Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

SEPTEMBER 30, 2014

| Prepared for | EASTERN CONNECTICUT HEALTH NETWORK, INC. 71 HAYNES STREET MANCHESTER, CT 06040 |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Prepared by | CROWE HORWATH, LLP 175 POWDER FOREST DRIVE SIMSBURY, CT 06089 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. |

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

| ΑΙ | For the | 2013 calendar year, or tax year beginning $$ OCT $$ $$ $$ 1 $$, $$ $$ $$ $$ 2 $$ 0 $$ 1 $$ $$ and ending | g SĔĒ | 30, 2014 | | | | | | | | | | | | |
|--------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| | Check if applicable: | | D | Employer identific | cation number | | | | | | | | | | | |
| ć | | | | | | | | | | | | | | | | |
| | Address change | EASTERN CONNECTICUT HEALTH NETWORK, INC. | | | | | | | | | | | | | | |
| | Name change | Doing Business As | | 22-2 | 546079 | | | | | | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | suite E | Telephone number | , | | | | | | | | | | | |
| | Termin- ated | 71 HAYNES STREET | | 860- | 646-1222 | | | | | | | | | | | |
| | Amende return | City or town, state or province, country, and ZIP or foreign postal code | G | Gross receipts \$ | 32,926,761. | | | | | | | | | | | |
| | Applica- tion | MANCHESIER, CI 00040 | H(| (a) Is this a group re | eturn | | | | | | | | | | | |
| | pending | F Name and address of principal officer:PETER J. KARL | | for subordinates | ? Yes X No | | | | | | | | | | | |
| | | SAME AS C ABOVE | H(| (b) Are all subordinates in | cluded? Yes No | | | | | | | | | | | |
| | | npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. (see instructions) | | | | | | | | | | | |
| | | E ► WWW.ECHN.ORG | | (c) Group exemption | | | | | | | | | | | | |
| | | | Year of fo | ormation: 1995 N | State of legal domicile; ${f CT}$ | | | | | | | | | | | |
| Pá | | Summary | | | | | | | | | | | | | | |
| ě | 1 B | riefly describe the organization's mission or most significant activities: INTEGRAT | red H | HEALTHCARE | SYSTEM. | | | | | | | | | | | |
| Governance | _ | | | | | | | | | | | | | | | |
| ern | 1 | check this box if the organization discontinued its operations or disposed of | | | sets. 18 | | | | | | | | | | | |
| Š | | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 | | | | | | | | | | | | | | |
| જ | | | | | 10 | | | | | | | | | | | |
| ies | | otal number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 0 | | | | | | | | | | | |
| Activities & | | otal number of volunteers (estimate if necessary) | | | 10 | | | | | | | | | | | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | | | | | | | |
| | b N | let unrelated business taxable income from Form 990-T, line 34 | | | 0. | | | | | | | | | | | |
| | | | | Prior Year | Current Year | | | | | | | | | | | |
| Revenue | 1 | Contributions and grants (Part VIII, line 1h) | 2 | 808,889. | 503,829. | | | | | | | | | | | |
| | 1 | rogram service revenue (Part VIII, line 2g) | — | 2,671,422. 0. | 31,601,939. | | | | | | | | | | | |
| Be | | evestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 020,993. | | | | | | | | | | | |
| | | other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,480,311. | 32,926,761. | | | | | | | | | | | |
| _ | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | + | 0. | 0. | | | | | | | | | | | |
| | 1 | irants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | | | | | | |
| | 1 | denefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | | | | | |
| Expenses | 15 S | calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | | | | | | | | | | |
| en | loa P | rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. | | | | | | | | | | | |
| $\overline{\mathbf{x}}$ | 17 0 | otal fundraising expenses (Fart IX, Column (b), line 23) wher expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 33 | 3,053,515. | 32,734,317. | | | | | | | | | | | |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3 2 | 3,053,515. | 32,734,317. | | | | | | | | | | | |
| | | levenue less expenses. Subtract line 18 from line 12 | | 426,796. | 192,444. | | | | | | | | | | | |
| <u>- 8</u> | 3 | levenue less expenses. Oubtract line 10 nom line 12 | Reginn | ning of Current Year | End of Year | | | | | | | | | | | |
| ets (| 20 T | otal assets (Part X, line 16) | | 3,058,695. | 18,930,663. | | | | | | | | | | | |
| Ass J Ba | 21 T | otal liabilities (Part X, line 26) | | L,496,234. | 14,695,801. | | | | | | | | | | | |
| Net Assets or Fund Balances | 22 N | let assets or fund balances. Subtract line 21 from line 20 | | 3,437,539. | 4,234,862. | | | | | | | | | | | |
| Pa | art II | Signature Block | | , , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | | |
| Und | ler penalt | ies of perjury, I declare that I have examined this return, including accompanying schedules and st | tatements | s, 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 pre | parer has | any knowledge. | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Sig | n | Signature of officer | | Date | | | | | | | | | | | | |
| Her | re | MICHAEL D. VEILLETTE, CHIEF FINANCIAL OFF | FICEF | ₹ | | | | | | | | | | | | |
| | | Type or print name and title | 15. | | - I DTI | | | | | | | | | | | |
| _ | | Print/Type preparer's name Preparer's signature | Date | Check | PTIN | | | | | | | | | | | |
| Pai | | BETH A. THURZ BETH A. THURZ | | self-employe | | | | | | | | | | | | |
| | | Firm's name CROWE HORWATH, LLP | | Firm's EIN 🕨 | 35-0921680 | | | | | | | | | | | |
| Use | Only | Firm's address 175 POWDER FOREST DRIVE | | | 0 680 0000 | | | | | | | | | | | |
| | | SIMSBURY, CT 06089 | | Phone no.86 | 0-678-9200 | | | | | | | | | | | |
| Ma | v the IRS | 6 discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | | | | | | | | | |

| 4d | Other program services (Describe in Sc | hedule O.) | | |
|----|----------------------------------------|------------------------|---------------|---|
| | (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4e | Total program service expenses | 32,734,317. | | |

Part IV | Checklist of Required Schedules

| 1 Is the organization described in section SOTIC(S) or 4947(4)1) (other than a private foundation? 1 | | | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 2 Is the organization required to complete Schedule of Contributions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I 1 Is the organization. But the organization engage in lobbying activities, or have a section 501(if) election in effect during the tax year? If "Yes," complete Schedule C, Part I I 5 Is the organization as ection 501(ic)(i), 501(c)(i), or 501(c)(i) or gonalization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Sel 191 If "Yes," complete Schedule C, Part II I 6 Ib the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investments ell-191 If Yes," complete Schedule D, Part I I 7 Ib the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical structures? If "Yes," complete Schedule D, Part II I 8 Ib the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II 9 Ib the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, dieth management, credit repair, or debt nepotation services? If "Yes," complete Schedule D, Part IV II 10 Ib the organization report an amount for Investments - cher securities in Part X, line 197 If "Yes," complete Schedule D, Part VII II II the organization report an amount for investments - program related in Part X, line 197 If "Yes," complete Schedule D, Part VII II II II the organization report an amount for investments - program related in Part X, line 197 If "Yes," complete Schedule D, Part X II I | 1 | | 1 | Х | |
| 3 Description of the organization engage in direct to indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I and the public office? If "Yes," complete Schedule C, Part II as the organization set of the public office? If "Yes," complete Schedule C, Part II is the organization assertion SOI(R), SOI(SQ), FOI(SQ), FO | 2 | | | | |
| public office? If "Yes," complete Schedule C, Part I 4 Section 501(\$3) organizations. Did the organization engage in lobbying activities, or have a section 501(\$1) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(\$1), 501(\$2)\$, 501(\$6)\$, or 501(\$6)\$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceduler 88.197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization relevie or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical streasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization insport an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization insport an amount for invostments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for invostments of their securities in Part X, line 12? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for invostments of their securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedu | | | _ | | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 38-197 If "Yes," complete Schedule C, Part II or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which, "complete Schedule D, Part II 7 is 2. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 is 2. X 8 is 3. X 8 is 4. X 9 is 3. A 9 is 4. A 9 i | _ | | 3 | | Х |
| during the tax year / If 'Yes,' complete Schedule C, Part II 5 Is the organization a section 50 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? // "Yes,' complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures // "Yes," complete Schedule D, Part III 7, X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part III 7, X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part IV 7, Yes, "complete Schedule D, Part V 7, Yes," organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V 7, Yes," organization services? // "Yes," complete Schedule D, Part V 7, Yes," organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V III | 4 | | | | |
| 5 Is the organization a section \$01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.8.179 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III 8 Did the organization dareas, or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization and sawer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization shower to any of the following questions is "Yes," then complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V 13 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V 14 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V 15 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V 16 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 167 If "Yes," complete Schedule D, Part V 17 Did the organization separate, inde | | | 4 | Х | |
| similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 N N N N N N N N N N N N N N N N N | 5 | | | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement; including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization area or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization of part X, line 21, for scrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization of service or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II 14 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 17 Did the organization separate or consolidated financial statements for the tax year; limited assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 18 Did the organization separa | | | 5 | | Х |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 1 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 2 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 3 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - other securities in Part X, line 11 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization is above the Internation is latered to the part X, line 15? If "Yes," complete Schedule D, Part X III 12 Did the organization is exparate or consolidated financial statements for the tax year include a footnote that Dd research the organization is above the complete Schedule D, Part X III 13 Step organization organization asserting i | 6 | | | | |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, for provide certic counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | | · · · · · · · · · · · · · · · · · · · | 6 | | Х |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVIII 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization siseparate or consolidated financial statements for the tax year? If Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization shale in A part X, line 12a, then completing Schedule D, Parts XI and XII is optional 13 is the organization shale in A part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X and XII is optional 14a Did the organization in chulded in consolidated, independent audited financial statements for the tax year? If "Yes," complet | | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II I | 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization (rective) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other isabeliates in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the to linted States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complet | | Schedule D, Part III | 8 | | Х |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other iabelities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 16 Did the organization report an amount for other iabelities in Part X, line 25? If "Yes," complete Schedule D, Part X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X A Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts II and IV 19 Did the organization report an Part IX, column (A), line 3, more than \$5,000 of gone senses for professio | 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3 Did the organization report an amount for investments - program related in Part X, line 18? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 6 Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 7 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 8 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 9 Did the organization as boot of described in section 1700(I)(1)(A)(I)(I) "Fes," complete Schedule D, Part X IIII X 11 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 grants or other assistance to or for foreign individuals? If "Yes," complete Schedule C, Part II III III X 12 Did the organization report a total of more than \$15,00 | | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 1 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X d Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c 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)? If "Yes," complete Schedule D, Part X 11c X 12a Did the organization included in consolidated, independent auditled financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12b Was the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 1 and XI IX X 13 Is the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule P, Parts II and IV 15 Did the organization as expressed or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreig | | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 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. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 6 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 7 Did the organization on botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 8 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 9 Did the organization and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? | 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII VI c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII VI d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," complete Schedule D, Part X V line 12 line 16? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E line 12 line 10 line 12 l | | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III III X 11c X 11d X 11 | 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 | | | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X III X 12b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report and total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? | | as applicable. | | | |
| b Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12b Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 12a X 12b Did the organization associated in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 11d X X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the | а | | | | |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X 110 | | Part VI | 11a | | 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII Is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII Is optional 13 Is the organization and program service activities outside the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 15 Did the organization repo | b | * · · · · · · · · · · · · · · · · · · · | | | |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report at otal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 Did the organizat | | | 11b | | 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? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 116 127 128 139 140 150 150 160 160 170 170 170 170 170 17 | С | | | 37 | |
| Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(4)(ii)? If "Yes," complete Schedule D, Part X I and XII is optional 13 Is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 Is Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1 and 8? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," comple | | | 11c | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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)? If "Yes," complete Schedule D, Part X 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 X 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organiza | d | · · · · · · · · · · · · · · · · · · · | | v | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 82 If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | | | | |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X | | • | 11e | Λ | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 1d b Did the organization maintain an office, employees, or agents outside of the United States? 1d b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report are than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | T | | 446 | v | |
| Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 40- | | 111 | | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | 12a | | 100 | | x |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | h | | ıza | | 21 |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Z | D | | 12h | x | |
| Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | 13 | , , , , , , , , , , , , , , , , , , , , | | | х |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | | | | | |
| investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | | | ·¬a | | |
| or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | | | | | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X | | | 14b | | Х |
| foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X | 15 | | | | |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 X | | | 15 | | Х |
| or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X | 16 | | | | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X | | | 16 | | Х |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X | 17 | | | | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | | | 17 | | Х |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | complete Schedule G, Part III | 19 | | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b | | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | | X |
| | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Part IV Checklist of Required Schedules (continued)

| 21 Dit the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, count (A), line 11 If "Yes," complete Schedule I, Part at I and III count (A), line 21 If "Yes," complete Schedule I, Part at I and III Count (A), line 21 If "Yes," complete Schedule I, Part at I and III Count (A), line 21 If "Yes," complete Schedule I, Parts I and III Count (A), line 21 If "Yes," complete Schedule I, Parts I and III Count (A), line 21 If "Yes," complete Schedule I, Parts I and III Count (A), line 31 If I Schedule I, Parts I and III Count (A), line 31 If I Schedule I, Parts I and III Count (A), line 31 If I Schedule I I Count (A), line 31 If I Schedule I I I Schedule I I I Schedule I I Schedule I I Schedule I I Schedule I I I I Schedule I I I I I I I I I I I I I I I I I I I | | | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------|----------|-----|----|
| column (A), line 2? If "Yes," complete Schedule I, Parts I and III 3 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 I, Part III is a task of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I, I'm Po," go to lime 25s b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization and as a "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and as a "on behalf of" issuer for bonds outstanding at any time during the year? 24d | 21 | | 21 | | Х |
| 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 I, If "No.", go to line 25a | 22 | | 22 | | Х |
| and former officors, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 I, "Part in the 25a De Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b | 23 | | | | |
| Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(x)(3) and 501(x)(4) organizations. Old the organization in engage 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 is prior Forms 990 or 90-EZ? If "Yes," complete Schedule L, Part I 25a X 27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualled persons? If 9cs, "complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 28d A Carment or former officer director, trustee, or key employee for a family member of any of these persons? If "Yes," complete Schedule L, Part IV 28a X 28b X | | · | | | |
| 24a I the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b | | | 23 | х | |
| stad day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete \$24b\$ 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? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did 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 in prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I! D Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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 IV a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A cannot or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a current or former offi | 24a | | | | |
| Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 25a 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-E27 If "Yes," complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, or disqualified persons? If so, complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, expemployees, or disqualified persons? If so, complete Schedule L, Part III 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 29 Did the organization aparty to a business transaction with one | | | | | |
| 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? 24d 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 25b X 25b 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 spot or 990 or 990-EZ? If 'Yes,' complete Schedule L, Part II 25c X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 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 33% controlled entity or family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 27 | | | 24a | | Х |
| 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? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 901(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 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-E72 lf "Yes," complete Schedule L, Part II 25b | b | | | | |
| any tax-exempt bonds? 246 247 248 249 258 250 250 250 250 250 250 250 | | | | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | | | 240 | | |
| Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the yea? If "Yes," complete Schedule L, Part I | d | | | | |
| disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E27 If "Yes," complete Schedule L, Part I 25b | | | | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 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 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 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 instruction 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 instructions of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule Instructions? If "Ye | | | 25a | | х |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b | h | | | | |
| Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a | - | | | | |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X The Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 27b | | Och all bl. Dall | 25h | | х |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | | | |
| complete Schedule L, Part II 26 | | | | | |
| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or dey employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization rake any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, li | | | 26 | | х |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 31 A X 33 Did the organization one not 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chari | 27 | | | | |
| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 32 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related or | | | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is tr | | | 27 | | х |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization individuals, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization individuals, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Bid the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 34 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, Iine 2 35 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt | 28 | | | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 31 X 32 Sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 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 V, line 2 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | а | | 28a | | х |
| 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Was 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, lines 11b and 19? | | | | х | |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 32 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 ines 11b and 19? | | · | | | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | · | | 28c | x | |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, lines 11b and 19? | 29 | | - | | Х |
| contributions? If "Yes," complete Schedule M 30 | | | | | |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 To 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 00 | | 30 | | х |
| If "Yes," complete Schedule N, Part I 31 | 31 | | | | |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 = 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 36 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 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 31 | | Х |
| Schedule N, Part II 32 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 36 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 and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 | | | 32 | | Х |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 33 | | Х |
| Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 36 V 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 34 | Х | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Jid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 35a | | 35a | Х | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | | | |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 35b | X | |
| If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 36 | | | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 36 | | Х |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | 37 | | Х |
| | 38 | | | | |
| | | | 38 | Х | |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

