

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 10/01, 2014, and ending 09/30, 20 15

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

Name of exempt organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

Name and title of officer

GEORGE W. EIGHMY, VP & CFO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>137,973,910</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE HORWATH LLP to enter my PIN

4	6	5	5	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	1	6	4	7	2	1	6	8	0
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 20 15

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization BRISTOL HOSPITAL, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
BREWSTER RD.
 City or town, state or province, country, and ZIP or foreign postal code
BRISTOL, CT 06011

D Employer identification number
06-0646559

E Telephone number
(860) 585-3000

F Name and address of principal officer: KURT BARWIS
SAME AS C ABOVE

G Gross receipts \$ 138,062,012

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BRISTOLHOSPITAL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1920 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE THE HEALTH AND WELL-BEING OF OUR COMMUNITY. WE WILL PROVIDE SAFE, QUALITY CARE AND SERVICES TO OUR PATIENTS THROUGH OUR (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>16</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>13</u>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>1,441</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>250</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>423,552</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u>(355,114)</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>1,386,045</u>	<u>1,490,154</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>140,125,869</u>	<u>134,932,723</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>771,315</u>	<u>608,324</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,276,399</u>	<u>1,030,811</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>143,559,628</u>	<u>138,062,012</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>73,574,368</u>	<u>70,448,408</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>67,654,581</u>	<u>66,184,865</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>141,228,949</u>	<u>136,633,273</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>2,330,679</u>	<u>1,428,739</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>114,337,729</u>	<u>111,991,654</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>85,910,774</u>	<u>90,084,182</u>
		<u>28,426,955</u>	<u>21,907,472</u>	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
GEORGE W. EIGHMY, VP & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KRISTIN ANDERSON Preparer's signature Kristin M. Anderson Date 8/11/2016 Check if self-employed PTIN P01231300
 Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 175 POWDER FOREST DRIVE, SIMSBURY, CT 06089 Phone no. (860) 678-9200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

BRISTOL HOSPITAL AND HEALTH CARE GROUP IS COMMITTED TO ENHANCING THE HEALTH AND WELL-BEING OF OUR COMMUNITY. WE WILL PROVIDE SAFE, QUALITY CARE AND SERVICES TO OUR PATIENTS THROUGH OUR CONTINUUM OF SERVICES AND HEALTH PROMOTION. WE WILL COLLABORATE WITH HEALTH PROFESSIONALS AND OTHER
(CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 112,918,043 including grants of \$) (Revenue \$ 134,696,013)

AS A SHORT-TERM ACUTE CARE COMMUNITY HOSPITAL, BRISTOL HOSPITAL PROVIDES A BROAD SPECTRUM OF HEALTHCARE SERVICES TO ANY INDIVIDUAL REGARDLESS OF THE INDIVIDUALS ABILITY TO PAY. THE HOSPITAL PROVIDED \$4,092,111 IN CHARITY CARE DURING THE OPERATING YEAR. THE HOSPITAL ALSO PROVIDES EDUCATION AND WELLNESS PROGRAMS TO THE COMMUNITY. THESE ACTIVITIES TYPICALLY REACH ABOUT 1,600 INDIVIDUALS PER QUARTER. THESE ACTIVITIES INCLUDE: WELLNESS CENTER - SPECIAL CENTER FOR EDUCATIONAL OUTREACH PROGRAMMING SERVING HUNDREDS OF INDIVIDUALS PER MONTH. - COMMUNITY HEALTH SCREENINGS - ONGOING FREE AND REDUCED PRICE SCREENINGS FOR MAMMOGRAMS, BLOOD PRESSURE, CHOLESTEROL, PROSTATE CANCER, SKIN CANCER AND A FLU CLINIC PROVIDING FREE FLU SHOTS IN THE FALL. - SPEAKERS BUREAU - A COMMUNITY SERVICE WHERE THE HOSPITAL PROVIDES SPEAKERS ON A VARIETY OF TOPICS TO SERVE THE COMMUNITY'S EDUCATIONAL NEEDS. - PERIODIC COMMUNITY SERVICE PROJECTS - THE HOSPITAL HAS SPONSORED TWO MAJOR OUTREACH EFFORTS, ONE TO PROMOTE EARLY DETECTION OF BREAST CANCER AND ONE TARGETED TO PREVENT COLON
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 112,918,043

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	111		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
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	2a	1,441		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<input checked="" type="checkbox"/>	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CT
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
GEORGE EIGHMY, BREWSTER ROAD, BRISTOL, CT 06011, (860)585-3000

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT BARWIS PRESIDENT & CEO	60.0 2.0	✓		✓				1,222,654	0	71,836
(2) JOHN J. LEONE, JR. CHAIRMAN	2.0 10.0	✓		✓				0	0	0
(3) MARK BLUM SECRETARY/TREASURER	2.0 8.0	✓		✓				0	0	0
(4) CARLOS BADIOLA M.D. VICE PRESIDENT OF THE MEDICAL STAFF	2.0 2.0	✓		✓				0	0	0
(5) GLENN HEISER DIRECTOR	2.0 2.0	✓						0	0	0
(6) JOHN LODOVICO, JR. DIRECTOR	2.0 2.0	✓						0	0	0
(7) MARIE O'BRIEN DIRECTOR	2.0 10.0	✓						0	0	0
(8) DOUGLAS DEVNEW DIRECTOR	2.0 2.0	✓						0	0	0
(9) VIJAY JOSHI DIRECTOR	40.0 0.0	✓						0	205,546	0
(10) MARY ANN CORDEAU, PHD, RN DIRECTOR	2.0 2.0	✓						0	0	0
(11) THOMAS MONAHAN DIRECTOR	2.0 2.0	✓						0	0	0
(12) ELLEN SOLEK DIRECTOR	2.0 2.0	✓						0	0	0
(13) VALERIE VITALE, M.D. DIRECTOR	2.0 2.0	✓						0	0	0
(14) SHARON ADLER MEDICAL STAFF REPRESENTATIVE	2.0 2.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KENNETH BENOIT, M.D. DIRECTOR	2.0 2.0	✓					0	0	0	
(16) BALA SHANMUGAM, M.D. PRESIDENT OF THE MEDICAL STAFF	40.0 40.0	✓					0	303,398	0	
(17) GEORGE EIGHMY VICE PRESIDENT OF FINANCE/CFO	40.0 0.0			✓			315,966	0	19,760	
(18) JEANINE RECKDENWALD VP/ HUMAN RESOURCES AND SUPPORT SERVICES	40.0 0.0				✓		242,187	0	21,228	
(19) DAVE RACKLIFFE AVP INFORMATION TECHNOLOGY	40.0 0.0				✓		183,742	0	21,074	
(20) SHEILA KEMPF, PHD SENIOR VP/PATIENT CARE SERVICES/CHIEF NURSING OFFICER	40.0 0.0				✓		298,297	0	21,752	
(21) EVA WICKWIRE AVP CHIEF DEVELOPMENT OFFICER	40.0 2.0				✓		175,210	0	8,884	
(22) KENNETH RHEE M.D. SENIOR VICE PRESIDENT, CHIEF MEDICAL OFFICER	40.0 0.0				✓		304,235	0	17,871	
(23) PAUL SMITH DIRECTOR OF ENGINEERING AND FACILITIES	40.0 0.0					✓	155,355	0	0	
(24) RUSSELL TUVerson, M.D. OCCUPATIONAL HEALTH PHYSICIAN	32.0 8.0					✓	167,784	0	1,637	
(25) (SEE STATEMENT)										
1b Sub-total							3,065,430	508,944	184,042	
c Total from continuation sheets to Part VII, Section A							416,289	0	42,217	
d Total (add lines 1b and 1c)							3,481,719	508,944	226,259	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **71**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPC THE HOSPITALIST COMPANY INC, PO BOX 844929, LOS ANGELES, CA 90084	MEDICAL SERVICES	541,904
MAYO COLLABORATIVE SERVICES INC, P. O. BOX 9146, MINNEAPOLIS, MN 55480	LAB SERVICES	465,819
TOTAL LAUNDRY COLLABORATIVE LLC, 114 WOODLAND STREET, HARTFORD, CT 06105	LAUNDRY SERVICES	392,176
LITCHFIELD HILLS ORTHOPEDIC, 245 ALVORD PARK ROAD, TORRINGTON, CT 06790	PHYSICIAN SERVICES	306,195
NORRIS MCLAUGHLIN & MARCUS PA, 515 WEST HAMILTON STREET, ALLENTOWN, PA 18101	LEGAL SERVICES	248,944

