | 120,000.  | 120,000.                                  |
| 19  | Paid-in or capital surplus (attach reconciliation)           | 5,147,875.                                      | 5,147,875.                                |
| 20  | Retained earnings  | 9,754,655.                                      | 17,192,325.                               |
| 21  | Less cost of treasury stock                                  | ( )   | ( )                                       |
| 22  | Total liabilities and shareholders' equity                   | 35,280,376.                                     | 39,558,288.                               |

**Schedule G Other Information**

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment.  |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).   |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

|   |                      |                         |
|---|----------------------|-------------------------|
| 1 Current year net income or (loss) per foreign books of account  | 1                    | 5,641,920.              |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):       |                      |                         |
|   | <b>Net Additions</b> | <b>Net Subtractions</b> |
| a Capital gains or losses   |                      |                         |
| b Depreciation and amortization   |                      |                         |
| c Depletion   |                      |                         |
| d Investment or incentive allowance   |                      |                         |
| e Charges to statutory reserves   |                      |                         |
| f Inventory adjustments   |                      |                         |
| g Taxes   |                      |                         |
| h Other (attach schedule)   |                      |                         |
| i Total net additions   |                      |                         |
| j Total net subtractions  |                      |                         |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4)   | 5a                   | 5,641,920.              |
| b DASTM gain or (loss) for foreign corporations that use DASTM  | 5b                   |                         |
| c Combine lines 5a and 5b   | 5c                   | 5,641,920.              |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) | 5d                   | 5,641,920.              |

Enter exchange rate used for line 5d ▶

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

|   |   |            |
|---|---|------------|
| 1 Subpart F income (line 33b, Worksheet A in the instructions)  | 1 | 5,641,920. |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)   | 2 |            |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)                | 3 |            |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 |            |
| 5 Factoring income  | 5 |            |
| 6 Total of lines 1 through 5. Enter here and on your income tax return  | 6 | 5,641,920. |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1))  | 7 |            |
| 8 Exchange gain or (loss) on a distribution of previously taxed income  | 8 |            |

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| * Was any income of the foreign corporation blocked?                             | Yes                      | No                                  |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| † Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

Foreign Corporation Grand Indemnity Company, Ltd.

Schedule I Shareholder's Income From Foreign Corporation

Name of shareholder described in Category 5

Shareholder's income from foreign corporation

|   |  |   |                   |
|---|--|---|-------------------|
| 1 | Subpart F income   | 1 | <u>5,641,920.</u> |
| 2 | Earnings invested in U.S. property   | 2 |                   |
| 3 | Previously excluded subpart F income withdrawn from qualified investments                | 3 |                   |
| 4 | Previously excluded export trade income withdrawn from investment in export trade assets | 4 |                   |
| 5 | Factoring income   | 5 |                   |
| 6 | Total of lines 1 through 5   | 6 | <u>5,641,920.</u> |
| 7 | Dividends received (translated at spot rate on payment date under section 989(b)(1))     | 7 |                   |
| 8 | Exchange gain or (loss) on a distribution of previously taxed income                     | 8 |                   |



**SCHEDULE J  
(Form 5471)**

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

OMB No. 1545-0704

(Rev. December 2005)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

**THE HOSPITAL OF CENTRAL CONNECTICUT**

**06-0646768**

Name of foreign corporation

**Grand Indemnity Company, Ltd.**

| Important. Enter amounts in functional currency.   | (a) Post-1986<br>Undistributed Earnings<br>(post-86 section<br>959(c)(3) balance) | (b) Pre-1987 E&P<br>Not Previously Taxed<br>(pre-87 section<br>959(c)(3) balance) |
|--|---|---|
| 1 Balance at beginning of year   | 9,374,128.  |   |
| 2a Current year E&P  | 5,641,920.  |   |
| b Current year deficit in E&P  |   |   |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | 15,016,048.   |   |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year           |   |   |
| 5a Actual distributions or reclassifications of previously taxed E&P                                   |   |   |
| b Actual distributions of nonpreviously taxed E&P  |   |   |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)                  |   |   |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)              | 15,016,048.   |   |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)             | 15,016,048.   |   |