| Second Comparison Seco | | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|-----|-----|--------|--|--|--|--|--|
| b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the contribution or protable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3_Transmittal of Wage and Tax Stataments, lead for the called a statements of the contribution of the called and the contribution of the called and the calle | | | | | | Yes | No | | | | | |
| b Enter the number of Forms W26 included in line 1a. Enter o I/I not applicable 10 0 0 0 0 0 0 0 0 | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | | | | | | | |
| c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gamming) withings to prize withinsers? 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? 2b If the organization have unreaded business gross income of \$1,000 or more during the year? 3a If the organization have unreaded business gross income of \$1,000 or more during the year? 3a A Early time during the calendar year, did the organization file all required federal employment tax returns? 3b If "Yes," has it filed a Form 990.1 for this year? If "No," to fire 3b, provide an explanation in Schedule O. 3b If "Yes," has it filed a Form 990.1 for this year? If "No," to fire 3b, provide an explanation in Schedule O. 3b If "Yes," a fire the name of the foreign country. PC AYMAN ITSLANDS See instructions for filing requirements for Form TD F 90/32.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization have in the organization file and the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a orb., did the organization file Form 8886-17? 5c If "Yes," to line 5a orb., did the organization file Form 8886-17? 5c If "Yes," to line 5a orb., did the organization file Form 8886-17? 6c If "Yes," to line 5a orb., did the organization file Form 8886-17? 6c If "Yes," to line 5a orb., did the organization file form 8886-17? 6d If "Yes," to line 5a orb., did the organization file form 8886-17? 6d If "Yes," to line 5a orb., did the organization file form 8886-17? 6d If "Yes," to line 5a orb., did the organization file form 8886-17? 6d If "Yes," to line 5a orb., did the organization file form 8886-17? 6d If "Yes," to line 5a orb., directly orb., and the surface orb., and the surface orb., and the s | b | | 1b | 0 | | | | | | | | |
| 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field 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? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX the companization have unreated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fire 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, by CAYMAN I STALANDS 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? 5b If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have amount gross necepitish that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a V Y Set If If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8c If If Yes, "did the organization include wherey solicitation an express statement that such contributions or gifts were not tax deductible? 7c If | С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportab | ole gaming | | | | | | | | |
| 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field 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? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX the companization have unreated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fire 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, by CAYMAN I STALANDS 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? 5b If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have amount gross necepitish that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a V Y Set If If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8c If If Yes, "did the organization include wherey solicitation an express statement that such contributions or gifts were not tax deductible? 7c If | | (gambling) winnings to prize winners? | | | 1c | | | | | | | |
| b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3b If 17 Yes, "has it filed a Form 990-Ti or this year? If "No." to line 3b, provide an explanation in Schedule O 3b A At any time during the calendary vear, 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 accountly. 4b If "Yes," enter the name of the foreign country. PC AYMAN TSLANDS 5ee 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? 5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 6b If Yes," tide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If Yes," did the organization include with every solicitations under section 170(c). 6c In the form 8282? 6c Did the organization necelve apmentii in excess of 35° made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive apmentii in excess of 35° made party as a contribution of quantitation receive a payment in excess of 35° made party as a contribution of quantitation receive apmentii in excess of 35° made party as a contribution of quantitation receive a payment in excess of 35° made party as a contribution of quantitation receive and party of the organization receive and the organization received and contribution of qualified intellectual property, did the organization in facility | 2a | | | | | | | | | | | |
| b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A tary time during the calendary 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 accountly? 4b If "Yes," reter the name of the foreign country. PCAYMAN ITSIANDS 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did with the organization that it was or is a party to a prohibited fax shelter transaction? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization state may receive deductible contributions under section 170(c). 5c Did the organization sellows a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Did the organization sellows a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Did the organization sellows a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Did the organization sellows a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Did the organization sellows any premiums o | | filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | | | | | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it filed a Form 990T for this year? If 'No," 'to line 3, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, servicine account, or other financial accounts.) 5b If Yes, 'there the name of the foreign country. 'EATMAN TSLANDS 5e instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, 'to line 5a or 5b, did the organization file Form 8896-17? 6c If Yes, 'to line 5a or 5b, did the organization file Form 8896-17? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6d If Yes, 'tide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 'tide the organization include with every solicitation and party for goods and services provided to the payor? 6d If Yes, 'tide the organization solic, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If Yes, 'tide the organization solic, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If Yes, 'tide the organization solic, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If Yes, 'tide the organization, during they year, pay premiums on a personal benefit contract? 7e X 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ทร? | | 2b | | | | | | | |
| b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b If "Yes," enter the name of the foreign country. ► CAYMAN I SILANDS 5e einstructions for filing requirements for Form IT 5 90.221, Hepot 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? 5a Was 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? 5b If "Yes," to line 5a or 5b, did the organization file Form 3886-1? 6c 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? 6c 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? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the are not tax deductible? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8c Did the organization include with every solicitation an express statement that such contributions or devises of the value of the goods or services provided? 7c Did the organization network any funds, directly or indirectly, on a personal benefit contract? 7c X 7d Did the organization, during the year, pay premiums, directly or indire | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | | | |
| 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)? b If Yes, "enter the name of the foreign country; \(\) CAYMAN ISLANDS Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization approximation approximation of the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If Yes," to line 5a or 5b, did the organization file Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Ibil the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The contributions of the organization notity the donor of the value of the goods or services provided? 7 The provided the companization notity the donor of the value of the goods or services provided? 7 The provided the progranization of the services apprehensive dispose of tangible personal property for which it was required 7 To granization for the number of Forms 8282 filed during the year 8 Did the organization for every any premiums, directly or indirectly, or a personal benefit contract? 7 The provided the organization of the provided a contribution of qualified intellectual property, di | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х | | | | | |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country; | b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | | 3b | | | | | | | |
| b if "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization party to the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Was did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Was did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Was the organization state any receive deductible contributions under section 170(c). a bit "Yes," did the organization notity the donor of the value of the goods or services provided? 7c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X Was the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X Was the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 6 bit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X diff Yes, indicate the number of Forms 8282 filed during the year 6 bit the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7b Yes, indicate the number of organization services and section 598(a)(3) supporting organization file a Form 1098-C? 7c X difference and capital contributions included on Part VIII, line 12 6 conserved the organi | 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | | |
| See instructions for filing requirements for Form TD F90-22.1, 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization make any taxable distributions under section 49667 b Did the organization make any taxable distributions under section 49667 b Consideration of the property of the section 49667 b Consideration of the property of the organization file form 899 as required? 10a b Consideration of the property of the property of the property of the progranization file form 5010(7) organizations. Enter: a Initiation fees and capital contribution of cars, boats, airplanes, or other v | | financial account in a foreign country (such as a bank account, securities account, or other financial | accoun | t)? | 4a | Х | | | | | | |
| Sa X D Did any taxable party not in the organization that it was or is a party to a prohibited tax shelter transaction? Sc ***O **O * | b | If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS | | | | | | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 To If "Yes," indicate the number of Forms 2282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 10 If the organization received a contribution of cars, boats, aniphanes, or other whiches, did the organization file a Form 1038-C? 11 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 12 Sponsoring organization make any taxable distributions under section 4986? 13 Section 501(c)(17) organizations. Enter: 14 Initiation fees and capital contribution to a donor, donor advisor, or related person? 15 Section 501(c)(17) organizations. Enter: 16 If Yes, "Initiation fees and capital contribution to a donor, donor advisor, or related person? 17 Did the organization in consection for the amount of tax-exempt c | | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accoun | ts. | | | | | | | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "Yes," inclicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organizations maintaining donor advised funds and section 509(a)(3) supporting organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions of a did to the summan of the property of the supporting organization flag form 200 forms 100 forms 100 forms 100 forms 100 forms 10 | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х | | | | | |
| 6a X b l'Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b l'Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b l'Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d l'Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To 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 qualified intellectual property, did the organizations in lea Form 1098-C' 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 9 Section 501(c)(17) organizations. Enter: a Gross included on Form 990, Part VIII, line 12, for public use of club facilities 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. b Enter the amount of reserves on ha | | | | | 5b | | Х | | | | | |
| 6a X b l'Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b l'Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b l'Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d l'Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To 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 qualified intellectual property, did the organizations in lea Form 1098-C' 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 9 Section 501(c)(17) organizations. Enter: a Gross included on Form 990, Part VIII, line 12, for public use of club facilities 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. b Enter the amount of reserves on ha | С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5с | | | | | | | |
| any contributions that were not tax deductible as charitable contributions? b f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b f "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f "Yes," indicate the number of Forms 8292 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Telegonization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7 Th X X X X X X X X X | | | | | | | | | | | | |
| were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," idid the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? f If the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contribution to a donor, donor advisor, or related person? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders Did respiration from members or shareholders Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(12) organizations. Enter: a Is the organization included to include the alth plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by th | | | | | 6a | | Х | | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 A X 1 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? C If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X 1 Did the organization received a contribution of qualified intellectual property, did the organization flier a Form 1098 C? S If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a Form 1098 C? S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distribution sunder section 4966? S Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? D Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders 1 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(2) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13c If the organization in Sched | b | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions or | gifts | | | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7t | | were not tax deductible? | | | 6b | | | | | | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c | 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization of the section 501(c)(27) organizations. Enter: 10 Did the organization of the section 501(c)(27) organizations. Enter: 11 Did the organization the organization the organization filing Form 990 in lieu of F | а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices pr | ovided to the payor? | 7a | | Х | | | | | |
| to file Form 8282? 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? 7 | b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | | | | | |
| 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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 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? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the i | С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as requ | iired | | | | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 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? 9a b Gection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of reserves the organization in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information th | | to file Form 8282? | | | 7c | | Х | | | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 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? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization dense distributions under section 4966? 10 a Did the organization taxable trusts. Is the organization full full taxable trusts. Is the organization full full taxable trusts. Is the organization full full to the organization full full taxable trusts. Is the organization full full full full full full full ful | d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b 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? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 12a Gross income from members or shareholders 11b 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontract | ? | 7e | | | | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities in this consumer from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 15b 17h 17c 18a 18b 19c 19c 19a 19a 19a 19a 19a 19a | f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | act? . | | 7f | | X | | | | | |
| Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 | g | If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the | orm 889 | 99 as required? | 7g | | | | | | | |
| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 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? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 Tab 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Tab 14 Tab 15 Tab 16 Tyes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14 Tab | h | | | | 7h | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. 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? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital initiation fees and capital on Part VIII, line 12 Initiation fees and capital on Part VIII, line 12 Initiation fees and capital initiation fees and capital on Part VIII, line 12 Initiation fees and Initiation fees and capital initiation f | 8 | | | | | | | | | | | |
| 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? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time | e during the year? | 8 | | | | | | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | 9 | | | | | | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | 9a | | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 5b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1 | 10 | | | | | | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | а | | | | | | | | | | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | 10b | | | | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c | 11 | | | | | | | | | | | |
| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | а | | 11a | | | | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 16 17 18 18 18 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | b | | | | | | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | / | | | | | | | | | | |
| Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a | | | 1 1 | | 12a | | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | 12b | | | | | | | | | |
| 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | | | | | | | | | | |
| 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 13c 14a | а | | | | 13a | | | | | | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15c 16 | | | | | | | | | | | | |
| c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | b | | ا مدا | | | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b | | | | | | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | 44 | | Y | | | | | |
| | | | | | | | | | | | | |
| | D | if res, rias it filed a Form 720 to report these payments? If No, provide an explanation in Schedule | | | | gan | (2012) | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|----|
| Sec | tion 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. | | | |
| 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? | 2 | 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? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 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 | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | v | |
| | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Λ | |
| 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? | 45- | Х | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| O | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | Λ | |
| 160 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| iva | | 16a | Х | |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 10a | | |
| b | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | Х | |
| Sec | exempt status with respect to such arrangements? | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 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) a | vailah | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | 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 organiza | tion: | • | |
| | NICHOLAS JAMIESON - 860-646-1222 | - | | |
| | 320 MAIN STREET, MANCHESTER, CT 06040 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 fleither the organization in | 1 - | T | 111120 | | | прсі | isai | | | (F) |
|------------------------------------------------|----------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|-------------------------|-------------------------|------------------------|
| (A) | (B) | (C) Position | | | | | | (D) | (E) | (F) |
| Name and Title | Average hours per | | not c | heck | more | than | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week | | | | | r/trus | | from | from related | other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | rdire | | | | ted | | organization | (W-2/1099-MISC) | from the |
| | related | stee o | nstee. | | | ensa | | (W-2/1099-MISC) | | organization |
| | organizations | al trus | nal tr | | loyee | comp | | | | and related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DENNIS O'NEILL, MD | line) 1.00 | Ĕ | Ë | ₩ | 중 | 三品 | 요 | | | |
| CHAIRMAN | | X | | Х | | | | 0. | 0. | 0. |
| (2) ROBIN MURDOCK MEGGERS | 1.00 | | | | | | | | • | |
| VICE CHAIR | | x | | х | | | | 0. | 0. | 0. |
| (3) MICHELE CONLON, MD | 1.00 | | | | | | | • | | |
| SECRETARY | | x | | х | | | | 0. | 0. | 0. |
| (4) JOSEPH F. JEAMEL, JR. | 1.00 | | | | | | | | | |
| TREASURER | | x | | х | | | | 0. | 0. | 0. |
| (5) GORDON BRODIE, MD | 1.00 | | | | | | | | | |
| TRUSTEE | 2.00 | x | | | | | | 0. | 0. | 0. |
| (6) THOMASINA CLEMONS | 1.00 | | | | | | | | | |
| TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) ANTHONY DISTEFANO, MD | 1.00 | | | | | | | | | |
| TRUSTEE | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (8) MILTON DOREMUS | 1.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (9) JOY DORIN | 1.00 | | | | | | | | _ | |
| TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) DAVID GONCI | 1.00 | 1 | | | | | | | _ | |
| TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) REBECCA JANENDA | 1.00 | ļ | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (12) LENORA WILLIAMS, MD | 1.00 | ļ | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (13) PETER J. KARL | 1.00 | ļ | | | | | | | 4 400 040 | 100 501 |
| PRESIDENT AND CEO | 59.00 | X | | Х | | | | 0. | 1,123,212. | 122,724. |
| (14) LOUISE ENGLAND | 1.00 | | | | | | | | | 0 |
| TRUSTEE | 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) DONALD GENOVESI | 1.00 | . , | | | | | | | _ | ^ |
| TRUSTEE | 2.00 | | | | | | | 0. | 0. | 0. |
| (16) KATHLEEN A. O'NEILL TRUSTEE | 3.00 | | | | | | | 0. | 0. | 0 |
| (17) KEITH J. WOLFF | 1.00 | | | \vdash | | | | 0. | 0. | 0. |
| TRUSTEE | 2.00 | | | | | | | 0. | 0. | 0. |
| TROSTEE | 2.00 | Λ | | | | | <u> </u> | 1 0. | 0. | Comp 990 (2012) |