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **23**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,402,052				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	88,102				
	g Noncash contributions included in lines 1a-1f: \$		12,807				
	h Total. Add lines 1a-1f		1,490,154				
Program Service Revenue			Business Code				
	2a PATIENT SERVICE REVENUE	622110	133,327,930	132,859,815	468,115		
	b MISC. PROGRAM AND HEALTHCARE REVENUE	621990	616,022	616,022			
	c OCCUPATIONAL HEALTH REVENUE	621990	988,771	988,771			
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		134,932,723					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		582,647			582,647	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	407,539				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	407,539	0			
	d Net rental income or (loss)		407,539			407,539	
	7a Gross amount from sales of assets other than inventory	(i) Securities	25,677				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0				
		c Gain or (loss)	25,677	0			
	d Net gain or (loss)		25,677			25,677	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a JOINT VENTURES	900099	186,842	231,405	(44,563)			
b CAFETERIA	722210	436,430			436,430		
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		623,272					
12 Total revenue. See instructions.		138,062,012	134,696,013	423,552	1,452,293		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,967,244		2,967,244	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,628,578	43,218,431	10,410,147	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,412,624	2,014,717	397,907	
9 Other employee benefits	7,306,443	6,101,414	1,205,029	
10 Payroll taxes	4,133,519	3,306,815	826,704	
11 Fees for services (non-employees):				
a Management				
b Legal	448,349	7,464	440,885	
c Accounting	225,635		225,635	
d Lobbying	87,117		87,117	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	1,055,956	812,321	243,635	
13 Office expenses	415,213	223,723	191,490	
14 Information technology	2,665,962	255,088	2,410,874	
15 Royalties				
16 Occupancy	3,035,053	2,579,795	455,258	
17 Travel	242,867	187,099	55,768	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,267,461	1,267,461		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,176,662	7,176,662		
23 Insurance	1,461,408	1,169,126	292,282	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SERVICES FEES AND SUPPLIES</u>	17,567,030	17,534,986	32,044	
b <u>DRUGS</u>	9,117,105	9,116,754	351	
c <u>MEDICAL SUPPLIES</u>	11,082,511	11,069,761	12,750	
d <u>REPAIR AND MAINTENANCE</u>	1,529,645	1,529,645		
e All other expenses	8,806,891	5,346,781	3,460,110	0
25 Total functional expenses. Add lines 1 through 24e	136,633,273	112,918,043	23,715,230	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	13,617,245	1	15,189,331
	2 Savings and temporary cash investments	96,550	2	96,607
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,715,144	4	16,471,779
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,413,639	8	1,388,084
	9 Prepaid expenses and deferred charges	2,215,479	9	2,222,394
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 165,058,768		
	b Less: accumulated depreciation	10b 124,849,240	39,071,180	10c 40,209,528
	11 Investments—publicly traded securities	13,501,147	11	13,202,336
	12 Investments—other securities. See Part IV, line 11	12,924,878	12	11,215,883
	13 Investments—program-related. See Part IV, line 11	7,430,091	13	6,648,109
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,352,376	15	5,347,603
16 Total assets. Add lines 1 through 15 (must equal line 34)	114,337,729	16	111,991,654	
Liabilities	17 Accounts payable and accrued expenses	28,975,389	17	29,108,173
	18 Grants payable		18	
	19 Deferred revenue	524,473	19	644,100
	20 Tax-exempt bond liabilities	23,404,411	20	22,944,224
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	281,909	22	273,261
	23 Secured mortgages and notes payable to unrelated third parties	2,575,101	23	2,318,350
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,149,491	25	34,796,074
	26 Total liabilities. Add lines 17 through 25	85,910,774	26	90,084,182
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,633,376	27	11,995,043
	28 Temporarily restricted net assets	3,708,091	28	3,122,057
	29 Permanently restricted net assets	7,085,488	29	6,790,372
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	28,426,955	33	21,907,472	
34 Total liabilities and net assets/fund balances	114,337,729	34	111,991,654	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	138,062,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,633,273
3	Revenue less expenses. Subtract line 2 from line 1	3	1,428,739
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,426,955
5	Net unrealized gains (losses) on investments	5	(1,107,375)
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	(6,840,847)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,907,472

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARIA SIMMONE ----- DIRECTOR OF REVENUE CYCLE	40.0 ----- 0.0					✓		139,979	0	9,289
(26) LYNNE RAMER ----- DIRECTOR OF CLINICAL OPERATIONS	40.0 ----- 0.0					✓		138,136	0	16,697
(27) REBECCA WIESNER ----- DIRECTOR OF DIAGNOSTIC SERVICES	40.0 ----- 0.0					✓		138,174	0	16,231

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ 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.

Name of the organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDREN'S TRUST FUND 25 SIGOURNEY STREET, 10TH FLOOR HARTFORD, CT 06106	\$ 196,595	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CT DEPARTMENT OF CHILDREN AND FAMILIES 505 HUDSON STREE, DCF HARTFORD, CT 06106	\$ 52,936	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W., WIC WASHINGTON, DC 20250	\$ 762,802	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W., DMHAS WASHINGTON, DC 20201	\$ 29,306	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 12,807	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION 41 BREWSTER ROAD BRISTOL, CT 06011	\$ 93,708	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
5	VACCINES ----- ----- -----	\$ 12,807	09/30/2015 -----
-----	----- ----- -----	\$ -----	-----
(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
-----	----- ----- -----	\$ -----	-----

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization BRISTOL HOSPITAL, INC.	Employer identification number 06-0646559
---	---

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		3,304
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		83,813
j Total. Add lines 1c through 1i			87,117
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE HOSPITAL IS A MEMBER OF THE CONNECTICUT HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION. \$29,813 REPRESENTS THE PORTION OF THE DUES PAID TO THESE ASSOCIATIONS WHICH WERE USED FOR LOBBYING PURPOSES. THE HOSPITAL ENGAGED CAMILLIERE, CLOUD & KENNEDY, A CONNECTICUT LOBBYING AND BUSINESS DEVELOPMENT FIRM, FOR CONSULTING SERVICES IN THE AMOUNT OF \$54,000.

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

2014

Open to Public Inspection

Name of the organization BRISTOL HOSPITAL, INC.

Employer identification number 06-0646559

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Question, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,085,488	7,020,579	6,927,603	6,567,071	6,664,091
b Contributions	0	0	0		0
c Net investment earnings, gains, and losses	(295,116)	64,909	92,976	360,532	(97,020)
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	6,790,372	7,085,488	7,020,579	6,927,603	6,567,071

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

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 100.00 %
- c** Temporarily restricted endowment ▶ 0.00 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,894,331		1,894,331
b Buildings		66,407,293	44,979,805	21,427,488
c Leasehold improvements		1,397,608	879,164	518,444
d Equipment		91,594,927	76,739,512	14,855,415
e Other		3,764,609	2,250,759	1,513,850
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,209,528

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FUNDS HELD FOR MALPRACTICE SELF-INSURANCE	4,418,234	END OF YEAR MARKET VALUE
(B) ASSETS HELD IN TRUST BY OTHERS	2,990,416	END OF YEAR MARKET VALUE
(C) FUNDS HELD UNDER BOND INDENTURE	2,505,243	END OF YEAR MARKET VALUE
(D) DONOR RESTRICTED INVESTMENTS	954,319	END OF YEAR MARKET VALUE
(E) DEBT SERVICE FUND	347,671	COST
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,215,883	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN JOINT VENTURES	614,503	COST
(2) INTEREST IN NET ASSETS OF FOUNDATION	6,033,606	END OF YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	6,648,109	

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	1,800,000
(3) ASSET RETIREMENT OBLIGATIONS	604,800
(4) ACCRUED PENSION LIABILITY	29,056,038
(5) OTHER LIABILITIES	3,335,236
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,796,074

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 138,062,012.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 136,633,273.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE NEXT PAGE

Horizontal dashed lines for providing supplemental information.