|    | (c) Previously Taxed E&P<br>(sections 959(c)(1) and (2) balances) |   |                        | (d) Total Section<br>964(a) E&P<br>(combine columns<br>(a), (b), and (c)) |
|----|---|---|------------------------|---|
|    | (i) Earnings Invested<br>in U.S. Property                         | (ii) Earnings Invested<br>in Excess Passive<br>Assets | (iii) Subpart F Income |   |
| 1  |   |   |                        | 9,374,128.  |
| 2a |   |   |                        |   |
| b  |   |   |                        |   |
| 3  |   |   |                        |   |
| 4  |   |   |                        |   |
| 5a |   |   |                        |   |
| b  |   |   |                        |   |
| 6a |   |   |                        |   |
| b  |   |   |                        |   |
| 7  |   |   |                        | 15,016,048.   |

**SCHEDULE M  
(Form 5471)**

(Rev. December 2010)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation  
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

**THE HOSPITAL OF CENTRAL CONNECTICUT**

**06-0646768**

Name of foreign corporation

**Grand Indemnity Company, Ltd.**

**Important:** Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **U.S., Dollar**

| (a) Transactions of foreign corporation  | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory)  |                                    |  |   |  |   |
| 2 Sales of tangible property other than stock in trade   |                                    |  |   |  |   |
| 3 Sales of property rights (patents, trademarks, etc.)   |                                    |  |   |  |   |
| 4 Platform contribution transaction payments received  |                                    |  |   |  |   |
| 5 Cost sharing transaction payments received   |                                    |  |   |  |   |
| 6 Compensation received for technical, managerial, engineering, construction, or like services                   |                                    |  |   |  |   |
| 7 Commissions received   |                                    |  |   |  |   |
| 8 Rents, royalties, and license fees received  |                                    |  |   |  |   |
| 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) |                                    |  |   |  |   |
| 10 Interest received   |                                    |  |   |  |   |
| 11 Premiums received for insurance or reinsurance  | 5,433,065.                         |  |   |  |   |
| 12 Add lines 1 through 11  | 5,433,065.                         |  |   |  |   |
| 13 Purchases of stock in trade (inventory)   |                                    |  |   |  |   |
| 14 Purchases of tangible property other than stock in trade  |                                    |  |   |  |   |
| 15 Purchases of property rights (patents, trademarks, etc.)  |                                    |  |   |  |   |
| 16 Platform contribution transaction payments paid   |                                    |  |   |  |   |
| 17 Cost sharing transaction payments paid  | 71,831.                            |  |   |  |   |
| 18 Compensation paid for technical, managerial, engineering, construction, or like services                      | 74,388.                            |  |   |  |   |
| 19 Commissions paid  |                                    |  |   |  |   |
| 20 Rents, royalties, and license fees paid   |                                    |  |   |  |   |
| 21 Dividends paid  |                                    |  |   |  |   |
| 22 Interest paid   |                                    |  |   |  |   |
| 23 Premiums paid for insurance or reinsurance  |                                    |  |   |  |   |
| 24 Add lines 13 through 23   | 146,219.                           |  |   |  |   |
| 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.                                |                                    |  |   |  |   |
| 26 Amounts loaned (enter the maximum loan balance during the year) - see instr.                                  |                                    |  |   |  |   |

Form 5471 Other Income Statement 7

| Description                       | Functional Currency | Exchange Rate | U.S. Dollar |
|-----------------------------------|---------------------|---------------|-------------|
| NET PREMIUMS EARNED               | 2,981,081.          |               | 2,981,081.  |
| Total to 5471, Schedule C, line 8 | 2,981,081.          |               | 2,981,081.  |