332007 10-29-13

| | | | | | | | | NETWORK, INC | | 0/9 | P | age 8 |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------|----------------------------------|----------------|---------------------------------|----------|------------------------------------------|------------------------------------------|---------------|------------------------------------------------|----------------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | /ees | , an | d Hi | ghe | st C | ompensated Employe | ees (continued) | | | |
| (A) Name and title | (B) Average hours per week | box | not c , unle | Pos check ess pe nd a d | more rson i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | am | (F) timate nount other | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | com frorga | pensa om th anizat d relat anizati | ation le tion ted |
| (18) ERIC KLOTER TRUSTEE | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| (19) PAMELA LEWIS, MD | 1.00 | 1 | \vdash | | | | | | | | | |
| TRUSTEE | 2.00 | х | | | | | | 0. | 0. | | | 0. |
| (20) MICHAEL D. VEILLETTE | 1.00 |] | | | | | | _ | | | | |
| SVP, CHIEF FINANCIAL OFFIC | 59.00 | | | Х | | | | 0. | 441,275. | 5 | 8,8 | <u>96.</u> |
| (21) KEVIN G. MURPHY (THROUGH OCT 20 | | | | | l | | | | 605 654 | | | |
| EVP, TREASURER | 59.00 | | | | Х | | | 0. | 605,651. | 2 | 6,6 | 80. |
| (22) DEBORAH GOGLIETTINO | 1.00 | | | | | | | | 250 660 | | | 4.4 |
| SVP, HUMAN RESOURCES | 59.00 | | | | Х | | | 0. | 350,668. | 4 | 6,6 | <u> </u> |
| (23) DENNIS MCCONVILLE | 1.00 | ł | | | ,, | | | | 205 100 | _ ر | 2 (| 0.0 |
| SVP, STRATEGIC PLANNING | 59.00 | | | | Х | | | 0. | 325,180. | 9. | 3,6 | 80. |
| (24) DEBORAH PARKER EVP_ CHIEF CLINICAL OFFICE | 59.00 | ł | | | x | | | 0. | 439,801. | | 8,0 | 16 |
| (25) JOEL REICH, MD | 1.00 | | | | ^ | | | 0. | 439,001. | ٠, | 5,0 | 40. |
| SVP MEDICAL AFFAIRS | 59.00 | ┨ | | | x | | | 0. | 522,615. | 13 | 6 0 | 1Ω |
| (26) CHARLES COVIN (THROUGH NOV 2013 | 1.00 | | | | ^ | | | 0. | 322,013. | 13 | 0,9 | 40. |
| VP AND CIO | 59.00 | ┨ | | | X | | | 0. | 158,898. | 3 | 2 2 | 53 |
| | 1 | <u> </u> | <u> </u> | <u> </u> | _ | | \vdash | 0. | | | | |
| 1b Sub-total c Total from continuation sheets to Part V | II Cootion A | | | | | | | 0. | | | | |
| | | | | | | | | 0. | | | | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but n | | | | | | | ho r | | | , , | <u>., .</u> | -5. |
| compensation from the organization | iot iii iiited to ti | 1036 | ilott | eu ai | DOVE | <i>5)</i> WI | 10 10 | scerved more than \$10 | o,ooo or reportable | | | 0 |
| compensation from the organization | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | | | | | | | | | | | | 7,7 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | • | | | | | | | • | • | | 37 | |
| and related organizations greater than \$15 | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | 77 |
| rendered to the organization? If "Yes," com | plete Schedul | e J t | or s | uch | pers | son . | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | • | | | |
| 1 Complete this table for your five highest co | mpensated inc | depe | ende | ent c | ontr | racto | ors t | hat received more than | \$100,000 of compens | ation f | rom | |

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address NONE | (B) Description of services | (C) Compensation |
|------------------------------------|---------------------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

| | | | | | | | | NETWORK, INC | | 6079 |
|----------------------------------------------|-----------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|----------------------|------------------------------|------------------------------|
| Part VII Section A. Officers, Directors, Tru | | mple | oyee | | | ligh | est | | rees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | /_ | | Pos | | | I. A | Reportable | Reportable | Estimated |
| | hours per | (C | leck | l | mai | nat apply) | | compensation from | compensation from related | amount of other |
| | week | | | | | yee | | the | organizations | compensation |
| | (list any | ector | | | | oldme | | organization | (W-2/1099-MISC) | from the |
| | hours for | ordir | e e | | | sated 6 | | (W-2/1099-MISC) | | organization |
| | related organizations | rustee | trust | | 8 | npens | | | | and related organizations |
| | below | Individual trustee or director | Institutional trustee | <u>_</u> | Key employee | Highest compensated employee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | |
| (27) LEONA CROSSKEY | 1.00 | | | | | | | | | |
| VP, QUALITY | 59.00 | 1 | | | Х | | | 0. | 177,688. | 73,043. |
| (28) ROBERT CARROLL, MD | 1.00 | | | | | | | | | |
| MED DIR, EMERGENCY DEPARTM | 59.00 | | | | Х | | | 0. | 449,483. | 34,371. |
| (29) JOYCE TICHY | 1.00 | | | | | | | _ | | |
| GENERAL COUNSEL | 59.00 | | | | Х | | | 0. | 355,681. | 28,863. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | | | | | | | | | | |
| | | l | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | ļ | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | | _ | | | | | | | | |
| | | ł | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | I. | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | 982.852. | 136,277. |
| 10ta to 1 art vii, 000ti01171, iii ii 10 | | | | | | | | l | , | , |

| 2 | 5 | 4 | 6 | 0 | 7 | 9 | Page | |
|---|---|---|---|---|---|---|------|--|
| | | | | | | | | |

| | | Check if Schedule O cont | ains a response | or note to any lin | e in this Part VIII | | | |
|--------------------------------------------------------|------|-----------------------------------------------------------------|-----------------|-----------------------------------------|---------------------|----------------------------------------|--------------------------------|----------------------------------------------------|
| | | Officer if Octreditie O Cont | ан з а тезропзе | or note to any iii | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts ts | 1 a | Federated campaigns | 1a | | | | | |
| ran | | Membership dues | | | | | | |
| Ğ, | | Fundraising events | | | | | | |
| ar / | | Related organizations | | | | | | |
| s, G | | Government grants (contribut | | | | | | |
| Sil | | All other contributions, gifts, gran | . — | | | | | |
| her | • | similar amounts not included above | 1 1 | 503,829. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Sor | _ | Total. Add lines 1a-1f | | | 503,829. | | | |
| | | Total / Nad III red Ta Ti | | Business Code | , - | | | |
| ġ. | 2 a | AFFILIATION CHARGE | | 900099 | 29,128,254. | 29,128,254. | | |
| Z e | b | | ED | 621990 | 1,313,957. | | | |
| Sel | c | DIDMITTO GUITO AND OFFICED | | 900099 | 1,159,728. | 1,159,728. | | |
| am | d | , | | | . , | | | |
| Program Service Revenue | е | | | | | | | |
| P. | | All other program service reve | enue | | | | | |
| | | Total. Add lines 2a-2f | | | 31,601,939. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 82,052. | | | 82,052. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | > | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | · | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 738,941. | , | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 0, | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | ····· | 738,941. | | | 738,941. |
| ne | 8 a | Gross income from fundraising | 7 | | | | | |
| ven | | including \$ | of | | | | | |
| Other Reven | | contributions reported on line | • | | | | | |
| ЭE | | Part IV, line 18 | | | | | | |
| ğ | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from func | | > | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam Gross sales of inventory, less | | | | | | |
| | ю а | | | | | | | |
| | h | and allowances Less: cost of goods sold | | 1 | | | | |
| | | Net income or (loss) from sale | | | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | | <u> </u> | | | | | |
| | ba | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | е | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions. | | | 32,926,761. | 31,601,939. | 0 . | 820,993. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management 355,038. 355,038. Legal 40,848. 40,848. Accounting 45,125. 45,125. Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 1,155,043. 1,155,043. column (A) amount, list line 11g expenses on Sch O.) 1,335,239. 1,335,239. Advertising and promotion 12 639,644. 639,644. 13 Office expenses 5,219,154. 5,219,154. Information technology 14 15 Royalties 389,016. 389,016. Occupancy 16 5,152. 5,152. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 142,335. 142,335. Conferences, conventions, and meetings 19 85,197. 85,197. 20 Payments to affiliates 21 208,107. 208,107. 22 Depreciation, depletion, and amortization 3,687,888. 3,687,888. 23 Other expenses. Itemize expenses not covered 24 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 0.) 12,987,618. 12,987,618. ALLOCATED WAGES AND BEN DUE DILIGENCE 2,108,705. 2,108,705. 1,663,665. 1,663,665. GOODWILL WRITE OFF 999,392. 999,392. **OUTSIDE SERVICES** 1,667,151. 1,667,151. All other expenses 32,734,317. 32,734,317. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013) Part X | Balance Sheet

| Pa | πχ | Balance Sneet | | | | | |
|-----------------------------|-----|-----------------------------------------------------------------------------|-----------------------|----------------|-------------------|-------------|-------------|
| | | Check if Schedule O contains a response or not | te to any line in thi | s Part X | | | |
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 243,530. | 1 | 162,984. |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | 328,616. | 4 | 169,322. |
| | 5 | Loans and other receivables from current and for | ectors, | | | | |
| | | trustees, key employees, and highest compensation | ated employees. C | Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | n 4958(c)(3)(B), and | d contributing | | | |
| | | employers and sponsoring organizations of sec | tion 501(c)(9) volui | ntary | | | |
| şţs | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 307,041. | 7 | 134,014. |
| ⋖ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 1,235,148. | 9 | 970,358. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 0. | | | _ |
| | b | Less: accumulated depreciation | 10b | 0. | 301,591. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | 8,922,955. | 13 | 10,921,129. |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 6,719,814. | 15 | 6,572,856. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | 18,058,695. | 16 | 18,930,663. | |
| | 17 | Accounts payable and accrued expenses | | | 1,301,847. | 17 | 2,159,817. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV of Schedul | e D | | 21 | |
| es | 22 | Loans and other payables to current and former | r officers, directors | s, trustees, | | | |
| ₽ | | key employees, highest compensated employee | • | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | 2,162,414. | 23 | 1,154,905. |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to related t | hird | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Complete | Part X of | 10 001 000 | | 44 004 000 |
| | | Schedule D | | | 18,031,973. | | 11,381,079. |
| | 26 | | | | 21,496,234. | 26 | 14,695,801. |
| | | Organizations that follow SFAS 117 (ASC 958 | 3), check here | LX and | | | |
| es | | complete lines 27 through 29, and lines 33 ar | | | 2 050 060 | | 2 564 245 |
| anc | 27 | Unrestricted net assets | | | -3,959,262. | 27 | 3,761,845. |
| Bal | 28 | Temporarily restricted net assets | | | 521,723. | 28 | 473,017. |
| pu | 29 | | | | | 29 | |
| Ψ | | Organizations that do not follow SFAS 117 (A | SC 958), check h | ere ▶Ш | | | |
| ō | | and complete lines 30 through 34. | | | | | |
| sets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 2 425 522 | 32 | 4 004 060 |
| 2 | 33 | Total net assets or fund balances | | | -3,437,539. | 33 | 4,234,862. |
| | 34 | Total liabilities and net assets/fund balances | | | 18,058,695. | 34 | 18,930,663. |

Form **990** (2013)

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------|------------|-------|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 32,92 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32,73 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 44. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -3,43 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -53 | 9,1 | 35. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 8,01 | 9,0 | 92. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 4,23 | 4,8 | <u>62.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u> X</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | l |

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Employer identification number

| | | EASTERN | CONNECTICUT | HEAL | TH NE | TWORK | , INC | • | 2 | <u>2-2</u> | 2546 | <u>079</u> | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|-----------------|--------------------|-------------------|---------------------|---------------------|------------------|-------------|----------|------------|--------|
| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this part | :.) See inst | ructions. | | | | | |
| The orgar | nization is not a | private foundation | because it is: (For lines 1 | 1 through | 11, check | only one b | ox.) | | | | | | |
| 1 🔲 | A church, cor | nvention of churches | s, or association of chur | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) | | | | | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | | | | | | | | | | | | |
| з 🗌 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | | |
| | city, and state: | | | | | | | | | | | | |
| 5 🔲 | | | benefit of a college or ur | niversity ov | wned or or | perated by | a governi | mental uni | t describ | ed ir | 1 | | |
| | - | (b)(1)(A)(iv). (Comple | | , | • | , | Ü | | | | | | |
| 6 | | | ent or governmental unit | t describe | d in sectio | n 170(b)(1 | I)(A)(v). | | | | | | |
| 7 | , | , | eives a substantial part | | | ٠,, | ,, ,, , | r from the | general | publ | ic descr | ibed i | n |
| - | ū | b)(1)(A)(vi). (Comple | • | | | 9 | | | 9 | ļ | | | |
| 8 🗆 | | | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | | | |
| 9 🗍 | | | eives: (1) more than 33 1 | | | rom contri | butions m | nembershi | n fees la | ınd aı | ross rec | eints | from |
| • — | ū | • | nctions - subject to certa | | | | • | | | • | | • | |
| | | | axable income (less sect | | | | | | | | | | |
| | | 509(a)(2). (Complete | • | | x, nom ba | 0111000000 | zoquirea b | y the orga | inzation | untoi | ourie o | 0, 107 | 0. |
| 10 | | | perated exclusively to te | et for publi | ic safety 9 | Soo soctio | n 500(a)(/ | 1) | | | | | |
| 11 X | | | perated exclusively for the | | | | | | v out the | ייוות ב | 2000 | f one | or |
| | - | - | ations described in section | | | | | | | | | | OI . |
| | | | organization and comple | | • | . , . | .). Oee se t | , tion 503(| a)(0). On | CCK L | TIE DOX | ulai | |
| | a Type I | | | ype III - Fu | | | _ | TVD | e III - No | n fun | otionall | , into | reted |
| eX | * * | • | it the organization is not | • | • | • | | | | | | | • |
| 6 -77 | | · · · · · · · · · · · · · · · · · · · | | | - | - | - | | • | - | | | 11 |
| | | | han one or more publicly | | | | | |)(a)(1) OI | Secti | 1011 309 | (a)(∠). | |
| f | • | | ten determination from t | | • | | | 2 111 | | | | | |
| | | ganization, check th | | | | | | | 0 | | | | ш |
| g | | | organization accepted ar | | | | | | | | 1 | V | NI. |
| | | • | irectly controls, either al | _ | | - | | | | | 44-0 | Yes X | No |
| | • | • , | upported organization? | | | | | | | | 11g(i) | Λ | |
| | | | n described in (i) above? | | | | | | | | 11g(ii) | | X |
| | | | person described in (i) o | | | | | | | L | 11g(iii) | | |
| h | Provide the fo | ollowing information | about the supported or | ganization | (s). | | | | | | | | |
| | | | | (C-2) - 4 | | (-) Did | | (vi) ls | tho | | | | |
| | e of supported | (ii) EIN | (iii) Type of organization | in col. (i) lis | rganization | organizat | | lorganizátic | on in col. | (vii) | Amount | | netary |
| org | anization | | (described on lines 1-9 above or IRC section | | document? | (i) of your | | (i) organiz U.S. | ed in the | | supp | ort | |
| | | | (see instructions)) | Yes | No | Yes | | Yes | No | ł | | | |
| M A NICL | ESTER | | | 162 | INO | 162 | No | 162 | NO | ├─ | | | |
| | | 06-0646710 | 3 | X | | X | | X | | | | | Λ |
| | | 00-0040710 | 3 | ^_ | | _ ^ | | _ ^ | | | | | 0. |
| | OCKVILLE WORDON OCES151 | | | | | | | | | | | | |
| | ENERAL HOSP06-0653151 3 X X X 0. | | | | | | | | | | | | |
| ECHN | | | | | | | | | | | | | |
| FLDEK | CARE SE | 00-1149193 | 9 | Х | | Х | | Х | | — | | | 0. |
| | | | | | | | | | | ĺ | | | |
| | | | | | | | | | | — | | | |
| | | | | | | | | | | 1 | | | |
| | | | | | | | | | | Ш | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

Schedule A (Form 990 or 990-EZ) 2013 EASTERN CONNECTICUT HEALTH NETWORK, INC. 22-2546079 Page 2

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.)

| Sec | ction A. Public Support | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|--------------------------|---------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | 1 | | | | | |
| | membership fees received. (Do not | 1 | | | | | |
| | include any "unusual grants.") | 1 | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | 1 | | | | | |
| | or expended on its behalf | <u> </u> | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | 1 | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | <u> </u> | | | | | |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| _ | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | <u> </u> | | | | | |
| 8 | Gross income from interest, | 1 | | | | | |
| | dividends, payments received on | 1 | | | | | |
| | securities loans, rents, royalties | I | | | | | |
| | and income from similar sources | <u> </u> | | | | | |
| 9 | Net income from unrelated business | 1 | | | | | |
| | activities, whether or not the | I | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | I | | | | | |
| | or loss from the sale of capital | I | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| | Total support. Add lines 7 through 10 | | . , | | | 1.0 | |
| | Gross receipts from related activities, | • | , | | | 12 | |
| 13 | First five years. If the Form 990 is for | | | | | | ▶□ |
| Sec | organization, check this box and stop ction C. Computation of Publi | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2013 (I | | | column (fl) | | 14 | % |
| | Public support percentage from 2012 | | | | | 15 | % |
| | | | | | | nore, check this be | |
| | Sa 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b | b 33 1/3% support test - 2012. 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 qual | ifies as a publicly | supported organiz | zation | | | ▶ □ |
| 17a | and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2013. 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 "fac | ts-and-circumstar | nces" test, check t | this box and stop | here. Explain in Pa | rt IV how the organ | nization |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supporte | ed organization | | > |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization | qualifies as a pub | licly supported org | anization | ▶□ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see instruction | ıs ▶□ |

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 EASTERN CONNECTICUT HEALTH NETWORK, INC. 22-2546079 Page 3

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.)

| Se | ction A. Public Support | olow, produce com | pioco i air ii.j | | | | |
|------|---------------------------------------------------------------------------|--------------------------|----------------------------|------------------------|-----------------------|----------------------|-------------|
| _ | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | (, | (-) | (5)== : : | (-, | (-, | (-) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | • | • | • | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | ` <i>'</i> | Ì | , , | | Ì | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| 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, thi | rd, fourth, or fifth t | tax year as a section | on 501(c)(3) organiz | zation, |
| | check this box and stop here | | | | | | > |
| Se | ction C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2013 (l | ine 8, column (f) d | divided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2012 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 198 | a 33 1/3% support tests - 2013. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | e organization qua | lifies as a publicly | supported organiz | ation | ▶□ |
| k | 33 1/3% support tests - 2012. If the | - | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and s | stop here. The orga | anization qualifies | as a publicly supp | orted organization | ▶∐ |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | this box and see in | structions | <u></u> ▶□ |

| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2013

EASTERN CONNECTICUT HEALTH NETWORK, 22-2546079 INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

EASTERN CONNECTICUT HEALTH NETWORK, INC.