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation	
		(a) Description	(b) Amount
SCHEDULE D, PART XI, LINE 4(B)	OTHER REVENUE	NON-CASH GRANTS - VACCINES	12,807

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE HOSPITAL'S ENDOWMENT CONSISTS OF MULTIPLE FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, SUCH AS CAPITAL EXPENDITURES, OPERATING EXPENSES, AND OTHER SPECIFIED DONOR AND BOARD RESTRICTED USES.
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>THE HOSPITAL ACCOUNTS FOR UNCERTAIN TAX POSITIONS WITH PROVISIONS OF FASB ASC 740, "INCOME TAXES," WHICH PROVIDES A FRAMEWORK FOR HOW COMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE UNCERTAIN TAX POSITIONS IN THEIR FINANCIAL STATEMENTS. THE HOSPITAL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION.</p> <p>THE HOSPITAL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS SEPTEMBER 30, 2015 AND 2014. IT IS THE HOSPITAL'S POLICY TO RECORD PENALTIES AND INTEREST ASSOCIATED WITH UNCERTAIN TAX PROVISIONS AS A COMPONENT OF OPERATING EXPENSES. AS OF SEPTEMBER 30, 2015 AND 2014, THE HOSPITAL DID NOT RECORD ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS. THE HOSPITAL'S PRIOR THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.</p>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BRISTOL HOSPITAL, INC.

Employer identification number
06 0646559

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>999</u> %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a Did the organization prepare a community benefit report during the tax year?		✓
b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,064,643	1,876,424	4,188,219	3.07
b Medicaid (from Worksheet 3, column a)			30,138,121	21,470,152	8,667,969	6.34
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	36,202,764	23,346,576	12,856,188	9.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,538,116		1,538,116	1.13
f Health professions education (from Worksheet 5)					0	0.00
g Subsidized health services (from Worksheet 6)			7,153,741		7,153,741	5.24
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0.00
j Total. Other Benefits	0	0	8,691,857	0	8,691,857	6.36
k Total. Add lines 7d and 7j	0	0	44,894,621	23,346,576	21,548,045	15.77

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	2,212,274
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	553,069
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	52,094,591
6	Enter Medicare allowable costs of care relating to payments on line 5	6	63,242,593
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(11,148,002)
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 BRISTOL HOSPITAL, INC.
 BREWSTER ROAD, BRISTOL 06010
 WWW.BRISTOLHOSPITAL.ORG STATE LICENSE NO. : 41

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓	✓		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BRISTOL HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group BRISTOL HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 5 0</u> % and FPG family income limit for eligibility for discounted care of <u>9 9 9</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group BRISTOL HOSPITAL, INC.

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		✓
If "Yes," explain in Section C.				
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		✓
If "Yes," explain in Section C.				

Part V, Section C

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME:</p> <p>DESCRIPTION: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. BRISTOL HOSPITAL SOUGHT COMMUNITY INPUT THROUGH THE INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS. FOR A COMPLETE LIST OF PARTICIPANTS, PLEASE SEE THE COMMUNITY HEALTH NEEDS ASSESSMENT - FINAL SUMMARY REPORT, AVAILABLE ON THE BRISTOL HOSPITAL WEBSITE.</p>
SCHEDULE H, PART V, SECTION B, LINE 7	HOSPITAL FACILITY'S WEBSITE (LIST URL)	<p>HTTP://WWW.BRISTOLHOSPITAL.ORG/ABOUT-BRISTOL-HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX</p>
SCHEDULE H, PART V, SECTION B, LINE 10	IF "YES", (LIST URL)	<p>HTTP://WWW.BRISTOLHOSPITAL.ORG/ABOUT-BRISTOL-HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX</p>
SCHEDULE H, PART V, SECTION B, LINE 11	HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: BRISTOL HOSPITAL, INC.</p> <p>DESCRIPTION: THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AS FOLLOWS:</p> <p>1.MENTAL HEALTH AND SUBSTANCE/ALCOHOL ABUSE</p> <p>THE BEHAVIORAL HEALTH TEAM AT BRISTOL HOSPITAL HOSTED A ROUNDTABLE DISCUSSION IN JANUARY 2014 WITH APPROXIMATELY 30 COMMUNITY LEADERS AND STAKEHOLDERS TO DISCUSS THE ISSUE OF MENTAL HEALTH AND SUBSTANCE/ALCOHOL ABUSE AND HOW BRISTOL HOSPITAL CAN BETTER SERVE THE COMMUNITY. ALSO IN 2014, BRISTOL HOSPITAL HOSTED ANOTHER MEETING WITH NUMEROUS STAKEHOLDERS TO ADDRESS THE GROWING CONCERN OF THE LACK OF RESPONSE, CARE AND RESOURCES, AND THE DIFFICULTIES ASSOCIATED WITH GETTING HOSPITAL PATIENTS TO THE LEAD MENTAL HEALTH AUTHORITY IN THE AREA WHICH IS LOCATED IN NEW BRITAIN, CONN.</p> <p>IN 2015, BRISTOL HOSPITAL AND WHEELER CLINIC REACHED AN AGREEMENT TO FURTHER IMPROVE BEHAVIORAL HEALTH CRISIS SERVICES FOR CHILDREN, ADULTS AND FAMILIES IN THE GREATER BRISTOL REGION. UNDER THE AGREEMENT, WHEELER WILL ASSUME RESPONSIBILITY FOR BRISTOL HOSPITAL'S EMERGENCY DEPARTMENT CRISIS SERVICE FROM 8 AM TO MIDNIGHT, SEVEN DAYS A WEEK, AND PROVIDE IMMEDIATE INTERVENTION AND FACILITATED CONNECTIONS TO COMMUNITY SERVICES AND RESOURCES, INCLUDING PRIMARY AND BEHAVIORAL HEALTH CARE. THE BRISTOL HOSPITAL/WHEELER CLINIC PARTNERSHIP CONTINUED IN 2016 WITH A COMMUNITY FORUM ON THE OPIOID EPIDEMIC IN WHICH APPROXIMATELY 75 MEMBERS OF THE COMMUNITY ATTENDED. BRISTOL HOSPITAL AND WHEELER CLINIC ALSO HOSTED TWO SUCCESSFUL MENTAL HEALTH FIRST AID PRESENTATIONS. THE EIGHT-HOUR CERTIFICATION COURSE IS DESIGNED TO HELP INDIVIDUALS BETTER UNDERSTAND MENTAL HEALTH CHALLENGES AND RECOVERY, AND TO HELP RESPOND IN APPROPRIATE WAYS TO PROVIDE HELP AND SUPPORT. BRISTOL HOSPITAL ALSO HOSTED A COMMUNITY EVENT WITH THE CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES ON THE SUBJECT OF NALOXONE.</p> <p>2.ACCESS TO CARE</p> <p>SINCE 2013, BRISTOL HOSPITAL AND THE BRISTOL HOSPITAL MULTI-SPECIALTY GROUP HAVE ADDED 74 NEW MEDICAL STAFF AND ADDED 16 NEW MEDICAL OFFICES THROUGHOUT THE COMMUNITY. NEW SERVICE LINES HAVE BEEN CULTIVATED TO ADDRESS MEDICAL NEED WITHIN THE COMMUNITY, INCLUDING VASCULAR SURGERY, WOUND CARE, RHEUMATOLOGY, CARDIOLOGY, ORTHOPEDICS, SPINE SURGERY AND SPORTS MEDICINE, AND NEUROLOGY.</p> <p>3.SENIOR SUPPORT</p> <p>BRISTOL HOSPITAL HAS INCREASED THE AMOUNT OF FREE SCREENINGS OFFERED THROUGHOUT THE COMMUNITY (INCLUDING THE SENIOR CENTER). FREE SCREENINGS INCLUDE: BLOOD PRESSURE CLINICS, BALANCE SCREENINGS, BLOOD SUGAR SCREENING, FOOT SCREENING AND NAIL CLINICS. THE HOSPITAL ALSO PROVIDES FREE EDUCATIONAL SEMINARS AT SENIOR CENTERS ON TOPICS SUCH AS DEMENTIA, LIVING WITH DIABETES, AND NUTRITION AND WELLNESS.</p> <p>4.OBESITY</p>