Form 5471 Other Deductions Statement 8

| Description                         | Functional Currency | Exchange Rate | U.S. Dollar |
|-------------------------------------|---------------------|---------------|-------------|
| GENERAL AND ADMINISTRATIVE EXPENSES | 318,012.            |               | 318,012.    |
| LOSSES AND LOSS ADJUSTMENT EXPENSES | -2,868,187.         |               | -2,868,187. |
| Total to 5471, Schedule C, line 16  | -2,550,175.         |               | -2,550,175. |

Form 5471 Other Current Assets Statement 9

| Description                               | Beg. of Annual Accounting Period | End of Annual Accounting Period |
|---|----------------------------------|---------------------------------|
| PREMIUMS RECEIVABLE                       | 95,727.                          | 35,686.                         |
| REINSURANCE RECOVERABLE                   | 7,355,995.                       | 7,505,995.                      |
| PREPAID EXPENSES                          | 3,965.                           | 4,020.                          |
| Total to 5471, Page 3, Schedule F, line 4 | 7,455,687.                       | 7,545,701.                      |

Form 5471 Other Investments Statement 10

| Description                               | Beg. of Annual Accounting Period | End of Annual Accounting Period |
|---|----------------------------------|---------------------------------|
| BOND FUNDS                                | 17,624,109.                      | 19,029,821.                     |
| EQUITY FUNDS                              | 7,071,847.                       | 7,563,861.                      |
| Total to 5471, Page 3, Schedule F, line 7 | 24,695,956.                      | 26,593,682.                     |

Form 5471 Other Current Liabilities Statement 11

| Description                                | Beg. of Annual Accounting Period | End of Annual Accounting Period |
|--|----------------------------------|---------------------------------|
| PREMIUMS RECEIVED IN ADVANCE               | 15,395.                          | 0.                              |
| UNEARNED PREMIUMS                          | 46,671.                          | 26,654.                         |
| RESERVE FOR LOSSES AND LOSS ADJ. EXPENSES  | 2,000,000.                       | 2,000,000.                      |
| Total to 5471, Page 3, Schedule F, line 15 | 2,062,066.                       | 2,026,654.                      |

Form 5471 Other Liabilities Statement 12

| Description                                | Beg. of Annual Accounting Period | End of Annual Accounting Period |
|--|----------------------------------|---------------------------------|
| RESERVE FOR LOSSES AND LOSS ADJ. EXPENSES  | 18,010,207.                      | 14,961,027.                     |
| Total to 5471, Page 3, Schedule F, line 17 | 18,010,207.                      | 14,961,027.                     |

926

Form (Rev. December 2011) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)

Name of transferor

THE HOSPITAL OF CENTRAL CONNECTICUT

Identifying number (see instructions)

05-0646768

1 If the transferor was a corporation, complete questions 1a through 1d:

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No

b Did the transferor remain in existence after the transfer? Yes No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder

Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation

EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d:

a List the name and EIN of the transferor's partnership:

Name of partnership

EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No

c Is the partner disposing of its entire interest in the partnership? Yes No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

Grand Indemnity Company, Ltd.

4 Identifying number, if any

98-0609499

5 Address (including country)

40 Church Street Hamilton, Bermuda

6 Country code of country of incorporation or organization

BD

7 Foreign law characterization (see instructions)

Incorporated as Class 2 Insurer

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2011)

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 01/01/2012              |                                | 5,101,902.                                   |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

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Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 100% (b) After 100%

10 Type of nonrecognition transaction (see instructions) IRC Sec. 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Form CT-990T**  
**Connecticut Unrelated Business Income Tax Return**

**2011**

Enter Income Year Beginning **October 1**, 2011, and Ending **September 30**, 2012

|   |  |  |
|---|--|--|
| DRS Use Only<br>Audited by<br><input type="checkbox"/> F<br><input type="checkbox"/> O<br>Init. | Organization name (please type or print)<br><b>THE HOSPITAL OF CENTRAL CONNECTICUT</b> | CT Tax Registration Number<br><b>5399308-000</b>       |
|   | Address number and street PO Box<br><b>100 GRAND STREET</b>                            | DRS use only<br>- -20                                  |
|   | City or town State ZIP code<br><b>NEW BRITAIN, CT 06050</b>                            | Federal Employer ID Number (FEIN)<br><b>06-0646768</b> |