22-2546079

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|-----------------------------------------------------------------------------|------------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$180,356. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 171,095. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 75,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$12,099. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$\$\$\$Sabadula B.//Jarra | Person X Payroll |

Name of organization

Employer identification number

EASTERN CONNECTICUT HEALTH NETWORK, INC.

22-2546079

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$5,553. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$5,116. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization **Employer identification number**

EASTERN CONNECTICUT HEALTH NETWORK, INC.

22-2546079

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|------------------------------|-----------------------------------------------------------------|------------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \ \\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | | |

Page 4

| | RN CONNECTICUT HEALTH N | NETWORK, INC. | 22-2546079 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III | Exclusively religious, charmable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., indicate copies of Part III if addition | the following line entry. For organizatio tc., contributions of \$1,000 or less for nal space is needed. | c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter or the year. (Enter this information once.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | ft |
| _ | Transferee's name, address, a | 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 |
| - | Transferee's name, address, a | (e) Transfer of gift | ft 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 |
| | Transferee's name, address, a | (e) Transfer of gift | ft 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, a | and ZIP + 4 | Relationship of transferor to transferee |
| | | | |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

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 5 | 01(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
|-------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|------------------------------|
| Name of orga | anization | | | Em | ployer identification number |
| | | CONNECTICUT HEA | | | 22-2546079 |
| Part I-A | Complete if the org | ganization is exempt un | der section 501(c) | or is a section 527 | organization. |
| 2 Political | expenditures | zation's direct and indirect politi | | > | \$ |
| Part I-B | Complete if the ord | ganization is exempt un | der section 501(c) |)(3). | |
| | | incurred by the organization ur | | | \$ |
| 2 Enter the | e amount of any excise tax | incurred by organization manage | gers under section 495 | 5 | \$ |
| 3 If the ord | ganization incurred a section | on 4955 tax, did it file Form 4720 | of or this year? | | Yes No |
| | | , | | | |
| b If "Yes." | describe in Part IV. | | | | |
| Part I-C | Complete if the org | ganization is exempt un | der section 501(c) | , except section 50 | 1(c)(3). |
| 1 Enter the | e amount directly expended | d by the filing organization for s | ection 527 exempt fund | ction activities | \$ |
| 2 Enter the | e amount of the filing organ | ization's funds contributed to c | other organizations for s | | |
| | | | | | \$ |
| | | s. Add lines 1 and 2. Enter here | | | |
| line 17b | | | | > | \$ |
| | | 1120-POL for this year? | | | |
| made pa contribu | ayments. For each organiza | nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro | aid from the filing organion a separate political org | ization's funds. Also enter ganization, such as a sepa | the amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | contributions received and |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

| 0.1.1.0.75 | EV GWE | DM COM | NECMICIM UE | AIMU NEMWOD | v tmc 22 2 | 0546070 |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------|--------------------------------------------|-------------------------------------------------------------------|--------------------------|----------------------|
| Schedule C (Form 990 or 990-EZ) 2013 Part II-A Complete if the organical complete in the organical complete. | ganizatio | on is exe | | | | 1540079 Page 2 |
| (election under sec | | • • • • • • • • • • • • • • • • • • • • | | | | |
| 9 9 | | • | • | n Part IV each affiliated | group member's nan | ne, address, EIN, |
| expenses, and sha B Check if the filing organiza | | | expenditures). nd "limited control" pro | ovisions apply | | |
| | | | · | ονιδιοτίδ αρρίγ. | (a) Filing | (b) Affiliated group |
| | | bying Expe neans amou | nditures ints paid or incurred. |) | organization's totals | totals |
| 1a Total lobbying expenditures to infl | uence pub | olic opinion (| grass roots lobbying) | | | |
| b Total lobbying expenditures to infl | uence a le | gislative boo | dy (direct lobbying) | | | |
| c Total lobbying expenditures (add l | lines 1a an | d 1b) | | | | |
| d Other exempt purpose expenditur | | | | | | |
| e Total exempt purpose expenditure | es (add line | es 1c and 1d | d) | | | |
| f Lobbying nontaxable amount. Ent | | | | | | |
| If the amount on line 1e, column (a) | | | bying nontaxable am | | | |
| Not over \$500,000 | | 20% of | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,00 | 0,000 | \$100,00 | 00 plus 15% of the exc | cess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 500,000 | \$175,00 | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17 | ess over \$1,500,000. | | | | | |
| Over \$17,000,000 | | \$1,000, | • | | | |
| | | | | | | |
| g Grassroots nontaxable amount (er | nter 25% c | of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zer | ro or less, e | enter -0- | | | | |
| i Subtract line 1f from line 1c. If zero | o or less, e | enter -0- | | | | |
| j If there is an amount other than ze | | | | | | • |
| reporting section 4911 tax for this | year? | | | | [| Yes No |
| • | | at made a s | • • | Section 501(h) n do not have to comp es 2a through 2f on pa | | |
| | Lobi | bying Expe | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) | 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| | | | | i e | | |

Schedule C (Form 990 or 990-EZ) 2013

EASTERN1

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 EASTERN CONNECTICUT HEALTH NETWORK, INC 22-2546079 Page 3

| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and he (election under section 501(h)). | as NOT f | iled Forn | า 5768 | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------|--------------|
| | . , , , | 1 7 | - | /1 | |
| | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (; | a) | (k |) |
| of th | e lobbying activity. | Yes | No | Amo | ount |
| 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: | | | | |
| а | Volunteers? | | Х | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | | |
| С | Media advertisements? | | Х | | |
| d | Mailings to members, legislators, or the public? | | Х | | |
| | Publications, or published or broadcast statements? | | Х | | |
| | Grants to other organizations for lobbying purposes? | | Х | | |
| g | | Х | | 45 | 5,125. |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | |
| | Other activities? | | Х | | |
| j | Total. Add lines 1c through 1i | | | 45 | 5,125. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Paı | t III-A Complete if the organization is exempt under section 501(c)(4), section | on 501(c) | (5), or se | ction | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 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 | | |
| Paı | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | "No," O | R (b) Part | | ne 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| | Total | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | cess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | oolitical | | | |
| | expenditure next year? | | 4 | | |
| 5 | | | | | |

Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

WE ARE MEMBERS AND PAY DUES TO THE AMERICAN HOSPITAL

ASSOCIATION AND THE CONNECTICUT HOSPITAL ASSOCIATION. THESE

ASSOCIATIONS ENGAGE IN DIRECT COMMUNICATIONS WITH MEMBERS OF FEDERAL,

STATE AND LOCAL GOVERNMENTS TO INFLUENCE LEGISLATION AFFECTING THE

HEALTH CARE INDUSTRY. LOBBYING FEES OF \$45,125 WERE PAID TO A LOBBYING

Schedule C (Form 990 or 990-EZ) 2013

| Part I | V S | orm 990 or 990-EZ) 2 upplemental In | formation (| continued |) | JI IIEADIII | NEIWORK, | INC | 22-2340 | 073 P | <u> </u> |
|--------|-----|----------------------------------------|-------------|-----------|---------|-------------|----------|-----|---------|-------|----------|
| FIRM | то | INFLUENCE | HEALTH | CARE | RELATED | LEGISLAT | ION. | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** EASTERN CONNECTICUT HEALTH NETWORK, INC. 22-2546079 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 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? 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? 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). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 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 3 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 6 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

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

Assets included in Form 990, Part X

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

EASTERN1

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

| Schedule D (Form 990) 2013 EASTERN CON | NECTICUT | HEALT | H NETWORK | , INC. | 22-2546079 | Page 3 |
|----------------------------------------------------------------------|----------------------|---------------|-------------------------|------------------|-------------------------|--------|
| Part VII Investments - Other Securities. | | | | | | |
| Complete if the organization answered "Yes" | to Form 990, Par | t IV, line 11 | b. See Form 990, | Part X, line 12 | 2. | |
| (a) Description of security or category (including name of security) | (b) Book va | | | | t or end-of-year market | value |
| (1) Financial derivatives | | | | | | |
| (2) Closely-held equity interests | | | | | | |
| (3) Other | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | | | |
| Part VIII Investments - Program Related. | | | | | | |
| Complete if the organization answered "Yes" | to Form 990. Par | t IV. line 11 | c. See Form 990. | Part X. line 13 | 3. | |
| (a) Description of investment | (b) Book va | | (c) Method of v | aluation: Cos | t or end-of-year market | value |
| (1) BENEFICIAL INTEREST IN | | | | | • | |
| (2) NET ASSETS OF ECHN | | | | | | |
| (3) COMMUNITY HEALTHCARE | | | | | | |
| (4) FOUNDATION | 4,480, | 831. | END-OF-Y | EAR MAF | RKET VALUE | |
| (5) INVESTMENT IN JOINT | , , | | | | | |
| (6) VENTURES | 5,976, | 358. | COST | | | |
| (7) INVESTMENTS IN CHIC | | 940. | COST | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 10,921, | 129. | | | | |
| Part IX Other Assets. | | | | | | |
| Complete if the organization answered "Yes" | to Form 990. Par | t IV. line 11 | d. See Form 990. | Part X. line 15 | j. | |
| | Description | , | <u></u> | | (b) Book v | alue |
| (1) DUE FROM AFFILIATES | · · | | | | | ,629 |
| (2) GOODWILL | | | | | 5,701 | |
| (3) | | | | | 7,10= | , |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15) | | | | ▶ 6,572 | .856 |
| Part X Other Liabilities. | <i>o , o.,</i> | | | | | , |
| Complete if the organization answered "Yes" | to Form 990 Par | t IV line 11 | e or 11f See Forn | n 990 Part X | line 25 | |
| 1. (a) Description of liability | 10 1 01111 000, 1 41 | | Book value | 1 000, 1 411 71, | III C 20. | |
| (1) Federal income taxes | | (, | , | 1 | | |
| (2) DUE TO AFFILIATES | | 11 | ,381,079. | 1 | | |
| (3) | | + | , , , , , , , , , , , , | | | |
| (4) | | + | | | | |
| (5) | | + | | | | |
| (6) | | - | | | | |
| (7) | | + | | | | |
| (0) | | | | - | | |

ightharpoonup

Schedule D (Form 990) 2013

EASTERN1

(9)

11,381,079.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Schedule D (Form 990) 2013 EASTERN CONNECTICUT HEA | ALTH NETWORK, INC. | 22-2546079 Page 4 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Sta | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, lin | ne 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | | . 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | |
| a Net unrealized gains on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | _ |
| d Other (Describe in Part XIII.) | 2d | |
| e Add lines 2a through 2d | | |
| 3 Subtract line 2e from line 1 | | . 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 4- 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | - |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b | · | |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | |
| Part XII Reconciliation of Expenses per Audited Financial S | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, lin | • | |
| Total expenses and losses per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | | _ 2e |
| 3 Subtract line 2e from line 1 | | |
| 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 | | |
| b Other (Describe in Part XIII.) | 4b | |
| c Add lines 4a and 4b | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 18.) | . 5 |
| Part XIII Supplemental Information. | I de Dest IV. Esser de ser d'Obe Dest V. Es | a A. David V. Ba a O. David VI |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | | ie 4; Part X, line 2; Part XI, |
| illies 20 and 40, and Fart XII, lines 20 and 40. Also complete this part to provide a | any additional imormation. | |
| | | |
| PART X, LINE 2: | | |
| | | |
| THE NETWORK ACCOUNTS FOR UNCERTAIN TAX PO | OSITIONS IN | |
| | | |
| ACCORDANCE WITH PROVISIONS OF FASB ASC 74 | 40, "INCOME TAXES" | WHICH PROVIDES |
| | | |
| A FRAMEWORK FOR HOW COMPANIES SHOULD RECO | OGNIZE, MEASURE, PR | ESENT AND |
| DIGGLOGE INGERENTY MAY ROGIMIONG IN MURI | | NGTAT |
| DISCLOSE UNCERTAIN TAX POSITIONS IN THEIR | R CONSOLIDATED FINA | INCIAL |
| CMAMEMENING MUE NEMWORK MAY DECOCNIZE MI | HE MAY DENEETH EDON | AN IINCEDMATN |
| STATEMENTS. THE NETWORK MAY RECOGNIZE THE | HE TAX BENEFIT FROM | I AN UNCERTAIN |
| TAX POSITION ONLY IF IT IS MORE LIKELY THE | אר אורי המאה שחב הא | Y DOCTOTON WILL |
| TAX TODITION ONDI IT II ID MORE BIREBI II | IAN NOT THAT THE TA | IX TOBITION WILL |
| BE SUSTAINED ON EXAMINATION BY THE TAXING | G AUTHORITIES, BASE | D ON THE |
| DI DODINING ON DIMINING DI INC. | J HOTHORITIES, BIBL | |
| TECHNICAL MERITS OF THE POSITION. THE NE | ETWORK DOES NOT HAV | E ANY UNCERTAIN |
| | | |
| TAX POSITIONS AS OF SEPTEMBER 30, 2014 AM | ND 2013. AS OF SEP | TEMBER 30, 2014 |
| | | |
| AND 2013. THE NETWORK DID NOT RECORD ANY | PENALTIES OR INTER | EST ASSOCIATED |

WITH UNCERTAIN TAX POSITIONS. $\overline{\ensuremath{332054}\ensuremath{32.5}\ensuremath{409-25-13}\ensuremath{}}$

| Schedule D (Form 990) 2013 | EASTERN | CONNECTICUT | HEALTH | NETWORK, | INC.22-2546079 | Page 5 |
|------------------------------------------------------------|----------------|-------------|--------|----------|----------------|--------|
| Schedule D (Form 990) 2013 Part XIII Supplemental Infor | mation (contin | ued) | | | | |
| | | , | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

EASTERN CONNECTICUT HEALTH NETWORK, INC.

Employer identification number 22-2546079

| | | | 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. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account 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 | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| _ | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | During the year did any pareen listed in Farm 000 Part VII. Section A line 1s with respect to the filing | | | |
| 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: | 4a | х | |
| a | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4a 4b | X | |
| D | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| C | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 40 | | |
| | The story of lines 42.0, list the persons and provide the applicable amounts for each item in that in. | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 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 | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | 1 | 1 |

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

Schedule J (Form 990) 2013

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.

| | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred benefits | | (E) Total of columns | (F) Compensation reported as deferred | |
|-----------------------------------------|--------------------------|-------------------------------------|-------------------------------------------|--------------------------------------------|----------|----------------------|---------------------------------------|--|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(i)-(D) | in prior Form 990 | |
| (1) PETER J. KARL (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| PRESIDENT AND CEO (ii) | 572,400. | 550,812. | 0. | 97,575. | 25,149. | 1,245,936. | 360,237. | |
| (2) MICHAEL D. VEILLETTE (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| SVP, CHIEF FINANCIAL OFFIC (ii) | 306,037. | 135,238. | 0. | 36,975. | 21,921. | 500,171. | 58,014. | |
| (3) KEVIN G. MURPHY (THROUGH OCT 20 (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| EVP, TREASURER (ii) | 347,516. | 178,255. | 79,880. | 9,505. | 17,175. | 632,331. | 154,642. | |
| (4) DEBORAH GOGLIETTINO (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| SVP, HUMAN RESOURCES (ii) | 222,929. | 127,739. | 0. | 29,790. | 16,821. | 397,279. | 71,339. | |
| (5) DENNIS MCCONVILLE (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| SVP, STRATEGIC PLANNING (ii) | 207,957. | 117,223. | 0. | 82,752. | 10,928. | 418,860. | 68,020. | |
| (6) DEBORAH PARKER (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| EVP, CHIEF CLINICAL OFFICE (ii) | 294,718. | 145,083. | 0. | 35,251. | 22,795. | 497,847. | 73,202. | |
| (7) JOEL REICH, MD (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| SVP, MEDICAL AFFAIRS (ii) | 338,385. | 184,230. | 0. | 119,923. | 17,025. | 659,563. | 109,131. | |
| (8) CHARLES COVIN (THROUGH NOV 2013 (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| VP AND CIO (ii) | 151,398. | 7,500. | 0. | 20,292. | 11,961. | 191,151. | 0. | |
| (9) LEONA CROSSKEY (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| VP, QUALITY (ii) | 150,246. | 27,442. | 0. | 55,175. | 17,868. | 250,731. | 0. | |
| (10) ROBERT CARROLL, MD (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| MED DIR, EMERGENCY DEPARTM (ii) | 376,654. | 72,829. | 0. | 12,750. | 21,621. | 483,854. | 0. | |
| (11) JOYCE TICHY (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| GENERAL COUNSEL (ii) | 257,881. | 97,800. | 0. | 7,650. | 21,213. | 384,544. | 0. | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |

Part III | Supplemental Information

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

PART I, LINE 3:

THE BOARD OF TRUSTEES (THE "BOARD") APPOINTS AN EXECUTIVE

COMPENSATION COMMITTEE (THE "COMMITTEE") AND HAS DELEGATED THE

RESPONSIBILITY OF COMPLETING AN ANNUAL MARKET ANALYSIS OF THE CEO'S

COMPENSATION AND OTHER SENIOR EXECUTIVES AND COMPLETION OF THE CEO'S ANUAL

PERFORMANCE REVIEW.