Return Reference	Identifier	Explanation
		<p>THE BRISTOL HOSPITAL WEIGHT LOSS SURGERY PROGRAM OFFERS NUMEROUS SUPPORT GROUPS FOR ITS PATIENTS ON SUCH SUBJECTS AS PORTION CONTROL, GETTING THROUGH THE HOLIDAYS AND MAKING GOOD EATING CHOICES. IN 2014, THE WEIGHT LOSS SURGERY PROGRAM LAUNCHED ITS OWN FACEBOOK PAGE WITHIN THE BRISTOL HOSPITAL MAIN FACEBOOK PAGE. THIS IS A MEMBERS-ONLY PAGE FOR PATIENTS WHO CAN SHARE STORIES, RECIPES AND ADVICE TO THEIR FELLOW PATIENTS BUT IN A PRIVATE SETTING.</p> <p>THE BRISTOL HOSPITAL PARENT AND CHILD CENTER HAS HAD GREAT SUCCESS SINCE 2013 IN ITS OBESITY PREVENTION EFFORTS THROUGH ITS SET OF FAMILY WELLNESS PROGRAMS. THE FAMILY WELLNESS PROGRAM'S GOAL IS TO PREVENT CHILDHOOD OBESITY BY PROMOTING FAMILY NUTRITION AND HEALTHY PHYSICAL ACTIVITY FOR LOW-INCOME FAMILIES WITH SUCH PROGRAMS AS GARDENING FOR HEALTH," AND "COOKING MATTERS IN THE STORE." THE PARENT AND CHILD CENTER ALSO OFFERS FREE ZUMBA AND EXERCISE PROGRAMS FOR PARENTS AND CHILDREN. SINCE 2015, APPROXIMATELY 330 LOW-INCOME FAMILIES HAVE PARTICIPATED IN THESE PROGRAMS.</p> <p>THERE ARE NO SIGNIFICANT NEEDS THAT ARE NOT BEING ADDRESSED BY THE ORGANIZATION.</p>

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 BRISTOL BEHAVIORAL HEALTH SERVICES 10 N. MAIN STREET, SUITE 210 BRISTOL, CT 06010	BEHAVIORAL HEALTH
2 BRISTOL HOSPITAL CENTER FOR DIABETES 102 NORTH STREET BRISTOL, CT 06010	DIABETES MEDICAL CARE AND EDUCATION
3 BRISTOL HOSPITAL COUNSELING CENTER 440-C NORTH MAIN STREET BRISTOL, CT 06010	THERAPY AND COUNSELING
4 BRISTOL HOSPITAL WELLNESS CENTER 842 CLARK AVENUE BRISTOL, CT 06010	MEDICAL AND FITNESS SERVICES
5 BRISTOL RADIOLOGY CENTER 25 COLLINS ROAD BRISTOL, CT 06010	MAMMOGRAPHY AND MRI
6 MED HELP 539 FARMINGTON AVENUE BRISTOL, CT 06010	URGENT CARE
7 MEDWORKS, LLC 375 CEDAR STREET NEWINGTON, CT 06111	MEDWORKS, LLC
8 PARENT & CHILD CENTER - BRISTOL HOSPITAL 9 PROSPECT ST BRISTOL, CT 06010	CHILDREN AND FAMILY SERVICES
9 REHAB DYNAMICS 975 FARMINGTON AVENUE BRISTOL, CT 06010	PHYSICAL THERAPY AND SPORTS MEDICINE
10 BRISTOL HOSPITAL LABORATORY 641 FARMINGTON AVENUE BRISTOL, CT 06010	LABORATORY SERVICES

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 BRISTOL HOSPITAL LABORATORY 27 MAIN STREET TERRYVILLE, CT 06786	LABORATORY SERVICES
2 BRISTOL HOSPITAL WIC PROGRAM 450 MAIN STREET NEW BRITAIN, CT 06051	NUTRITION FOR WOMEN AND CHILDREN
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	THE HOSPITAL HAS A PROCESS IN PLACE WHICH RECORDS BAD DEBT EXPENSE AFTER 90 DAYS UNCOLLECTIBLE. ADDITIONALLY, ON A PERIODIC BASIS, ADDITIONAL BAD DEBT EXPENSE IS ACCRUED BASED ON A REVIEW OF ACCOUNTS RECEIVABLE BALANCES AND HISTORICAL TRENDS.
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE HOSPITAL ESTIMATES THAT 25% OF BAD DEBT EXPENSE IS COMMUNITY BENEFIT EXPENSE. THIS IS BASED ON HISTORICAL TRENDS, NOTING THAT IF THE PATIENTS HAD APPLIED FOR FINANCIAL ASSISTANCE, THEY WOULD HAVE QUALIFIED FOR FREE OR DISCOUNTED CARE.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	USE OF ESTIMATES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GAAP REQUIRES MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS THAT IMPACT THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES AND DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES AT THE DATE OF THE FINANCIAL STATEMENTS. ESTIMATES ALSO IMPACT THE REPORTED AMOUNTS OF REVENUES AND EXPENSES DURING THE REPORTING PERIOD. ACTUAL RESULTS COULD DIFFER FROM THOSE ESTIMATES. THE HOSPITAL'S SIGNIFICANT ESTIMATES RELATE TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ALLOWANCES ON PATIENT ACCOUNTS RECEIVABLE, VALUATION OF INVESTMENTS, ESTIMATED SETTLEMENTS DUE TO THIRD-PARTY PAYERS, RESERVES FOR SELF-INSURANCE LIABILITIES AND THE PENSION AND OTHER POSTRETIREMENT EMPLOYEE BENEFIT PLAN LIABILITY ASSUMPTIONS.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE CALCULATED MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE IT REPRESENTS UNREIMBURSED COSTS FOR PATIENT SERVICES. THESE UNREIMBURSED COSTS ARE BRISTOL HOSPITAL EXPENSES THAT ULTIMATELY BENEFIT THE COMMUNITY BRISTOL HOSPITAL SERVICES.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	IT IS THE POLICY OF BRISTOL HOSPITAL TO PROVIDE EVERY PATIENT FROM THE COMMUNITY WE SERVE WITH MEDICALLY NECESSARY HEALTH SERVICES REGARDLESS OF THEIR ABILITY TO PAY. THE POLICY SETS SPECIFIC GUIDELINES FOR THE COLLECTION OF PATIENT PAYMENTS AND ESTABLISHES A HIERARCHY FOR PAYMENT METHODS THAT ARE BOTH FRIENDLY TO THE PATIENT AND BENEFICIAL TO THE HOSPITAL. PATIENTS WHO ARE UNABLE TO PAY THEIR LIABILITY ARE REFERRED TO A FINANCIAL COUNSELOR WHO WILL ASSESS THE PATIENT'S ELIGIBILITY FOR CHARITY CARE OR ALTERNATIVE FUNDING SOURCES. FUNDING SOURCES INCLUDE CHARITY CARE, OUTSIDE FINANCING, HOSPITAL PAYMENT PLANS, FEDERAL, STATE AND LOCAL PROGRAMS AND THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM.
SCHEDULE H, PART V, SECTION B, LINE 16	FAP ON WEBSITE	THE HOSPITAL PLANS TO MAKE ITS FINANCIAL ASSISTANCE POLICY, AND PLAIN-LANGUAGE SUMMARY OF THE FAP, AVAILABLE ON ITS WEBSITE IN BOTH ENGLISH AND SPANISH, BY SEPTEMBER 30, 2016.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	HOSPITAL'S ASSESSMENT OF THE HEALTH CARE NEEDS OF THE COMMUNITY IS A DYNAMIC PROCESS THAT INVOLVES ALL LEVELS OF HOSPITAL ADMINISTRATION, STAFF, THE BOARD OF DIRECTORS, AND MEDICAL STAFF. VARIOUS COMMITTEES AND GROUPS AT THE HOSPITAL MEET PERIODICALLY TO DISCUSS THE NEEDS OF THE COMMUNITY, AS WELL AS THE RESOURCES AND SERVICES AVAILABLE AT THE HOSPITAL AND OTHER AGENCIES IN THE AREA. THE HOSPITAL IS REPRESENTED AT VARIOUS COMMUNITY ORGANIZATIONS AND GROUPS INVOLVED WITH ASSESSMENT OF COMMUNITY NEEDS. HOSPITAL RESOURCES ARE FREQUENTLY CALLED UPON TO PARTICIPATE IN PROGRAMS AND PROJECTS TO ADDRESS THOSE NEEDS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	AT BRISTOL HOSPITAL, PATIENTS ARE NOTIFIED OF THEIR ABILITY TO DISCUSS FINANCIAL ASSISTANCE OPTIONS INCLUDING CHARITY CARE IN ALL OF THEIR BILLING STATEMENTS. THE HOSPITAL ENCOURAGES PATIENTS TO FIND OUT THEIR ELIGIBILITY FOR ASSISTANCE AND PROVIDES FINANCIAL COUNSELORS TO ASSIST PATIENTS IN APPLYING FOR CHARITY CARE. PATIENTS CAN CONTACT THE FINANCIAL ASSISTANCE DEPARTMENT WITHIN THE HOSPITAL AT 860-585-3878. THIS SUPPORT ALSO INCLUDES A REPRESENTATIVE THROUGH THE STATE OF CONNECTICUT (REPRESENTATIVE PAID BY BRISTOL HOSPITAL) TO ENSURE THAT ALL ASPECTS OF ASSISTANCE ARE PROVIDED FOR EACH PATIENT. THE FINANCIAL ASSISTANCE DEPARTMENT ALSO DISCUSSES