**Check and Complete All Applicable Boxes** If the organization is annualizing its income check here

Change of:  Mailing address  Closing month (Attach explanation.) Return status:  Amended return  Initial return  Final return

If final return:  Dissolved  Withdrawn  Merged/reorganized: Enter survivor's CT Tax-Reg. Number, \_\_\_\_\_

Type of organization:  Corporation  Domestic trust  Foreign trust  Other: Explain \_\_\_\_\_

1. Date unrelated trade or business began in Connecticut: 01/01/1980

2. Nature of unrelated trade or business income activity: LABORATORY, PACS AND DAY CARE

3. Corporation only: Enter state of incorporation: CT Date of organization: 01/01/1893

Date qualified in Connecticut if not incorporated in Connecticut: \_\_\_\_\_

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

| Computation of Income  |   | 1 | 0.00         |
|--|---|---|--------------|
| 1. Federal unrelated business taxable income from 2011 federal Form 990-T, Part II, Line 34                  | ▶ | 1 | 0.00         |
| 2. Federal net operating loss deduction from 2011 federal Form 990-T, Part II, Line 31                       | ▶ | 2 | 1,038,611.00 |
| 3. Federal deduction for Connecticut tax on unrelated business taxable income                                | ▶ | 3 | .00          |
| 4. Total: Add Lines 1, 2, and 3  | ▶ | 4 | 1,038,611.00 |
| 5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income | ▶ | 5 | .00          |
| 6. Unrelated business taxable income: Subtract Line 5 from Line 4  | ▶ | 6 | 1,038,611.00 |

| Computation of Tax  |   | 1 | 1,038,611.00 |
|---|---|---|--------------|
| 1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3 | ▶ | 1 | 1,038,611.00 |
| 2. Apportionment fraction from Schedule A, Line 5, page 2. Carry to six places                    | ▶ | 2 |              |
| 3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2           | ▶ | 3 | 1,038,611.00 |
| 4. Operating loss carryover from Schedule B, Line 12 on page 2                                    | ▶ | 4 | 1,038,611.00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3   | ▶ | 5 | .00          |
| 6. Tax: Multiply Line 5 by 7.5% (.075)  | ▶ | 6 | .00          |

| Computation of Amount Payable   |   | 1  | .00  |
|---|---|----|------|
| 1. Tax: include surtax if applicable. See instructions                              | ▶ | 1  | .00  |
| 2. Reserved for future use  | ▶ | 2  |      |
| 3. Total Tax: Enter the amount from Line 1  | ▶ | 3  | .00  |
| 4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1 | ▶ | 4  | .00  |
| 5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." | ▶ | 5  | 0.00 |
| 6a. Paid with application for extension from Form CT-990T EXT                       | ▶ | 6a | .00  |
| 6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD                     | ▶ | 6b | .00  |
| 6c. Overpayment from prior year   | ▶ | 6c | .00  |
| 6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c                            | ▶ | 6  | .00  |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5                       | ▶ | 7  | .00  |
| 8. Add Penalty: (8a) _____ interest (8b) _____ CT-1120I interest (8c) _____         | ▶ | 8  | .00  |
| 9. Amount to be credited to 2012 estimated tax (9a) _____ Refunded (9b) _____       | ▶ | 9  | .00  |

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking  Savings  9d. Routing number \_\_\_\_\_

9e. Account number \_\_\_\_\_ 9f. Will this refund go to a bank account outside the U.S.?  Yes

10. Balance due with this return: Add Line 7 and Line 8 ▶ 10 0.00

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014 Make check payable to: Commissioner of Revenue Services