THE EVALUATION OF THE CEO IS AN IMPORTANT RESPONSIBILITY OF THE BOARD AND

IS CRITICAL TO THE GOVERNANCE RESPONSIBILITIES OF THE BOARD. THE EXECUTIVE

COMPENSATION COMMITTEE SOLICITS FEEDBACK ABOUT THE PERFORMANCE OF THE CEO

FROM EVERY ACTIVE BOARD MEMBER WHICH WHEN RECEIVED IS ANALYZED AND REVIEWED

BY THE MEMBERS OF THE COMMITTEE. THE CEO COMPLETES A SELF-EVALUATION AND

AN EVALUATION FOR ALL ELIGIBLE MEMBERS OF THE SENIOR LEADERSHIP TEAM, WHO

COMPLETE BOTH A SELF-EVALUATION AND A PEER EVALUATION. THE RESULTS OF THE

ASSESSMENTS COMPLETED BY MEMBERS OF THE SENIOR LEADERSHIP TEAM ARE REVIEWED

BY THE CEO WHO DISCUSSES THE RESULTS WITH THE MEMBERS OF THE COMMITTEE ON

AN ANNUAL BASIS.

TO CARRY OUT ITS RESPONSIBILITIES.

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.

THE EXECUTIVE COMPENSATION COMMITTEE IN COLLABORATION WITH THE CEO

EVALUATES AND APPROVES ORGANIZATIONAL PERFORMANCE OBJECTIVES BOTH ON AN

ANNUAL AND LONG TERM BASIS AND FOCUSES ON THOSE GOALS WITH THE GREATEST

IMPACT TO THE ORGANIZATION'S STRATEGY AND MISSION. THE COMMITTEE ENSURES

AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE IN RELATION TO THESE GOALS;

REVIEWS THE TALLY SHEETS TO UNDERSTAND THE ECONOMICS OF THE EMPLOYEE

BENEFITS; RETAINS AND ENSURES THE INDEPENDENCE OF ITS EXTERNAL CONSULTANTS

AND ADVISORS AND INVOLVES RELEVANT ORGANIZATIONAL RESOURCES AS APPROPRIATE

THE COMMITTEE ENSURES TRANSPARENCY AND DISCLOSURE TO THE BOARD BY

PRESENTING THE RESULTS OF THE ANNUAL PERFORMANCE AND MARKET REVIEWS

PROVIDING THE BOARD WITH THE OPPORUTNITY FOR FURTHER INPUT AND

CONSIDERATION AND ASKING THAT THE BOARD TAKE ACTION ON THE RECOMMENDATIONS

OF THE COMMITTEE IF THE RECOMMENDATION IS APPROPRIATE. THE BOARD HAS THE

OPPORTUNITY TO CHANGE ANY RECOMMENDATION OF THE COMMITTEE IF IT SO DESIRES.

MEMBERS OF THE BOARD AND OF THE COMMITTEE WHO MAY BE INTERESTED PARTIES ARE

ASKED TO RECUSE THEMSELVES FROM ANY REQUIRED VOTES TO AVOID CONFLICTS OF

INTEREST. THE COMMITTEE ENSURES THAT THE PROCESS MEETS COMPLIANCE

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.

STANDARDS.

PART I, LINES 4A-B:

LINE 4A, SEVERANCE PAYMENT:

KEVIN MURPHY - \$79,880

LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

PETER KARL - \$84,825

MICHAEL VEILLETTE - \$24,225

DEBORAH GOGLIETTINO - \$17,625

DEBORAH PARKER - \$22,501

DENNIS MCCONVILLE - \$15,975

JOEL REICH - \$25,845

PART I, QUESTIONS 5A, 5B, 6A AND 6B:

THE ECHN EXECUTIVE INCENTIVE COMPENSATION PLAN IS A PLAN

THAT HAS BEEN DEVELOPED, REVIEWED AND IS ANNUALLY APPROVED BY MEMBERS

OF THE BOARD EXECUTIVE COMPENSATION COMMITTEE WITH CONSULTANT THIRD

PARTY OVERSIGHT.

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.

THE PLAN ESTABLISHES GOALS IN 4 AREAS OF PERFORMANCE: SYSTEM-WIDE

FINANCIAL PERFORMANCE BASED ON PROFIT FROM OPERATIONS, TWO QUALITY

OUTCOMES IN CLINICAL CORE MEASURES AND PATIENT SATISFACTION AND AN

INDIVIDUAL GOAL (WHICH HAS A SEPARATE MEASUREMENT FOR TEAM ASSESSMENT)

FOR EACH MEMBER OF THE INCENTIVE PROGRAM.

THERE IS NO EXECUTIVE COMPENSATION TIED TO THE REVENUES OF THE

REPORTING ORGANIZATION OR OTHER RELATED ENTITIES. THERE IS EXECUTIVE

COMPENSATION TIED TO THE NET EARNINGS (INCOME FROM OPERATIONS), AS

NOTED IN THE PRIOR PARAGRAPH, HOWEVER IT IS ONE OF FOUR PERFORMANCE

LEVERS THAT DETERMINE THE LEVEL OF COMPENSATION. THE AGGREGATE NET

EARNINGS OF THE ECHN "SYSTEM" NOT ANY ONE REPORTING ORGANIZATION OR

RELATED ENTITIES OF ECHN DETERMINE THIS COMPENSATION. SO TO CONCLUDE,

THE ANSWER TO THESE 4 QUESTIONS IS "NO" WITH THE CLARIFICATION THAT IT

IS THE PERFORMANCE OF THE ENTIRE SYSTEM AS A WHOLE THAT DETERMINES

EXECUTIVE COMPENSATION, NOT ONE REPORTING ORGANIZATION OR A RELATED

ENTITY.

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.

MEMBERS OF THE INCENTIVE PROGRAM INCLUDE THE FOLLOWING:

POSITION TITLE - KEY EMPLOYEE NAME

PRESIDENT AND CEO - PETER J. KARL

SVP, CHIEF FINANCIAL OFFICER - MICHAEL D. VEILLETTE

SVP, HUMAN RESOURCES - DEBORAH GOGLIETTINO

SVP, STRATEGIC PLANNING - DENNIS MCCONVILLE

SVP, CHIEF CLINICAL OFFICER - DEBORAH PARKER

SVP, MEDICAL AFFAIRS - JOEL REICH, M.D.

VP QUALITY - LEONA CROSSKEY

VP, OPERATIONS - KATHLEEN SIMS

MED. DIR. EMERGENCY DEPARTMENT - ROBERT CARROLL, M.D.

PART II

THE SALARY INFORMATION PROVIDED WITHIN SCHEDULE J

REPRESENTS CALENDAR YEAR 2013 WAGES AND BENEFITS. AS COMPARED TO THE

PRIOR YEAR RETURN, THE MAJOR CHANGES ARE:

THE LONG TERM RETENTION BENEFIT REACHED MATURITY UPON THE COMPLETION OF

Schedule J (Form 990) 2013

| Part III Supplemental Information |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| THE FOUR YEAR VESTING PERIOD. THIS BENEFIT WAS PAID IN 2013 AND WAS |
| FOR VESTING YEARS ENDED 9/30/10, 9/30/11, 9/30/12 AND 9/30/13. THREE |
| OF THE FOUR VESTED YEARS WERE REPORTED AS DEFERRED INCOME IN PRIOR |
| RETURNS ON SCHEDULE J - LINE F (COMPENSATION REPORTED AS DEFERRED IN |
| PRIOR FORM 990). |
| |
| IN CALENDAR YEAR 2013 WE IMPLEMENTED A FURLOUGH PROGRAM WHICH MEANT |
| THAT EXECUTIVES RECEIVED AN UNPAID WEEK OF VACATION. THIS APPROXIMATED |
| A 2% PAY REDUCTION. |
| |
| ANOTHER CHANGE TO PRIOR YEAR'S COMPENSATION IS THAT THE MONEY MATCH |
| PROGRAM WAS REINSTATED IN CALENDAR YEAR 2013. |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Name of the organization

(Form 990 or 990-EZ)

Employer identification number

| riamo | | | | ONNECTIO | | | | | | | | | 460 | | on na | moor |
|------------|---------------------------------------|-------------------|---------|------------------------------------|----------|----------------|-----------|------------------|--------------|----------------------|---------------------|----------------|----------------|---------|-------|---------|
| Part | | | | • | | • | | | | • • | | | | | | |
| | Complete if the | organizatior I | | | | | | ine 25a or 25b | o, or | Form 990-EZ, P | art V, | line 40 |)b. | 1,-1 | 0 | -+10 |
| 1 (a |) Name of disqualified p | person | (a) | Relationship bety person and or | | | litiea | (0 | :) De | escription of tran | sactio | n | | | | cted? |
| | | | | po.co aa. c. | 94 | | | | | | | | | + 1 | es | No |
| | | | | | | | | | | | | | | + | _ | |
| | | | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 E | inter the amount of tax | incurred by | the o | rganization man | agers | or disc | qualifie | ed persons du | ring | the year under | | | | | | |
| | | | | | | | | | | | | | | | | |
| 3 ⊟ | inter the amount of tax, | if any, on li | ne 2, a | above, reimburs | ed by | the or | ganiza | tion | | | | > \$ | | | | |
| Parl | III Loans to and | d/or Fron | n Int | arested Per | conc | | | | | | | | | | | |
| rait | | | | | | | . David 1 | / line 00e eu l | | - 000 David IV I iii | 00. | :£ .l. | | | | |
| | Complete if the or reported an amount | ū | | | | | ., Part | v, line 38a or i | -orn | 1 990, Part IV, III | ie ∠6; | or II tr | ie orga | ınızatı | on | |
| | (a) Name of | (b) Relation | | (c) Purpose | | an to or | le |) Original | (f |) Balance due | (a | l In | (h) Ap | proved | (i) W | /ritten |
| | interested person | with organi | | of loan | | n the ization? | | ipal amount | ١,٠ | , Balarioc dae | (g) In by book comm | | nittee? agreem | | ment? | |
| | | | | | <u> </u> | From | | | | | Yes | No | Yes | | Yes | No |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Total | | | | | | l | l | > \$ | | | | | | | | L |
| Part | t III Grants or As | sistance | Ber | nefiting Inter | este | d Pe | rsons | | | | | | | | | |
| | Complete if the | organizatior | n ansv | vered "Yes" on I | Form 9 | 990, Pa | art IV, I | ine 27. | | | | | | | | |
| | (a) Name of interested | | | b) Relationship | | | | c) Amount of | | (d) Type | of | | (e |) Purp | ose o | f |
| | | | | interested pers | | id | | assistance | | assistan | ice | | ; | assist | ance | |
| | | | | the organiza | ation | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | + | | | | | | | | | | | | | |
| | | | + | | | | | | | | | _ | | | | |
| | | | | | | | | | | | | | | | | |
| | | | + | | | | | | | | | \dashv | | | | |
| | | | + | | | | | | | | | _ | | | | |
| | | | 1 | | | | | | | | | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 EASTERN CONNECTICUT HEALTH NETWORK, INC. 22-2546079 Page 2 Part IV Business Transactions Involving Interested Persons.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing o organization' revenues? | | |
|-----------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|---------------------------------------------|----|--|
| | | | | Yes | No | |
| DR. DENNIS O'NEILL & DR. 1 | MSEE PART V | 0. | SEE PART V | | X | |
| KATHLEEN O'NEILL | SEE PART V | 0. | SEE PART V | | Х | |
| DR. GORDON BRODIE | SEE PART V | 229,731. | SEE PART V | | Х | |
| ANTHONY DISTEFANO, MD | SEE PART V | 0. | SEE PART V | | Х | |
| JEFFREY HEIDTMAN | SEE PART V | 274,269. | SEE PART V | | Х | |
| WILSON VEGA | SEE PART V | 0. | SEE PART V | | Х | |
| | | | | | ├─ | |
| | | | | | | |
| Part V Supplemental Information | | | | | | |

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: DR. DENNIS O'NEILL & DR. MICHELE CONLON
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V SEE NOTE (1)

- (C) AMOUNT OF TRANSACTION \$ -0-
- (D) DESCRIPTION OF TRANSACTION: SEE PART V

ECPC CONTRACTS WITH ECHN, INC. TO PROVIDE PATHOLOGY SERVICES AND LAB

MANAGEMENT SERVICES TO MMH AND RGH. ALL PAYMENTS MADE TO ECPC ARE FOR

PURPOSES OF OPERATING THE BUSINESS AND MAINTAINING OPERATING CASHFLOW;

PAYMENTS ARE NOT DIRECTLY TO ANY OF THE OWNERS.

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: KATHLEEN O'NEILL
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V

SEE NOTE (2)

- (C) AMOUNT OF TRANSACTION \$ -0-
- (D) DESCRIPTION OF TRANSACTION: SEE PART V
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: DR. GORDON BRODIE

Schedule L (Form 990 or 990-EZ) 2013

SEE NOTE (6)

SEE PART V

PAYMENT TO ECPC, PC AS MMH PAYS 2/3 AND RGH PAYS 1/3.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public Inspection

| EASTERN | CONNECTICUT HEALTH NETWORK, INC. 22-2546079 |
|--------------------------|-------------------------------------------------|
| FORM 990, PART III, LINE | 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| INPATIENTS WERE CARED FO | OR IN FY14 REPRESENTING 55,261 PATIENT DAYS; |
| 369,471 OUTPATIENT VISIT | 'S WERE RECORDED. |
| INCLUDED IN THE 11,451 I | NPATIENTS WERE 7,748 GOVERNMENT RELATED |
| PATIENTS. THE GOVERNMENT | INPATIENTS FALL INTO THE FOLLOWING GROUPS: |
| | |
| MEDICARE | 3,996 |
| MEDICARE MANAGED CARE | 1,204 |
| MEDICAID | 2,497 |
| CHAMPUS | 51 |
| | |
| TOTAL GOV INPATIENTS | 7,748 |
| TOTAL NON GOV INPATIENTS | 3,703 |
| | |
| TOTAL INPATIENTS | 11,451 |
| | |
| INCLUDED IN THE 369,471 | OUTPATIENT VISITS WERE 197,906 GOVERNMENT |
| RELATED VISITS. THE VISI | TS ARE A PRODUCT OF GROSS REVENUE RELATIONSHIP |
| TO TOTAL VISITS. THE GOV | VERNMENT VISITS FALL INTO THE FOLLOWING GROUPS: |
| | |
| MEDICARE | 100,925 |
| MEDICARE MANAGED CARE | 35,942 |
| MEDICAID | 59,392 |
| CHAMPUS | 1,647 |
| | |
| TOTAL GOV OUTPATIENTS | 197,906 |