Return Reference	Identifier	Explanation
		<p>GOVERNMENT BENEFITS THAT THEY MAY BE ELIGIBLE FOR. CONTACT INFORMATION FOR OUR FINANCIAL COUNSELOR IS ALSO INCLUDED ON THE HOSPITAL WEBSITE FOR PATIENTS TO REFERENCE. THE HOSPITAL ALSO OFFERS MANY FREE PROGRAMS FOR UNINSURED INCLUDING FREE BLOOD PRESSURE CLINICS, SKIN CANCER SCREENING CLINICS AND SEMINARS TO PROVIDE PATIENTS ACCESS TO AS MUCH FREE HEALTH INFORMATION AS POSSIBLE.</p>
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>COMMUNITY INFORMATION</p>	<p>BRISTOL HOSPITAL IS COMMITTED TO PROVIDING THE BEST PATIENT EXPERIENCE IN THE REGION. OUR 134-BED, FULL-SERVICE HEALTH CARE INSTITUTION PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT CARE FOR THE GREATER BRISTOL, CONNECTICUT AREA. BRISTOL IS A SUBURBAN CITY LOCATED IN HARTFORD COUNTY, CONNECTICUT, UNITED STATES 20 MILES SOUTHWEST OF HARTFORD. BRISTOL HAS A TOTAL AREA OF 26.8 SQUARE MILES AND A POPULATION OF APPROX. 62,000. IN BRISTOL 84.2% OF THE PEOPLE SPEAK ENGLISH AND 4.8% OF PEOPLE SPEAK SPANISH. IN BRISTOL, 54.6% OF PEOPLE ARE MARRIED AND 92.2% OF RESIDENTS WERE BORN IN THE U.S. COMMUNITY INFORMATION: THE PRIMARY SERVICE AREA (PSA) FOR OUR HOSPITAL INCLUDES: BRISTOL (ZIP CODE 06010,06011)- 2011 CENSUS 62,078 BURLINGTON (ZIP CODE 06013)- 2011 CENSUS- 10,011 PLAINVILLE (ZIP CODE 06062)- 2011 CENSUS 17,767 PLYMOUTH (ZIP CODE 06781,06782,06786)- 2011 CENSUS 12,605 THE TOTAL POPULATION FROM THE 2011 CENSUS FOR OUR PSA IS- 102,461 IN 2009, THE LATEST DATE DATA BECAME AVAILABLE THE FOLLOWING DATA POINTS WERE PROVIDED: BRISTOL: MEDIAN HOUSEHOLD INCOME: \$57,781 FAMILIES BELOW POVERTY LEVEL- 5.6% INDIVIDUALS BELOW POVERTY LEVEL- 7.7% RACE: WHITE- 87.6%, BLACK OR AFRICAN AMERICAN- 3.6%, AMERICAN INDIAN OR ALASKA NATIVE- 0.3%, ASIAN- 1.8%, OTHER RACE- 3.9% BURLINGTON: MEDIAN HOUSEHOLD INCOME: \$116,419 FAMILIES BELOW POVERTY LEVEL- 1.2% INDIVIDUALS BELOW POVERTY LEVEL- 1.9% RACE: WHITE- 98%, BLACK OR AFRICAN AMERICAN- 0.2%, AMERICAN INDIAN OR ALASKA NATIVE- 0.1%, ASIAN- 1.2% PLAINVILLE: MEDIAN HOUSEHOLD INCOME: \$62,440 FAMILIES BELOW POVERTY LEVEL- 4.1% INDIVIDUALS BELOW POVERTY LEVEL- 5.0% RACE: WHITE- 93.1%, BLACK OR AFRICAN AMERICAN- 2.5%, AMERICAN INDIAN OR ALASKA NATIVE- 0.3%, ASIAN- 1.3%, OTHER RACE- 0.6% PLYMOUTH: MEDIAN HOUSEHOLD INCOME: \$70,132 FAMILIES BELOW POVERTY LEVEL- 2.9% INDIVIDUALS BELOW POVERTY LEVEL- 5.6% RACE: WHITE- 96.7%, BLACK OR AFRICAN AMERICAN- 0.5%, AMERICAN INDIAN OR ALASKA NATIVE- 0.3%, ASIAN- 0.6%, OTHER RACE- 0.7% THE SECONDARY SERVICE AREA (SSA) FOR OUR HOSPITAL INCLUDES: FARMINGTON (ZIP CODE 06085,06087)- 2011 CENSUS 6,058 SOUTHWINGTON (ZIP CODE 06489)- 2011 CENSUS 33,560 WOLCOTT (ZIP CODE 06716)- 2011 CENSUS 17,458 THOMASTON (ZIP CODE 06787)- 2011 CENSUS 8,512 HARWINTON (ZIP CODE 06791)- 2011 CENSUS 5,938 THE TOTAL POPULATION FROM THE 2011 CENSUS FOR OUR SSA IS- 71,526 BOTH THE PSA (PRIMARY SERVICE AREA) AND SSA (SECONDARY SERVICE AREA) ARE PRIMARILY SUBURBAN AND RURAL AREAS BUT ALSO INCLUDE SOME URBAN AREAS AS WELL. SOME OF THE MAJOR HEALTH PROBLEMS PREVALENT IN OUR PSA ARE ASSOCIATED WITH BEHAVIORAL HEALTH, CHEMICAL DEPENDENCY, OBESITY, AND PULMONARY DISEASE.</p>
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH</p>	<p>BRISTOL HOSPITAL TAKES GREAT PRIDE IN SERVING THE COMMUNITY. AS PART OF ITS MISSION, BRISTOL HOSPITAL INCORPORATES A BROAD ARRAY OF COMMUNITY OUTREACH AND WELLNESS ACTIVITIES, DELIVERING EDUCATIONAL MATERIAL AND COUNSELING, OFFERING FREE OR LOW COST HEALTH SCREENINGS AND HOSTING PATIENT AND FAMILY SUPPORT GROUPS. WE UNDERSTAND THE IMPORTANCE AND VALUE OF EMPHASIZING GOOD HEALTH, FITNESS, SAFETY AND THE PROMOTION OF EARLY DETECTION OF ILLNESS OR DISEASE. THEREFORE, ALL OF OUR OUTREACH EFFORTS REFLECT OUR STRONG DESIRE TO IMPROVE THE QUALITY OF LIFE FOR ALL WHO LIVE AND WORK IN THE COMMUNITIES WE SERVE. BRISTOL HOSPITAL PROVIDES FINANCIAL SUPPORT AND ACCESS TO APPROPRIATE CLINICAL CARE FOR SEVERAL LIFE-SAVING INITIATIVES, INCLUDING THE BRISTOL COMMUNITY BREAST HEALTH PROJECT AND THE COLON CANCER AWARENESS PROJECT OF GREATER BRISTOL, WHICH ALLOW US TO OFFER FREE BREAST, AND COLORECTAL CANCER SCREENINGS TO THOSE WHO, DUE TO INSURANCE OR INCOME FACTORS, MIGHT NOT OTHERWISE HAVE ACCESS TO THESE VALUABLE DIAGNOSTIC SCREENING SERVICES. THE EYE CARE PROJECT OF GREATER BRISTOL PROVIDES VITAL ACCESS TO SERVICES FOR THOSE SUFFERING FROM VISION IMPAIRMENT. AT BRISTOL HOSPITAL WE UNDERSTAND THE IMPORTANCE OF OUR ROLE AS AN EXEMPT HEALTHCARE PROVIDER TO THE COMMUNITY WE SERVE. OUR LEADERSHIP TEAM IS COMMITTED TO PROVIDING OUTSTANDING PATIENT CARE AND PROMOTING THE HEALTH OF THE COMMUNITY. BRISTOL HOSPITAL ATTEMPTS TO PROMOTE OUR FREE AND NON-REVENUE GENERATING PROGRAMS IN A VARIETY OF WAYS. THREE TIMES A YEAR, THE HOSPITAL MAELS A "PATHWAYS TO YOUR HEALTH" CATALOG. THE CATALOG CONTAINS A LISTING OF PROGRAMS AVAILABLE TO THE GREATER BRISTOL COMMUNITY. THIS CATALOG IS MAILED TO OVER 60,000 RESIDENTS AND PROVIDES INFORMATION ON FREE HEALTH SCREENINGS, SUPPORT GROUPS, HEALTH EDUCATION, WELLNESS PROGRAMS, ETC. THE CATALOG IS ALSO INCLUDED ON OUR HOSPITAL WEBSITE TO PROVIDE INCREASED ACCESS TO PATIENTS. THE PATHWAYS CATALOG IS DELIVERED AND DISPLAYED IN EACH DEPARTMENT WITHIN THE HOSPITAL AND IS FREE FOR ALL PATIENTS TO TAKE. PROGRAMS ARE ALSO LISTED ON OUR WEBSITE UNDER AN "EVENTS" SECTION WHERE PATIENTS CAN REGISTER FOR FREE, DIRECTLY ONLINE. WE ALSO PROMOTE OUR PROGRAMS MONTHLY IN THE BRISTOL PRESS, BRISTOL OBSERVER, HARTFORD COURANT AND PLYMOUTH CONNECTION. WE SUBSCRIBE TO AN "ON-HOLD" SYSTEM FOR OUR PHONES WHICH ALLOWS US TO RECORD MESSAGES FOR PATIENTS WHEN THEY CALL THE HOSPITAL. MANY OF THESE MESSAGES ARE ABOUT FREE PROGRAMS AND SERVICES, HEALTH EDUCATION FACTS AND SERVICES TO THE COMMUNITY. A MAJORITY OF THE HOSPITAL'S</p>