[www.ct.gov/TSC](http://www.ct.gov/TSC) to pay electronically. Taxpayer Service Center

|   |  |   |   |
|---|--|---|---|
| Sign Here<br><br>Keep a copy of this return for your records. | Signature of officer or fiduciary  | Date                                      | May DRS contact the preparer shown below about this return? See instructions. |
|   | Title<br><b>CFO</b>  | Telephone number<br><b>(860) 224-5900</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |
|   | Paid preparer's signature  | Date                                      | Preparer's SSN or PTIN<br><b>P00346435</b>                                    |
|   | Firm's name and address<br><b>1019 SASLOW, LUPKIN &amp; BUGGY, LLP<br/>                 AVON, CT 06001</b> | FEIN<br><b>06-1533253</b>                 | Telephone number<br><b>860-678-9200</b>                                       |



**Schedule A - Unrelated Business Income Apportionment:** See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

| Factor   | Item                      | Column A<br>Connecticut | Column B<br>Everywhere | Column C<br>Divide Column A by Column B.<br>Carry to six places |
|--|---------------------------|-------------------------|------------------------|---|
| Property<br><br>(Average value)  | 1. (a) Inventories        | 00                      | 00                     |   |
|  | (b) Tangible property     | 00                      | 00                     |   |
|  | (c) Real property         | 00                      | 00                     |   |
|  | (d) Capitalized rent      | 00                      | 00                     |   |
|  | 1. Total                  | 00                      | 00                     |   |
| Receipts   | 2. (a) Sales of tangibles | 00                      | 00                     |   |
|  | (b) Services              | 00                      | 00                     |   |
|  | (c) Rentals               | 00                      | 00                     |   |
|  | (d) Other                 | 00                      | 00                     |   |
|  | 2. Total                  | 00                      | 00                     |   |
| Wages, salaries,<br>and other<br>compensation  | 3. Total                  | 00                      | 00                     |   |
| 4. Total: Add Lines 1, 2, and 3 in Column C.   |                           |                         |                        |   |
| 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and also on front page, Computation of Tax, Line 2. |                           |                         |                        |   |

**Schedule B - Connecticut Apportioned Operating Loss Carryover**

|   |     |              |
|---|-----|--------------|
| 1. 2000 Connecticut net operating loss available for use in 2011                | 1.  | 00           |
| 2. 2001 Connecticut net operating loss available for use in 2011                | 2.  | 00           |
| 3. 2002 Connecticut net operating loss available for use in 2011                | 3.  | 140,243 00   |
| 4. 2003 Connecticut net operating loss available for use in 2011                | 4.  | 290,556 00   |
| 5. 2004 Connecticut net operating loss available for use in 2011                | 5.  | 592,694 00   |
| 6. 2005 Connecticut net operating loss available for use in 2011                | 6.  | 97,926 00    |
| 7. 2006 Connecticut net operating loss available for use in 2011                | 7.  | 318,441 00   |
| 8. 2007 Connecticut net operating loss available for use in 2011                | 8.  | 149,795 00   |
| 9. 2008 Connecticut net operating loss available for use in 2011                | 9.  | 00           |
| 10. 2009 Connecticut net operating loss available for use in 2011               | 10. | 00           |
| 11. 2010 Connecticut net operating loss available for use in 2011               | 11. | 00           |
| 12. Total: Add Lines 1 through 11. Enter here and on Computation of Tax, Line 4 | 12. | 1,589,655 00 |

**Schedule C - Computation of Net Operating Loss Carryforward**

|  |    |    |
|--|----|----|
| 1. Enter amount from Computation of Income, Line 6, if less than zero                        | 1. | 00 |
| 2. Add back specific deduction from 2011 federal Form 990-T, Part II, Line 33                | 2. | 00 |
| 3. Subtotal: Add Line 1 and Line 2   | 3. | 00 |
| 4. Apportionment fraction from Schedule A, Line 5  | 4. |    |
| 5. 2011 Connecticut net operating loss available for carryforward: Multiply Line 3 by Line 4 | 5. | 00 |