| Schedule O (Form 990 or 990-EZ) (2013) | | Page 2 |
|-------------------------------------------------------------|------------|-------------------------------------------|
| Name of the organization EASTERN CONNECTICUT HEALTH NETWORN | K, INC. | Employer identification number 22-2546079 |
| TOTAL NON GOV OUTPATIENTS 171,565 | | |
| | | |
| TOTAL OUTPATIENTS 369,471 | | |
| | | |
| MMH AND RGH PROVIDED UNCOMPENSATED CARE TO 59,7 | 73 MEDICA | ID PATIENTS FOR |
| A NET COMMUNITY BENEFIT AMOUNT OF \$12,843,520 A | FTER MEDIC | CAID |
| REIMBURSEMENT. ADDITIONAL INFORMATION REGARDING | PROGRAMS | FOR THE |
| COMMUNITY AT MMH AND RGH: | | |
| | | |
| 2014 | PERSONS 2 | 2014 BENEFITS |
| COMMUNITY HEALTH IMPROVEMENT SERVICES (A) | | |
| COMMUNITY HEALTH EDUCATION (A1) | 140,021 | L \$ 558,852 |
| COMMUNITY BASED CLINICAL SERVICES (A2) | 196 | 5 \$ 27,965 |
| HEALTH CARE SUPPORT SERVICES (A3) | 6,550 | \$ 460,231 |
| **** COMMUNITY HEALTH IMPROVEMENT SERVICES | 146,767 | 7 \$1,047,048 |
| | | |
| HEALTH PROFESSIONS EDUCATION (B) | | |
| PHYSICIANS/MEDICAL STUDENTS (B1) | 46 | \$1,593,302 |
| NURSES/NURSING STUDENTS (B2) | 252 | 2 \$ 927,861 |
| OTHER HEALTH PROFESSIONAL EDUCATION (B3) | 398 | 3 \$ 147,737 |
| **** HEALTH PROFESSIONS EDUCATION | 696 | \$2,668,900 |
| | | |
| SUBSIDIZED HEALTH SERVICES (C) | | |
| NEONATAL INTENSIVE CARE (C2) | 169 | \$1,590,000 |
| HOSPITAL OUTPATIENT SERVICES | 5,068 | 3 \$ 228,388 |
| WOMEN'S AND CHILDREN'S SERVICES (C3) | 1,401 | l \$ 618,825 |
| RENAL DIALYSIS SERVICES (C6) | 619 | 9 \$ 119,008 |
| SUBSIDIZED CONTINUING CARE (C7) | 900 | · · · · · · · · · · · · · · · · · · · |
| 332212 09-04-13 4.6 | Sche | edule O (Form 990 or 990-EZ) (2013 |

| Name of the organization EASTERN CONNECTICUT HEALTH NETWORK | i, inc. | | oyer identification number $12-2546079$ |
|--------------------------------------------------------------|---------|---------------|-----------------------------------------|
| BEHAVIORAL HEALTH SERVICES (C8) | 0 | \$ | 945,650 |
| **** SUBSIDIZED HEALTH SERVICES | 8,157 | \$3 | ,571,337 |
| RESEARCH (D) | | | |
| OTHER RESEARCH (D3) | 0 | \$ | 289,359 |
| **** RESEARCH | 0 | \$ | 289,359 |
| FINANCIAL AND IN-KIND CONTRIBUTIONS (E) | | | |
| CASH DONATIONS (E1) | 0 | \$ | 32,697 |
| GRANTS (E2) | 0 | \$ | 58,448 |
| IN-KIND DONATIONS (E3) | 13,768 | \$ | 133,427 |
| **** FINANCIAL AND IN-KIND CONTIBUTIONS | 13,768 | \$ | 224,572 |
| COMMUNITY BUILDING ACTIVITIES (F) | | | |
| ECONOMIC DEVELOPMENT (F2) | 0 | \$ | 2,249 |
| COMMUNITY SUPPORT (F3) | 1,145 | \$ | 152,235 |
| COALTION BUILDING (F6) | 0 | \$ | 24,954 |
| COMMUNITY HEALTH IMPROVEMENT ADVOCACY (F7) | 0 | \$ | 7,848 |
| WORKFORCE DEVELOPMENT (F8) | 169 | \$ | 125,190 |
| **** COMMUNITY BUILDING ACTIVITIES | 1,314 | \$ | 312,476 |
| COMMUNITY BENEFT OPERATIONS (G) | | | |
| DEDICATED STAFF (G1) | 14 | \$ | 248,851 |
| **** COMMUNITY BENEFIT OPERATIONS | 14 | \$ | 248,851 |
| FINANCIAL ASSISTANCE | | | |
| FINANCIAL ASSISTANCE | 1,305 | \$ | 910,941 |
| **** FINANCIAL ASSISTANCE | 1,305 | \$ ule O (| 910,941 Form 990 or 990-EZ) (2013) |
| 09-04-13 Δ7 | Sched | uie O (l | Form 990 or 990-EZ) (201 |

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|-------------------------------------------------------------------|-------------------------------------------|
| Name of the organization EASTERN CONNECTICUT HEALTH NETWORK, INC. | Employer identification number 22-2546079 |
| GOVERNMENT SPONSORED HEALTH CARE | |
| MEDICAID 59,7 | 73 \$12,843,520 |
| **** GOVERNMENT SPONSORED HEALTH CARE 59,7 | 73 \$12,843,520 |
| TOTALS - COMMUNITY BENEFIT 231,7 | 94 \$22,117,004 |
| FORM 990, PART VI, SECTION A, LINE 2: | |
| BOARD MEMBERS DENNIS O'NEILL AND MICHELE CONLON ARE BUS | INESS |
| PARTNERS. | |
| FORM 990, PART VI, SECTION A, LINE 7A: | |
| CORPORATORS HAVE THE AUTHORITY TO ELECT BOARD MEMBERS. | |
| FORM 990, PART VI, SECTION A, LINE 7B: | |
| CORPORATORS HAVE THE AUTHORITY TO VOTE ON SIGNIFICANT I | SSUES. |
| FORM 990, PART VI, SECTION B, LINE 11: | |
| PRIOR TO THE FILING OF THE FORM 990, THE FOLLOWING STEP | S ARE |
| TAKEN: 1) THE ACCOUNTING MANAGER, TOGETHER WITH OTHER M | EMBERS OF THE |
| FINANCE DEPARTMENT, CONDUCT A REVIEW OF THE FORM 990 AL | ONG WITH A REVIEW |
| AND RECONCILATION OF THE FORM 990 TO THE AUDITED FINANC | IAL STATEMENTS; 2) |
| THE ACCOUNTING MANAGER CONDUCTS AN EXTENSIVE REVIEW AND | DISCUSSION OF THE |
| FORM 990 WITH THE CPA FIRM THAT PREPARES THE RETURN; 3) | AN ELECTRONIC COPY |
| OF THE FORM 990 IS MADE AVAILABLE TO THE AUDIT AND CORP | ORATE COMPLIANCE |
| COMMITTEE OF THE BOARD OF TRUSTEES (THE GOVERNING BOARD |), AND SENIOR |
| MANAGEMENT OF THE ORGANIZATION, FOR REVIEW. | |

EASTERN CONNECTICUT HEALTH NETWORK, INC.

Employer identification number 22-2546079

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE CORPORATE COMPLIANCE/INTERNAL AUDIT DEPARTMENT

PROVIDES TO OFFICERS, DIRECTORS, OR TRUSTEES AND KEY EMPLOYEES THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT, AND

EACH INDIVIDUAL IS REQUIRED TO RETURN TO THE DEPARTMENT, A SIGNED DOCUMENT,

ACKNOWLEDGING RECEIPT OF THE POLICY AND DISCLOSURE STATEMENT AND DISCLOSE

ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. A SUMMARY OF THE

DISCLOSURES IS SHARED WITH THE CHAIRMAN OF THE BOARD OF TRUSTEES AND WITH

THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE BOARD. INDIVIDUALS WHO

ARE IDENTIFIED AS HAVING A CONFLICT OF INTEREST ARE PROHIBITED IN

PARTICIPATING IN THE GOVERNING BODIES DELIBERATIONS AND DECISIONS RELATED

TO THE TRANSACTION. THE RETURNED STATEMENTS ARE RETAINED BY THE CORPORATE

COMPLIANCE/INTERNAL AUDIT DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE TAKES THE FOLLOWING STEPS WITH AN

INDEPENDENT COMPENSATION CONSULTANT (1) REVIEWS DATA RELATED TO CURRENT

MARKET VALUES CONSISTENT FOR ORGANIZATION'S EXECUTIVES BY REVIEW OF

COMPENSATION LEVELS AND PLANS CONSISTENT WITH HOSPITALS AND HEALTH SYSTEMS

OF COMPARABLE SIZE AND LOCATION; (2) COMPLETES A REVIEW OF DATA ON CURRENT

AND FUTURE PLANS FOR THE ORGANIZATION, INCLUDING STRUCTURE AND JOB

DESCRIPTIONS; (3) REVIEWS AND APPROVES AND RECOMMEND SALARY RANGES FOR EACH

POSITION, ALONG WITH RELATED BENEFITS; (4) REVIEWS AND APPROVES A TIERED

EXECUTIVE STRUCTURE WITH APPROPRIATE INCENTIVE OPPORTUNITY, BENEFITS, AND

COMPENSATION. THE DATE OF THE LAST COMPENSATION REVIEW WAS 12/18/13.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION, WILL, UPON REQUEST, ALLOW FOR REVIEW OF OUR

332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND MOST RECENT ANNUAL |
|--------------------------------------------------------------------------|
| |
| AUDITED FINANCIAL STATEMENTS AT AN OFFICE OF THE ORGANIZATION. |
| |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |
| TRANSFERS FROM AFFILIATES, NET 8,019,092. |
| |
| FORM 990, PART XII, LINE 2C: |
| THE ECHN AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR |
| OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN |
| INDEPENDENT ACCOUNTANT. THERE HAVE BEEN NO CHANGES IN THESE PROCESSES |
| SINCE THE PRIOR YEAR. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 22-2546079 EASTERN CONNECTICUT HEALTH NETWORK, INC.

| (a) | (b) | (c) | (d) | (e) | (f) |
|--------------------------------------------------------------|------------------------|-------------------------------------------|--------------|--------------------|------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| LINICALLY INTEGRATED NETWORK OF EASTERN | | | | | |
| ONNECTICUT, LLC - 46-4998303, 26 HAYNES | HEALTH CARE MANAGEMENT | | | | EASTERN CONNECTICUT |
| TREET, MANCHESTER, CT 06040 | SERVICES | CONNECTICUT | 0. | 0. | HEALTH NETWORK, INC |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | | | | |
| | _ | | | | |
| | | | | | |
| | \dashv | | | | |
| | _ | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | 1 | g) 512(b)(13) rolled ity? |
|----------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------|--------------------------------------|-----|------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| MANCHESTER MEMORIAL HOSPITAL - 06-0646710 | | | | | | | |
| 71 HAYNES STREET | | | | | | | ĺ |
| MANCHESTER, CT 06040 | HOSPITAL | CONNECTICUT | 501 (C) 3 | 3 | echn | Х | |
| ROCKVILLE GENERAL HOSPITAL, INC | | | | | | | |
| 06-0653151, 31 UNION STREET, ROCKVILLE, CT | | | | | | | |
| 06066 | HOSPITAL | CONNECTICUT | 501 (C) 3 | 3 | ECHN | X | |
| ECHN COMMUNITY HEALTHCARE FOUNDATION, INC | | | | | | | |
| 22-2546080, 71 HAYNES STREET, MANCHESTER, CT | | | | | | | ĺ |
| 06040 | FUNDRAISING/SUPPORT | CONNECTICUT | 501 (C) 3 | 7 | ECHN | X | |
| ECHN ELDERCARE SERVICES, INC 06-1149193 | | | | | | | |
| 26 SHENIPSIT LAKE ROAD | | | | | | | İ |
| TOLLAND, CT 06084 | SKILLED NURSING FACILITY | CONNECTICUT | 501 (C) 3 | 9 | ECHN | X | |

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

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5 contr | g) 512(b)(13) rolled zation? |
|------------------------------------------------------|--------------------------|-----------------------------------------------|-------------------------------|---------------------------------------|--------------------------------------|--------------------|---------------------------------------|
| Ç | | Toroigh country) | | 501(c)(3)) | , | Yes | No |
| EASTERN CONNECTICUT MEDICAL PROFESSIONAL | | | | | | | |
| FOUNDATION, INC 22-2546078, 71 HAYNES | 1 | | | | | | |
| STREET, MANCHESTER, CT 06040 | PHYSICIAN SERVICES | CONNECTICUT | 501 (C) 3 | 3 | ECHN | Х | |
| VISITING NURSE & HEALTH SERVICES OF CT, INC. | | | | | | | |
| - 06-0646795, 8 KEYNOTE DRIVE, VERNON, CT | 7 | | | | | | |
| 06066 | HOME HEALTHCARE SERVICES | CONNECTICUT | 501 (C) 3 | 9 | ECHN | Х | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 7 | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| - | 1 | | | | | | |
| | † | | | | | | |
| | | | | | | | |
| | † | | | | | | |
| | 1 | | | | | | |
| - | <u> </u> | | | | | | |
| - | 1 | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | | | | | | |
| | | | L | | 1 | | |

Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | Π(| j) | (k) |
|------------------------------------------------|------------------|-------------------------------------------|-----|--------------------------------------------------------------------------------------------|-----|-----------------------------|-------------------|---------------------|-----------------------------|---------------------|--------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | | Predominant income (related, unrelated, excluded from tax under sections 512-514) | | Share of end-of-year assets | Disprop alloca | ortionate tions? | Code V-UBI amount in box | Gene man part | eral or aging ner? | Percentage ownership |
| | DILLING AND | country) | | Sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | |
| | BILLING AND | | | | | | | | | | | |
| MEDICAL PRACTICE PARTNERS, | PRACTICE | | | | | | | | | | | |
| LLC - 27-1498877, P.O. BOX | MANAGEMENT | | | | | | | | | | | |
| 3830, VERNON, CT 06066 | SERVICES | CT | N/A | N/A | N/A | N/A | N/A | | N/A | N/ | A | N/A |
| | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | † | | | | | | | | | | | |
| | _L | <u> </u> | L | | | l | | | L | | \Box | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(l contr ent | tion b)(13) rolled tity? |
|----------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-----------------------|-----------------------------------|
| ECHN ENTERPRISES, INC 22-2546828 | | | | | | | | Yes | No |
| 71 HAYNES STREET | - | | | | | | | | |
| MANCHESTER, CT 06040 | REAL ESTATE HOLDING | CT | ECHN | C CORP | 0. | 2,448,626. | 100% | Х | |
| HAYNES STREET PROPERTY MANAGEMENT, LLC - | | | | | | | | | |
| 22-2546028, 71 HAYNES STREET, MANCHESTER, CT | REAL ESTATE PROPERTY | | | | | | | | |
| 06040 | MANAGEMENT | CT | N/A | C CORP | N/A | N/A | N/A | Х | |
| CONNECTICUT HEALTHCARE INSURANCE COMPANY - | | | | | | | | | |
| 98-0623043, P.O. BOX 1109, GRAND CAYMAN, | 1 | CAYMAN | | | | | | | |
| CAYMAN ISLANDS | CAPTIVE INSURANCE | ISLANDS | ECHN | C CORP | 173,000. | 7,384,595. | 100% | Х | |
| ECHN CORPORATE SERVICES - 27-1596320 | BILLING AND OTHER | | | | | | | | |
| 71 HAYNES STREET | PRACTICE MANAGEMENT | | | | | | | | |
| MANCHESTER, CT 06040 | SERVICES | CT | ECHN | C CORP | 0. | 1,622,130. | 100% | Х | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2013

(4) MANCHESTER MEMORIAL HOSPITAL

(5) ECHN ELDERCARE SERVICES, INC.

(6) MANCHESTER MEMORIAL HOSPITAL

| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|-------|----------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|-------------------------------------------|-------|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions | s with one or more re | elated organizations listed | in Parts II-IV? | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | Х | |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | Х | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| - 1 | Performance of services or membership or fundraising solicitations for related orga | nization(s) | | | 11 | Х | |
| | Performance of services or membership or fundraising solicitations by related orga | | | | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organizati | on(s) | | | 1n | | X |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | X |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | vho must complete t | his line, including covered | relationships and transaction thresholds. | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount inv | olved | | |
|] | EASTERN CT MEDICAL PROFESSIONALS | | | | | | |
| | FOUNDATION | J | 74,595. | MARKET VALUE | | | |
| 1 | EASTERN CT MEDICAL PROFESSIONALS | | | | | | |
| (2) | FOUNDATION | L | 170,004. | CONTRACT | | | |
| (3) I | ROCKVILLE GENERAL HOSPITAL | L | 8,190,076. | COST | | | |

L

L

M

20,590,993.COST

346,634.COST

86,904.COST

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------------------|-----------------------------------------|------------------------|--------------------------------------------|
| ECHN COMMUNITY HEALTHCARE FOUNDATION, (7)INC. | М | 75,594. | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| <u>(11)</u> | | | |
| | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (e) Are all | (f) | (g) | (ŀ | 1) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|-------------------------------------------------------------------------------------------|-------------------------|----------|-------------|-----------------|--------------|------------------------------------------------------------------|---------------|---------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under section 512-514) | Are all partners sec | Share of | Share of | Dispr tion | opor- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General | or Percentage |
| of entity | | (state or foreign | excluded from tax | 501(c)(3) orgs.? | total | end-of-year | allocat | ale ions? | amount in box 20 Lof Schedule K-1 | partner | ownership |
| | | country) | under section 512-514) | Yes No | income | assets | Yes | No | (Form 1065) | Yes N | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | + | | | \vdash | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | T | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | $oxed{igspace}$ | | | $\sqcup \bot$ | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | \vdash | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Schedule R (Form 990) 2013 EASTERN CONNECTICUT | | | |
|-----------------------------------------------------------------------------------|-------------------|-------------|------|
| Schedule R (Form 990) 2013 EASTERN CONNECTICUT Part VII Supplemental Information | | | |
| Provide additional information for responses to questions on Sche | edule R (see in | structions) | |
| 1 10 1100 additional information for responses to questions off ourie | 224.5 11 (300 11) | do.:o::oj. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |

Form **5471**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations For more information about Form 5471, see www.irs.gov/form5471.