Return Reference	Identifier	Explanation
		GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR ALL OF ITS DEPARTMENTS AND SPECIALTIES.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	CT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BRISTOL HOSPITAL, INC.

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

06-0646559

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

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

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

	Yes	No
1a		
1b		✓
2		✓
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a	✓	
6b	✓	
7		✓
8	✓	
9	✓	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KURT BARWIS PRESIDENT & CEO	(i) 488,846	161,382	572,426	52,450	19,386	1,294,490	456,522
		(ii) 0	0	0	0	0	0	0
2	VIJAY JOSHI DIRECTOR	(i) 0	0	0	0	0	0	0
		(ii) 200,434	5,112	0	0	0	205,546	0
3	BALA SHANMUGAM, M.D. PRESIDENT OF THE MEDICAL STAFF	(i) 0	0	0	0	0	0	0
		(ii) 299,478	3,920	0	0	0	303,398	0
4	GEORGE EIGHMY VICE PRESIDENT OF FINANCE/CFO	(i) 270,398	45,568	0	458	19,302	335,726	0
		(ii) 0	0	0	0	0	0	0
5	JEANINE RECKDENWALD VP/ HUMAN RESOURCES AND SUPPORT SERVICES	(i) 203,162	39,025	0	1,842	19,386	263,415	0
		(ii) 0	0	0	0	0	0	0
6	DAVE RACKLIFFE AVP INFORMATION TECHNOLOGY	(i) 162,508	21,234	0	1,527	19,547	204,816	0
		(ii) 0	0	0	0	0	0	0
7	SHEILA KEMPF, PHD SENIOR VP/PATIENT CARE SERVICES/CHIEF NURSING OFFICER	(i) 251,218	47,079	0	2,450	19,302	320,049	0
		(ii) 0	0	0	0	0	0	0
8	EVA WICKWIRE AVP CHIEF DEVELOPMENT OFFICER	(i) 148,116	27,094	0	1,360	7,524	184,094	0
		(ii) 0	0	0	0	0	0	0
9	KENNETH RHEE M.D. SENIOR VICE PRESIDENT, CHIEF MEDICAL OFFICER	(i) 268,514	35,721	0	0	17,871	322,106	0
		(ii) 0	0	0	0	0	0	0
10	PAUL SMITH DIRECTOR OF ENGINEERING AND FACILITIES	(i) 155,355	0	0	0	0	155,355	0
		(ii) 0	0	0	0	0	0	0
11	RUSSELL TUVERSON, M.D. OCCUPATIONAL HEALTH PHYSICIAN	(i) 167,784	0	0	1,637	0	169,421	0
		(ii) 0	0	0	0	0	0	0
12	MARIA SIMMONE DIRECTOR OF REVENUE CYCLE	(i) 133,229	6,750	0	1,350	7,939	149,268	0
		(ii) 0	0	0	0	0	0	0
13	LYNNE RAMER DIRECTOR OF CLINICAL OPERATIONS	(i) 134,005	4,131	0	1,342	15,355	154,833	0
		(ii) 0	0	0	0	0	0	0
14	REBECCA WIESNER DIRECTOR OF DIAGNOSTIC SERVICES	(i) 131,424	6,750	0	0	16,231	154,405	0
		(ii) 0	0	0	0	0	0	0
15		(i)						
		(ii)						
16		(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.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE HOSPITAL PAID \$8,955 HOUSING ALLOWANCE FOR PAUL SMITH, DIRECTOR OF FACILITIES AND ENGINEERING. AS PER HIS EMPLOYMENT AGREEMENT.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	KURT BARWIS, PRESIDENT, PARTICIPATES IN THE HOSPITAL'S 457(F) DEFINED CONTRIBUTION PLAN.
SCHEDULE J, PART I, LINE 6A	COMPENSATION CONTINGENT ON NET EARNINGS OF THE ORGANIZATION	COMPENSATION FOR KEY EMPLOYEES IS PARTIALLY SET BASED ON THE FOLLOWING PERFORMANCE METRICS: PATIENT SAFETY, PATIENT SATISFACTION, EMPLOYEE ENGAGEMENT AND FINANCIAL RESULTS INCLUDING NET INCOME.
SCHEDULE J, PART I, LINE 8	PAYMENTS ON CONTRACT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION	AMOUNTS WERE PAID TO KURT BARWIS PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGS. SECTION 53.4958-4(A)(3). THE ORGANIZATION FOLLOWED THE REBUTTABLE PRESUMPTION PROCEDURE DESCRIBED IN REGS. SECTION 53.4958-6(C).

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

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization

BRISTOL HOSPITAL, INC.

Employer identification number

06-0646559

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶			\$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶			\$	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) (SEE STATEMENT)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$	273,261					

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part II**Loans to and/or From Interested Persons** (continued)

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board of committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(10) MORRIS LAVIERO	FORMER DIRECTOR	PURCHASE BUILDING	✓		350,000	273,261		✓	✓		✓	

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.

2014

Open to Public Inspection

Name of the Organization
BRISTOL HOSPITAL, INC.

Employer Identification Number
06-0646559

Return Reference	Identifier	Explanation
FORM 990, PART I, LINE 1	BRIEF MISSION	CONTINUUM OF SERVICES AND HEALTH PROMOTION. WE WILL COLLABORATE WITH HEALTH PROFESSIONAL AND OTHER ORGANIZATIONS AS ADVOCATES FOR OUR COMMUNITY. WE WILL PROVIDE THE OPPORTUNITY FOR GROWTH TO OUR MEDICAL STAFF AND EMPLOYEES IN AN ENVIRONMENT WHERE EACH INDIVIDUAL IS RESPECTED AND VALUED.
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	ORGANIZATIONS AS ADVOCATES FOR OUR COMMUNITY. WE WILL PROVIDE THE OPPORTUNITY FOR GROWTH TO OUR MEDICAL STAFF AND EMPLOYEES IN AN ENVIRONMENT WHERE EACH INDIVIDUAL IS RESPECTED AND VALUED.
FORM 990, PART III, LINE 4A	PROGRAM SERVICE DESCRIPTION	<p>CANCER. BOTH PROGRAMS HAVE INCREASED THE COMMUNITY'S COMPLIANCE WITH THE RECOMMENDED CANCER SCREENINGS AND HAVE BEEN RECOGNIZED WITH STATE, REGIONAL AND NATIONAL AWARDS.</p> <p>BRISTOL HOSPITAL BACKGROUND: BRISTOL HOSPITAL, THE FLAGSHIP OF THE BRISTOL HOSPITAL AND HEALTH CARE GROUP, IS COMMITTED TO PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES THAT ARE PROGRESSIVE, COMPASSIONATE, COORDINATED, ACCESSIBLE, AFFORDABLE, HIGH QUALITY AND RESPONSIVE TO COMMUNITY NEEDS. THE HOSPITAL'S CENTRAL MISSION IS TO BE THE LEADING HEALTH CARE PROVIDER FOR THE PEOPLE WHO LIVE AND WORK IN THE GREATER BRISTOL AREA, A ROLE THAT IT HAS PLAYED FOR MANY GENERATIONS SINCE THE EARLY 1920S. BRISTOL HOSPITAL SERVES ALL PEOPLE WHO NEED CARE, REGARDLESS OF THEIR AGE, GENDER, SEXUAL ORIENTATION, RACE, RELIGION, NATURAL ORIGIN, PERSONAL LIMITATIONS, OR ABILITY TO PAY. IN ADDITION TO BEING THE LEADING HEALTH CARE PROVIDER, BRISTOL HOSPITAL IS ALSO ONE OF THE AREA'S LARGEST EMPLOYERS. THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF COMMUNITY AND CIVIC LEADERS, WORKING AND RETIRED LOCAL BUSINESS EXECUTIVES, AND PHYSICIANS WHO GUIDE THE OVERALL PHILOSOPHY AND DIRECTION OF THE ORGANIZATION TO MEET THE NEEDS OF THE LOCAL COMMUNITY.</p> <p>BRISTOL HOSPITAL VISION: BRISTOL HOSPITAL AND HEALTH CARE GROUP ASPIRES TO BE RECOGNIZED AS THE BEST COMMUNITY HEALTH CARE PROVIDER IN CONNECTICUT. WORKING WITH OUR PATIENTS, PHYSICIANS, EMPLOYEES, VOLUNTEERS AND COMMUNITY, BRISTOL HOSPITAL AND HEALTH CARE GROUP WILL UTILIZE OUR CORE VALUES TO ACHIEVE THE VISION WHICH: CREATES A CULTURE OF SAFETY, QUALITY AND SERVICE THAT IS EMBRACED AS AN INDIVIDUAL AND TEAM RESPONSIBILITY; ENSURES A USER-FRIENDLY CONTINUUM MODELED ON PROVIDING PATIENT-CENTERED CARE AND SERVICES; CONTINUALLY ASSESSES AND PROMOTES NEW SERVICES AND TECHNOLOGY; AND SERVES AS THE RESPONSIBLE STEWARD AND ADVOCATE FOR THE HEALTH OF OUR COMMUNITY.</p> <p>BRISTOL HOSPITAL PATHWAYS COMMUNITY PROGRAMMING: THIS IS COMPRISED OF DOZENS OF LOW COST OR FREE CLASSES AND SEMINARS THAT ARE OFFERED THROUGH ITS PATHWAYS CATALOG. THE CATALOG ALSO IS MAILED TO HOUSEHOLDS IN TOWNS IN BRISTOL HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS. THE COMMUNITY PROGRAMMING OFFERED THROUGH THE PATHWAYS INCLUDE: WEIGHT LOSS SURGERY INFORMATION, MATERNITY, PARENTING EDUCATION, NUTRITION, CPR/EMT, STRESS RELIEF, REIKI, PERSONAL HEALTH AND DEVELOPMENT, SUPPORT GROUPS, THE DOCTOR IS IN - FREE HEALTH INFORMATION AND SEMINAR SERIES, HEALTH SCREENINGS, WEIGHT LOSS SUPPORT GROUP, CANCER CARE GROUPS, EVENING DIABETES SUPPORT GROUP, DAYTIME DIABETES SUPPORT GROUP, ALZHEIMER'S SUPPORT GROUP, OVEREATERS ANONYMOUS, AND EPILEPSY SUPPORT. "THE DOCTOR IS IN" FREE HEALTH INFORMATION AND SEMINAR SERIES INCLUDES FREE PRESENTATIONS BY THE PHYSICIANS OF THE BRISTOL HOSPITAL MULTI-SPECIALTY GROUP IN THE FOLLOWING DISCIPLINES: DEMENTIA, HEALTHY LIVING, FALL PREVENTION, POLY PHARMACY, JOINT HEALTH, THYROID HEALTH, SMOKING, COPD & ASTHMA, BREAST HEALTH, EXERCISE FOR THE ELDERLY, AND CARDIO AND SPORTS HEALTH.</p> <p>BRISTOL HOSPITAL COMMUNITY RELATIONS/BENEFIT ACTIVITIES: THE PARENT AND CHILD CENTER AT BRISTOL HOSPITAL: THE CENTER'S PRIMARY FOCUS IS ON PREVENTION OF CHILD ABUSE, NEGLECT AND FAMILY VIOLENCE BY PROVIDING SUPPORT SYSTEMS FOR FAMILIES INCLUDING: STRESS/ANGER MANAGEMENT, FAMILY FINANCES, CHILD DEVELOPMENT, COMMUNICATION SKILLS, EFFECTIVE DISCIPLINE, AND PLANNING/DECISION-MAKING SKILLS.</p> <p>BRISTOL HOSPITAL COMMUNITY CARE TEAM: THE OBJECTIVE OF THE BRISTOL HOSPITAL COMMUNITY CARE TEAM IS TO PROVIDE PATIENT-CENTERED CARE AND TO IMPROVE HEALTH OUTCOMES BY DEVELOPING AND IMPLEMENTING A SAFETY NET OF ALTERNATIVE SERVICES THROUGH MULTI-AGENCY INTERVENTION AND CARE PLANNING. THE TARGET POPULATION IS HIGH-RISK PATIENTS EXPERIENCING ACUTE AND CHRONIC MENTAL HEALTH ISSUES, SUBSTANCE ABUSE AND HIGH EMERGENCY DEPARTMENT UTILIZATION.</p> <p>NURSES IN THE COMMUNITY: THE BRISTOL HOSPITAL NURSE EXECUTIVE COUNCIL</p>