For more information about Form 5471, see _www.irs.gov/form5471.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning , , and ending ,

OMB No. 1545-0704

EASTERN1

Attachment Sequence No. **121**

| Name of person filing this return | | A Ident | fying nun | nber | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|---------------|----------------------------------|-------------------|--------------|------------------------|--------------------------------------------------|
| EASTERN CONNECTICUT HEALTH | | 22- | -2546 | 079 | | | | |
| Number, street, and room or suite no. (or P.O. box number if mail is not | delivered to street address) | B Categ | ory of filer | r (See instruc | tions. Check | applicable t | ` — | |
| 71 HAYNES STREET | | | | 1 (repealed) | 2 | 3 | 4 X | 5 X |
| City or town, state, and ZIP code | | | | ercentage of | - | | - | |
| MANCHESTER, CT 06040 | 0040 | | wned at th | ne end of its a | | nting period | 100 | .00 % |
| Filer's tax year beginning OCT 1 | , , | EP 30 | | , 20 | 14 | | | |
| D Person(s) on whose behalf this information return is filed | : | | | | | | | |
| (1) Name | (2) Address | | | (3) Identifyi | ng number | | k applicable | |
| | | | | | | Shareholder | Officer | Director |
| | | | | | | | | <u> </u> |
| | | | | | | | | ├── |
| | | | | | | | | |
| Important: Fill in all applicable lines and schedules | All information be | e in Fnalish | All amoi | unts h | e stated in | U.S. dolla | rs | |
| unless otherwise indicated. | . Turrinormation must be | o III Eiigiioii | 7 til Gi 1100 | arno must ~ | o otatoa iii | o.o. dona | · · | |
| 1a Name and address of foreign corporation | | | | b(1) Em | oloyer identif | fication num | ber, if any | |
| CONNECTICUT HEALTHCARE IN | ISURANCE COMP | ANY | | | 0623 | | , , | |
| P.O. BOX 10233 | | | | b(2) Ref | erence ID nu | mber (see ii | nstructions | .) |
| GRAND CAYMAN KY1-1002 | | | | | | | | |
| CAYMAN ISLANDS | | | | 1 | ntry under v | | • | :d |
| | | | | C.F | YMAN | | | |
| d Date of e Principal place of business incorporation | business activity | ipal business | activity | | h Function | nal currency | | |
| · | code number OT | HER | | INTO | | D ((m.) | m=a | OT T 3 D |
| 11/11/06 CAYMAN ISLANDS | | SURANG | E FU | עמיי | ONTLE | D STA | TES,D | OLLAR |
| Provide the following information for the foreign corpora Name, address, and identifying number of branch office | | | | h If a II C | incomo tov | roturn woo f | ilad antar | |
| a Name, address, and identifying number of branch office | or agent (if any) in the office | u Siaies | | U 11 a 0.3. | income tax i | | I.S. income | tav naid |
| | | | | (i) Taxable i | ncome or (lo | | after all cre | |
| | | | | | | | | |
| | | | | | | | | |
| c Name and address of foreign corporation's statutory or | resident agent | | | (including co | | | | |
| in country of incorporation | | | | s) with custod ie location of | | | | |
| KANE (CAYMAN) LIMITED | | corporati | on, and an | io iocation of | Judii books (| una rocoras | , ii dilloron | |
| P.O. BOX 10233 | | | | | | | | |
| GRAND CAYMAN KY1-1002 | | | | | | | | |
| CAYMAN ISLANDS | | | | | | | | |
| Schedule A Stock of the Foreign Corp | oration | | | | | | | |
| Concustor Cross Cross Constitution | | | | (b) Nu | mber of sha | res issued a | ınd outstar | ıding |
| (a) Description of each | class of stock | | | (i) Beginn | ing of annua | ıl (| ii) End of a | nnual |
| ,, . | | | | accour | ting period | | ccounting _l | period |
| COMMON | | | | | 50,0 | 00 | 5 | 0,000 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| LHA For Paperwork Reduction Act Notice, see instruction | IS. | | | | | Form | 5471 (Re | v. 12-2012) |

Form 5471 (Rev. 12-2012) Page **2**

| Schedule B U.S. Shareholders of I | oreign Corporation | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| (a) Name, address, and identifying number of shareholder | (b) Description of each class of stock held by shareholder. Note: 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) |
| EASTERN CT HEALTH NETWRK | COMMON | 50,000 | 50,000 | 100.00% |
| 71 HAYNES STREET | | | | |
| MANCHESTER CT 06040 | | | | |
| 22-2546079 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

| | | П | Functional Currency | U.S. Dollars |
|------------|------------------------------------------------------------------------------------|-----|---------------------|--------------|
| | 1a Gross receipts or sales | 1a | | 2,251,542. |
| | b Returns and allowances | 1b | | |
| | c Subtract line 1b from line 1a | 1c | | 2,251,542. |
| | 2 Cost of goods sold | 2 | | |
| ne | 3 Gross profit (subtract line 2 from line 1c) | 3 | | 2,251,542. |
| Income | 4 Dividends | 4 | | 74,284. |
| luc | 5 Interest | 5 | | 18,536. |
| | 6a Gross rents | 6a | | |
| | b Gross royalties and license fees | 6b | | |
| | 7 Net gain or (loss) on sale of capital assets | 7 | | 38,909. |
| | 8 Other income (attach statement) | 8 | | |
| | 9 Total income (add lines 3 through 8) | 9 | | 2,383,271. |
| | 10 Compensation not deducted elsewhere | 10 | | |
| | 11a Rents | 11a | | |
| | b Royalties and license fees | 11b | | |
| 3 | 12 Interest | 12 | | |
| ţį | 13 Depreciation not deducted elsewhere | 13 | | |
| Deductions | 14 Depletion | 14 | | |
| Ğ | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) | 15 | | |
| _ | 16 Other deductions (attach statement - exclude provision for income, war profits, | | | |
| | and excess profits taxes) SEE STATEMENT 1 | 16 | | 2,210,271. |
| | 17 Total deductions (add lines 10 through 16) | 17 | | 2,210,271. |
| | 18 Net income or (loss) before extraordinary items, prior period adjustments, and | | | |
| _ | the provision for income, war profits, and excess profits taxes (subtract line | | | |
| Ē | 17 from line 9) | 18 | | 173,000. |
| ည | 19 Extraordinary items and prior period adjustments | 19 | | |
| Net Income | 20 Provision for income, war profits, and excess profits taxes | 20 | | |
| ž | | | | |
| | 21 Current year net income or (loss) per books (combine lines 18 through 20) | 21 | | 173,000. |

Form **5471** (Rev. 12-2012)

312311 05-01-13

| Schedule E | Income, War Profits, and Excess F | Profits Taxes Paid or Accru | ıed | | | | | |
|------------|-------------------------------------------|-----------------------------|------------------------|------------------------|--|--|--|--|
| | (a) | Amount of tax | | | | | | |
| | (a) Name of country or U.S. possession | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars | | | | |
| U.S. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

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

| corp | orations. | | | | | | |
|------|-------------------------------------------------------|----------|-------------|-----|-------------------------------------------|------------|---------------------------------------------------|
| | Assets | | | | (a) Beginning of annual accounting period | | (b) End of annual accounting period |
| 1 | Cash | | | 1 | 2,982,825 | • | 2,072,791. |
| 2a | Trade notes and accounts receivable | | | 2a | | | |
| b | Less allowance for bad debts | | | 2b | (|) (|) |
| 3 | Inventories | | | 3 | | | |
| 4 | Other current assets (attach statement) | SEE | STATEMENT 2 | 4 | 1,029,868 | • | 1,794,836. |
| 5 | Loans to shareholders and other related persons | | | 5 | | | |
| 6 | Investment in subsidiaries (attach statement) | | | 6 | | | |
| 7 | Other investments (attach statement) | SEE | STATEMENT 3 | 7 | 1,207,905 | • | 3,516,967. |
| 8a | Buildings and other depreciable assets | | | 8a | | | |
| b | Less accumulated depreciation | | | 8b | (|) (|) |
| | Depletable assets | | | 9a | | | |
| | Less accumulated depletion | | | 9b | (|) (|) |
| 10 | Land (net of any amortization) | | | 10 | | | |
| 11 | Intangible assets: | | | | | | |
| а | Goodwill | | | 11a | | | |
| b | | | | 11b | | | |
| C | Patents, trademarks, and other intangible assets | | | 11c | | | |
| | Less accumulated amortization for lines 11a, b, and c | | | 11d | (|) (|) |
| 12 | Other assets (attach statement) | | | 12 | | | |
| | | | | | | | |
| 13 | Total assets | | | 13 | 5,220,598 | . | 7,384,594. |
| | Liabilities and Sharehold | ders' Eq | uity | | | | |
| 14 | Accounts payable | | | 14 | 53,188 | | 78,253. |
| 15 | Other current liabilities (attach statement) | SEE | STATEMENT 4 | 15 | 6,023,998 | • | 6,805,174. |
| 16 | Loans from shareholders and other related persons | | | 16 | | | |
| 17 | Other liabilities (attach statement) | | | 17 | | | |
| 18 | Capital stock: | | | | | | |
| а | Preferred stock | | | 18a | | | |
| b | Common stock | | | 18b | 50,000 | | 50,000. |
| 19 | Paid-in or capital surplus (attach reconciliation) | SEE | STATEMENT 5 | 19 | 6,570,092 | | 7,770,097. |
| 20 | Retained earnings | | | 20 | -7,476,680 | | -7,318,930. |
| 21 | Less cost of treasury stock | | | 21 | (|) (|) |
| | | | | | | | |
| 22 | Total liabilities and shareholders' equity | | <u></u> | 22 | 5,220,598 | <u>. L</u> | 7,384,594. |
| | | | | · | | Forn | n 5471 (Rev. 12-2012) |

Form 5471 (Rev. 12-2012)

Page 4

| S | chedule G Other Information | | | | | |
|--------------------|-------------------------------------------------------------------------------------|------------------------------------|----------------------------------|---------|---------------------|------|
| _ | | | | | Yes | No |
| 1 | During the tax year, did the foreign corporation own at least a 10% intere | est, directly or indirectly, in ar | ny foreign | | | |
| | partnership? | | | | | X |
| | If "Yes," see the instructions for required statement. | | | | | |
| 2 | During the tax year, did the foreign corporation own an interest in any tru | ıst? | | | | X |
| 3 | During the tax year, did the foreign corporation own any foreign entities t | | | | | |
| _ | from their owners under Regulations sections 301.7701-2 and 301.7701 | | | | | X |
| | If "Yes," you are generally required to attach Form 8858 for each entity (s | | | | | |
| 4 | During the tax year, was the foreign corporation a participant in any cost | • | | | | X |
| 5 | During the course of the tax year, did the foreign corporation become a p | | | | | X |
| 6 | During the tax year, did the foreign corporation participate in any reportal | | | | | X |
| U | If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4 | | riogulations socitor 1.00 11 4 | • | | |
| 7 | During the tax year, did the foreign corporation pay or accrue any foreign | | credit under section | | | |
| • | | • | | | -357,9 -357,9 | X |
| 8 | 901(m)? During the tax year, did the foreign corporation pay or accrue foreign tax | ac to which coction 000 anni | ine, or treat foreign taxes that | | | _21_ |
| 0 | were previously suspended under section 909 as no longer suspended? | | | | | X |
| | chedule H Current Earnings and Profits | | | | | |
| | portant: Enter the amounts on lines 1 through 5c in functional | Curroncy | | | | |
| "" | Ownerst was not be a second of second or second | | | 1 | 173 (| 000 |
| | , ,, , | | | - 1 | 1/5, | 000. |
| 2 | Net adjustments made to line 1 to determine current earnings and | Not | Not | | | |
| | profits according to U.S. financial and tax accounting standards | Net Additions | Net | | | |
| | (see instructions): | Additions | Subtractions | | | |
| | Capital gains or losses | | | | | |
| | Depreciation and amortization | | | | | |
| | Depletion | | | | | |
| | Investment or incentive allowance | | | | | |
| | Charges to statutory reserves | | | | | |
| f | Inventory adjustments | | | | | |
| g | Taxes | 1 700 600 | 0 051 540 | | | |
| h | Other (attach statement) STATEMENT 6 | 1,720,609. | 2,251,542. | | | |
| 3 | | 1,720,609. | 0 051 540 | | | |
| 4 | Total net subtractions | | 2,251,542. | | 255 | 000 |
| | Current earnings and profits (line 1 plus line 3 minus line 4) | | | 5a | -35/, | 933. |
| | DASTM gain or (loss) for foreign corporations that use DASTM | | | 5b | | |
| | Combine lines 5a and 5b | | | 5c | -357,9 | 933. |
| d | Current earnings and profits in U.S. dollars (line 5c translated at the appr | opriate exchange rate as defi | ined in section 989(b) | | 255 | |
| | and the related regulations) | | | 5d | -357,9 | 933. |
| | Enter exchange rate used for line 5d ► 1.00000 | F : 0 | | | | |
| | chedule I Summary of Shareholder's Income F | | | | | |
| | em D on page 1 is completed, a separate Schedule I must be filed for each | Category 4 or 5 filer for who | om reporting is furnished on t | his For | m 5471. This schedu | le |
| l is | being completed for: | | | | | |
| | | | | | | |
| Nai | me of U.S. shareholder | | Identifying number | | | |
| 1 | Subpart F income (line 38b, Worksheet A in the instructions) | | | 1 | | |
| 2 | Earnings invested in U.S. property (line 17, Worksheet B in the instruction | , | | 2 | | |
| 3 | Previously excluded subpart F income withdrawn from qualified investment | | · · | 3 | | |
| 4 | Previously excluded export trade income withdrawn from investment in e | export trade assets (line 7b, V | Worksheet D in | | | |
| | the instructions) | | | 4 | | |
| 5 Factoring income | | | | | | |
| 6 | Total of lines 1 through 5. Enter here and on your income tax return | | | 6 | | |
| 7 | Dividends received (translated at spot rate on payment date under section | n 989(b)(1)) | | 7 | | |
| 8 | Exchange gain or (loss) on a distribution of previously taxed income | <u></u> | | 8 | | |
| | | | | | Yes | No |
| • | Was any income of the foreign corporation blocked? | | | | | X |
| • | Did any such income become unblocked during the tax year (see section | 964(b))? | | | | X |
| If t | ne answer to either question is "Yes." attach an explanation. | | | | | |

312331 05-01-10 Form **5471** (Rev. 12-2012)

| FORM 5471 | OTHER D | EDUCTIONS | | STATEMENT | 1 |
|-----------------------------------------------------------------------------------------------|----------------|-----------------------|---------------------------------------------|----------------------------------------|-------------------|
| DESCRIPTION | | FUNCTIONA CURRENCY | | U.S. DOLL | AR |
| UNDERWRITING EXPENSES ADMINISTRATIVE EXPENSES | | | | 1,911,9 | |
| TOTAL TO 5471, SCHEDULE | C, LINE 16 | | | 2,210,2 | 71. |
| FORM 5471 | OTHER CUR | RENT ASSETS | | STATEMENT | 2 |
| DESCRIPTION | | | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANN ACCOUNTIN PERIOD | |
| INTEREST RECEIVABLE PREPAID EXPENSES OUTSTANDING LOSSES RECOVERABLE LOSSES RECOVERABLE FROM 1 | | | 1,861. 21,676. 1,006,331. 0. 0. | 5,6 47,0 556,5 370,0 815,4 | 85. 81. 00. |
| TOTAL TO 5471, PAGE 3, SO | CHEDULE F, LIN | IE 4 | 1,029,868. | 1,794,8 | 36. |
| FORM 5471 | OTHER IN | IVESTMENTS | | STATEMENT | 3 |
| DESCRIPTION | | | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANN ACCOUNTIN PERIOD | |
| U.S. EQUITIES CORPORATE BONDS NON-EXCHANGE TRADED FUNDS | S | | 0. 0. 1,207,905. | 255,0 25,8 3,236,1 | 03. |
| TOTAL TO 5471, PAGE 3, SO | CHEDULE F, LIN | IE 7 | 1,207,905. | 3,516,9 | 67. |

| FORM 5471 OTHER CURRENT LIABII | LITIES | STATEMENT 4 | | |
|---------------------------------------------------------|----------------------------------------|---------------------------------------|--|--|
| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD | | |
| LOSSES PAYABLE PROVISION FOR OUTSTANDING LOSSES | 17,667. 6,006,331. | 0. 6,805,174. | | |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15 | 6,023,998. | 6,805,174. | | |
| FORM 5471 RECONCILIATION OF PAID-IN OR | CAPITAL SURPLUS | STATEMENT 5 | | |
| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD | | |
| CONTRIBUTED SURPLUS | 6,570,092. | 7,770,097. | | |
| FORM 5471 OTHER NET ADJUSTME | STATEMENT 6 | | | |
| DESCRIPTION | NET ADDITIONS | NET SUBTRACTIONS | | |
| RELATED PARTY PREMIUM RELATED PARTY LOSS RSVS/CLAIMS PD | 1,720,609. | 2,251,542. | | |
| TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H | 1,720,609. | 2,251,542. | | |

SCHEDULE J (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

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

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.

Attach to Form 5471.

OMB No. 1545-0704

Identifying number

EASTERN CONNECTICUT HEALTH NETWORK, INC. 22-2546079 Name of foreign corporation EIN (if any) Reference ID number 98-0623043 CONNECTICUT HEALTHCARE INSURANCE COMPANY (c) Previously Taxed E&P (a) Post-1986 (b) Pre-1987 E&P (d) Total Section (sections 959(c)(1) and (2) balances) **Undistributed Earnings** Not Previously Taxed Important: Enter amounts in 964(a) E&P (post-86 section (pre-87 section (i) Earnings Invested functional currency. Earnings Invested in (combine columns (iii) Subpart F Income **Excess Passive Assets** 959(c)(3) balance) 959(c)(3) balance) in U.S. Property (a), (b), and (c)) -4,076,469. -4,076,469. 1 Balance at beginning of year 2a Current year E&P 357,933. **b** Current year deficit in E&P Total current and accumulated F&P not previously taxed (line 1 plus line 2a -4,434,402. or line 1 minus line 2b) 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, -4,434,402. minus line 5b) 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is -4,434,402-4,434,402. applicable.)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

SCHEDULE M (Form 5471)

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 Identifying number

EASTERN CONNECTICUT HEALTH NETWORK, INC. Name of foreign corporation EIN (if any) Reference ID number

CONNECTICUT HEALTHCARE INSURANCE

98-0623043

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 VIITED STATES, DOLLAR

(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. (f) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. (b) U.S. person filing this return (a) Transactions shareholder of any corporation controlling the foreign of foreign corporation person filing this return) 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.) 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 570,000. reinsurance 570,000. 12 Add lines 1 through 11..... 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 18 Compensation paid for technical, managerial, engineering, construction, or like services 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 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.

312371 05-01-13 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2012)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

Information about Form 926 and its separate instructions is at www.irs.gov/form926.

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

Attachment Sequence No. **128**

OMB No. 1545-0026

| Pa | rt I U.S. Transferor Information (see instructions) | | | | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| | ne of transferor | Identifying number (see instructions) | | | |
| $\mathbf{E}^{\mathbf{Z}}$ | ASTERN CONNECTICUT HEALTH NETWORK, INC. | | | | |
| | | 22-2546079 | | | |
| 1 | If the transferor was a corporation, complete questions 1a through 1d. | | | | |
| а | 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? | X Yes No | | | |
| | If not, list the controlling shareholder(s) and their identifying number(s): | | | | |
| | Controlling shareholder | Identifying number | | | |
| | Controlling shareholder | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | on? Yes No | | | |
| С | If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporati If not, list the name and employer identification number (EIN) of the parent corporation: | on? Yes No | | | |
| | in 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 und | der section 367), complete | | | |
| | questions 2a through 2d. | | | | |
| а | List the name and EIN of the transferor's partnership: | | | | |
| | Name of partnership | EIN of partnership | | | |
| | Name of partnership | EIN OF PARTIESTIE | | | |
| | | | | | |
| | | | | | |
| | Did the partner pick up its pro rata share of gain on the transfer of partnership assets? | | | | |
| | Is the partner disposing of its entire interest in the partnership? | L Yes L No | | | |
| d | Is the partner disposing of an interest in a limited partnership that is regularly traded on an established | | | | |
| <u> </u> | securities market? | Yes No | | | |
| | rt II Transferee Foreign Corporation Information (see instructions) | T | | | |
| 3 | Name of transferee (foreign corporation) | 4a Identifying number, if any | | | |
| C | ONNECTICUT HEALTHCARE INSURANCE COMPANY | 98-0623043 | | | |
| | | | | | |
| 5 D (| Address (including country) O. BOX 10233 | 4b Reference ID number | | | |
| | AND CAYMAN, KY1-1002 CAYMAN ISLANDS | | | | |
| 6 Country code of country of incorporation or organization | | | | | |
| C | | | | | |
| 7 | Foreign law characterization (see instructions) | | | | |
| | ORPORATION | | | | |
| 8 | Is the transferee foreign corporation a controlled foreign corporation? | X Yes No | | | |
| LHA | | Form 926 (Rev. 12-2013) | | | |
| 32453 10-31- | 31 | . 3 323 (1167. 12 2010) | | | |

Part III Information Regarding Transfer of Property (see instructions)

| Stock and securities | Type of property | (a) Date of transfer | (b) Description of property | (c) Fair market value on date of transfer | (d) Cost or other basis | (e) Gain recognized on transfer |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------|
| Stock and securities | Cash | 12/04/2013 | | 3,081,492. | | |
| securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Inventory Assets subject to depreciation recepture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property to be leased (as described in final and temp. Regs. sec. 1.367(a)-47(b)) Property to be sold (as described in Imp. Regs. sec. 1.367(a)-47(b)) Tangible property or the leased (as described in final and temp. Regs. sec. 1.367(a)-47(b)) Transfers of oil and gas working interests (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(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Regs. sec. 1.367(a)-4T(d)) Regs. sec. 1.367(a)-4T(d)) | | | | | | |
| 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(d)) Intragible property used in transpile property to be sold (as described in Temp. Regs. sec. 1.367(a) 4T(d)) Property to be sold (as described in Temp. Regs. sec. 1.367(a) 4T(d)) Property to be sold (as described in Temp. Regs. sec. 1.367(a) 4T(d)) Property of temp. Regs. sec. 1.367(a) 4T(d)) | Stock and | | | | | |
| 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).417(b)) Tangible property used in trade or business not listed under another category Intagible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a).417(b) Property to be sold (as described in final and temp. Regs. sec. 1.367(a).417(d)) Tamples sec. 1.367(a).417(d) Transples of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a).417(d)) Regs. sec. 1.367(a).417(d) | securities | | | | | |
| 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).417(b)) Tangible property used in trade or business not listed under another category Intagible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a).417(b) Property to be sold (as described in final and temp. Regs. sec. 1.367(a).417(d)) Tamples sec. 1.367(a).417(d) Transples of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a).417(d)) Regs. sec. 1.367(a).417(d) | | | | | | |
| 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).417(b)) Tangible property used in trade or business not listed under another category Intagible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a).417(b) Property to be sold (as described in final and temp. Regs. sec. 1.367(a).417(d)) Tamples sec. 1.367(a).417(d) Transples of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a).417(d)) Regs. sec. 1.367(a).417(d) | | | | | | |
| 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).417(b)) Tangible property used in trade or business not listed under another category Intagible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a).417(b) Property to be sold (as described in final and temp. Regs. sec. 1.367(a).417(d)) Tamples sec. 1.367(a).417(d) Transples of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a).417(d)) Regs. sec. 1.367(a).417(d) | Installment obligations. | | | | | |
| Similar property | | | | | | |
| Foreign currency or other property denominated in foreign currency | | | | | | |
| Inventory Interest Inventory Inven | | | | | | |
| Inventory Interest Inventory Inven | Foreign currency or other | | | | | |
| Inventory | | | | | | |
| Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.387(a)-4T(b)) Intangible 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)-4T(b)) 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)) Regs. sec. 1.367(a)-4T(e)) Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| 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)-4T(b)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(b)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Regs. sec. 1.367(a)-4T(e)) | Torong in Garronia | | | | | |
| 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)-4T(b)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(b)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| 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)-4T(b)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(b)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Regs. sec. 1.367(a)-4T(e)) | Inventory | | | | | |
| depreciation recapture | miventory | | | | | |
| depreciation recapture | | | | | | |
| depreciation recapture | Accord subject to | | | | | |
| (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category | | | | | | |
| 1.367(a)-4T(b)) (a) (b) (c) | | | | | | |
| Tangible property used in trade or business not listed under another category | | | | | | |
| 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(e)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| 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)) Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| 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(e)) Pransfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| 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)) | under another category | | | | | |
| 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)) | | | | | | |
| 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)) | 1.1. 21.1 | | | | | |
| 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)) | | | | | | |
| (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(e)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) | property | | | | | |
| (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(e)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| 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)) | | | | | | |
| 1.367(a)-4(c)) | | | | | | |
| Property to be sold (as described in Temp. Regs. sec. | | | | | | |
| (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)) | | | | | | |
| 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| Transfers of oil and gas | | | | | | |
| working interests (as | | | | | | |
| described in Temp. Regs. sec. 1.367(a)-4T(e)) | | | | | | |
| Regs. sec. 1.367(a)-4T(e)) | working interests (as | | | | | |
| | described in Temp. | | | | | |
| Other property Other property | Regs. sec. 1.367(a)-4T(e)) | | | | | |
| Other property Other property | | | | | | |
| | Other property | | | | | |
| | | | | | | |
| | | | | | | |

| Supplemental | Information | Required T | o Be Reported | (see instructions) |
|--------------|-------------|------------|---------------|--------------------|
| ~== ~=== | | | | |

SEE STATEMENT 7

Form 926 (Rev. 12-2013)

Page 3

| Enter the transferor's interest in the foreign transferee corporation before and after the transfer: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|
| · | | |
| (a) Before100 % (b) After100 % | | |
| Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 | | |
| | | X No X No X No X No |
| Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? | Yes | X No |
| Branch loss recapture Any other income recognition provision contained in the above-referenced regulations SEE STATEMENT 8 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? | | X No X No X No X No X No |
| transferred > \$ | | |
| Was cash the only property transferred? | X Yes | ☐ No |
| Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? | Yes | X No |
| If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the | | |
| | (a) Before | (a) Before |

Form 926 (Rev. 12-2013)

7 FORM 926 STATEMENT

STATEMENT PURSUANT TO IRC SEC. 1.351-3(A) EASTERN CT HEALTH NETWORK, INC., 22-2546079, A SIGNIFICANT TRANSFEROR

EASTERN CT HEALTH NETWORK, INC., ON DECEMBER 4, 2013, DECEMBER 13, 2013, FEBRUARY 13, 2014, APRIL 10, 2014, MAY 15, 2014, JUNE 10, 2014, JUNE 26, 2014 AND AUGUST 19, 2014 TRANSFERRED CASH WITH AN AGGREGATE FAIR MARKET VALUE AND A BASIS OF \$3,081,492 TO CONNECTICUT HEALTHCARE INSURANCE COMPANY, 98-0623043. NO PRIVATE LETTER RULINGS WERE ISSUED BY THE INTERNAL REVENUE SERVICE IN CONNECTION WITH THE SECTION 351 EXCHANGE.

8

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT REGULATION SECTIONS 1.6038B-1T(C)(4)(III) AND (VII), AND 1.6038B-1T(C)(5)

EASTERN CT HEALTH NETWORK, INC.

EIN: 22-2546079

ATTACHMENT TO FORM 926, PART III

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SEC. 1.6038B-1(C)AND TEMPORARY REGULATIONS SEC. 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SEC. 1.6038B-1T(C)(1): TRANSFEROR:

EASTERN CT HEALTH NETWORK, INC.

EIN: 22-2546079 71 HAYNES STREET

MANCHESTER, CT 06040-4188

REGULATION SEC. 1.6038B-1T(C)(2): TRANSFEREE:

(I.): CONNECTICUT HEALTHCARE INSURANCE COMPANY P.O. BOX 10233 GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): CAPITAL CONTRIBUTIONS AND INSURANCE PREMIUMS, CONSIDERED TO BE DEEMED CONTRIBUTIONS TO CAPITAL, RECEIVED FROM RELATED PARTIES OF THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THESE CONTRIBUTIONS WAS \$3,081,492.

REGULATION SEC. 1.6038B-1T(C)(3): CONSIDERATION RECEIVED:

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR CASH CONTRIBUTIONS TO CAPITAL OF \$3,081,492. THE TAXPAYER OWNED 100% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE TRANSFERS.

REGULATION SEC. 1.6038B-1T(C)(4): PROPERTY TRANSFERRED:

CASH IN THE AMOUNT OF \$3,081,492 (US DOLLARS)

REGULATION SEC. 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES:

NOT APPLICABLE

REGULATION SEC. 1.6038B-1T(C)(6): APPLICATION OF IRC SEC. 367(A)(5):

NOT APPLICABLE

| Earm 00 | 69 (Poy. 1 2014) | | | | | Page 2 |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|--------------|----------------------------------------|-------------------|
| | 68 (Rev. 1-2014) are filing for an Additional (Not Automatic) 3-Month Ex | toncion o | nomplete only Port II and shock this | hov | | Page 2 ► X |
| | nly complete Part II if you have already been granted an a | | | | | - 1 |
| | are filing for an Automatic 3-Month Extension, comple | | | ieu i oiiii | 0000. | |
| Part | | | | al (no co | onies need | ded) |
| | That is the second of the seco | | | • | • | see instructions |
| Type or | Name of exempt organization or other filer, see instru | ıctions | Enter mer 3 | | | n number (EIN) or |
| print | Tham's or exempt organization or early mor, essemble | in lifet, see instructions. | | Linployo | inproyer recrementation manner (Emy er | |
| File by the | EXCHEDN CONNECUTOR HEXT BU NEWYORK THO | | | | 22-2546079 | |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. | | | Social se | ocial security number (SSN) | |
| instruction | | oreign add | ress, see instructions. | | | |
| Enter th | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 |
| | | Γ_ | T | | | |
| Applica | tion | Return | Application | | | Return |
| Is For | . F | Code | Is For | | | Code |
| | 0 or Form 990-EZ | 01 | Farma 4044 A | | | |
| Form 99 | | 02 | Form 1041-A | | | 08 |
| | 20 (individual) | 03 | Form 4720 (other than individual) | | | 10 |
| Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) | | 05 | Form 5227 Form 6069 | | 11 | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | 12 | |
| | Do not complete Part II if you were not already granted | | | iously file | d Form 886 | |
| Telep | NICHOLAS JAMIES books are in the care of ► 320 MAIN STREES bhone No. ► 860-646-1222 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► | r – Mi | Fax No. ▶ited States, check this box | f this is fo | r the whole g | roup, check this |
| 4 Ir | | | г 15, 2015 | | | |
| 5 Fo | or calendar year , or other tax year beginning | OCT 1 | , 2013 , and endin | g SEP | 30, 2 | 014 |
| 6 If | the tax year entered in line 5 is for less than 12 months, o | heck reas | on: Initial return | Final r | eturn | _ |
| L | Change in accounting period | | | | | |
| _ | ate in detail why you need the extension | | | | | |
| _ | DDITIONAL TIME IS REQUIRED TO | | | | | |
| _ | ETURN, AND TO ALLOW ADEQUATE | TIME | FOR THE BOARD TO | REVIE | W PRIO | R TO |
| | ILING. | | | | i | |
| | this application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, | enter the tentative tax, less any | | | 0 |
| _ | onrefundable credits. See instructions. | | | 8a | \$ | 0. |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | |
| | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | 0 | |
| _ | previously with Form 8868. | | | 8b | \$ | 0. |
| | Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using | | | 0- | <u>_</u> | 0. |
| | FTPS (Electronic Federal Tax Payment System). See instru | | st be completed for Part II o | 8c | \$ | <u></u> |
| Under pe | nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo | ing accomp | - | - | f my knowledç | ge and belief, |
| Signature | | | | Date | • | |
| Signature | THE P | | | Duto | | 868 (Rev. 1-2014) |

EASTERN1