Return Reference	Identifier	Explanation
		<p>INITIATED NURSES IN THE COMMUNITY TO DISPLAY PROFESSIONALISM AND PROVIDE SERVICE TO THE COMMUNITY. THE PROGRAM INCLUDES COLLECTED FOOD GOODS AND CLOTHING FROM NUMEROUS DRIVES CONDUCTED AT THE HOSPITAL. THE NURSES ALSO TRAVEL TO THE SHELTER TO TAKE BLOOD PRESSURES AND ACCESS WOUNDS.</p> <p>HEALTH FAIRS: BRISTOL HOSPITAL PARTICIPATES IN NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR.</p> <p>ADOPT A FAMILY FOR THE HOLIDAYS: THE EMPLOYEES WITH AN OPPORTUNITY TO ADOPT A LOCAL FAMILY AND PURCHASE HOLIDAY GIFTS FOR THEM INCLUDING CLOTHES, BASIC NECESSITIES, TOYS, ETC.</p> <p>WEST END EVENT: THE EVENT ATTRACTED AN ESTIMATED 10,000-PLUS PEOPLE. THE TEAM FROM THE BRISTOL HOSPITAL OBSTETRICS/GYNECOLOGY TEAM HANDED OUT EDUCATIONAL MATERIALS AND CONDUCTED FREE BLOOD PRESSURE CHECKS.</p> <p>TEXTING AND DRIVING EVENT: BRISTOL HOSPITAL'S LEARNING CENTER PRESENTED ITS ANNUAL COMBINATION MEDICAL CAREER FAIR AND DISTRACTING DRIVING AWARENESS EVENT ENTITLED "CONSEQUENCES OF DISTRACTED DRIVING." THE TWO-PART EVENT INCLUDES A CAREER FAIR FOR STUDENTS WHO MAY BE INTERESTED IN PURSUING A CAREER IN HEALTH CARE.</p> <p>TEDDY BEAR CLINIC: STAFF FROM BRISTOL HOSPITAL'S EMERGENCY CENTER TOOK PART IN A TEDDY BEAR CLINIC. THE TEAM EXAMINED DOZENS OF TEDDY BEARS AND STUFFED ANIMALS AND EXPLAINED TO THEM WHAT HAPPENS DURING A VISIT TO A HOSPITAL EMERGENCY DEPARTMENT.</p> <p>BOYS AND GIRLS CLUB BIKE HELMET EVENT: TEAM MEMBERS FROM BRISTOL HOSPITAL'S EMERGENCY CENTER AND ITS PHYSICIANS GROUP, MEP HEALTH, STAFFED A BICYCLE SAFETY EVENT AT THE BRISTOL BOYS AND GIRLS CLUB AND FAMILY CENTER'S FAMILY FUN NIGHT. DOZENS OF DONATED BIKE HELMETS WERE PROPERLY FITTED FOR THE CHILDREN WHO ATTENDED THE EVENT.</p> <p>MEDICAL STAFF, THANKSGIVING FOOD DONATION: MORE THAN 100 MEMBERS OF THE BRISTOL HOSPITAL MEDICAL STAFF DONATED MORE THAN \$9,700 TO HELP FAMILIES IN THROUGH BRISTOL HOSPITAL'S WOMEN'S, INFANTS AND CHILDREN'S PROGRAM. BECAUSE OF THE GENEROSITY, APPROXIMATELY 180 FAMILIES ENJOYED A HOLIDAY MEAL ON THANKSGIVING.</p> <p>EMERGENCY MEDICAL SERVICES DONATION: THE BRISTOL HOSPITAL EMS TEAM REGULARLY DONATES THEIR TIME AND AMBULANCES TO COMMUNITY EVENTS, FREE OF CHARGE. SOME OF THESE EVENTS INCLUDE HEALTH FAIRS, HIGH SCHOOL SPORTING EVENTS, FOOD DRIVES AND COMMUNITY EVENTS.</p> <p>NURSING STUDENTS: BRISTOL HOSPITAL OVERSEES NURSING STUDENTS AS PART OF THEIR FIELD TRAINING. OUR NURSES AND PA-CS ACT AS THEIR SUPERVISORS, PROVIDING EDUCATION, HANDS ON LEARNING AND AN OPEN FORUM FOR QUESTIONS.</p> <p>JOB SHADOWING: BRISTOL HOSPITAL PROVIDES JOB SHADOWING EXPERIENCES TO LOCAL HIGH SCHOOL STUDENTS. STUDENTS TYPICALLY SHADOW THE NURSING DEPARTMENT, PHYSICIAN ASSISTANTS OR PHYSICAL THERAPISTS.</p> <p>CLINICAL & NON-CLINICAL JOB FAIR: OUR EDUCATION DEPARTMENT HOSTS A CLINICAL AND NON-CLINICAL JOB FAIR DAY FOR HIGH SCHOOL STUDENTS TO COME INTO THE HOSPITAL AND VISIT DIFFERENT DEPARTMENTS TO LEARN MORE ABOUT HOW THE DEPARTMENTS RUN. IT PROVIDES AN OPPORTUNITY FOR STUDENTS TO LEARN ABOUT CLINICAL AND NON-CLINICAL CAREERS IN HEALTHCARE. TYPICALLY 50 STUDENTS ATTEND AND 15-20 DEPARTMENTS ARE REPRESENTED.</p> <p>BRISTOL COMMUNITY ORGANIZATION: BRISTOL HOSPITAL PARTICIPATES WITH THE BRISTOL COMMUNITY ORGANIZATION'S EMPLOYMENT OPPORTUNITIES FOR AT RISK YOUNG ADULTS. THE HOSPITAL EMPLOYS THE PARTICIPANTS FOR 30 HOURS PER WEEK, SIX TO EIGHT WEEKS A YEAR.</p> <p>EMS FOOD DRIVE: HOSPITAL EMPLOYEES PARTNERED WITH SPRINT TO COLLECT FOOD AND TOYS FOR LOCAL COMMUNITY ORGANIZATIONS. FOOD WAS DONATED TO ST. VINCENT DE PAUL'S IN BRISTOL AND TOYS WERE DONATED TO TOYS FOR TOTS.</p> <p>EXECUTIVE LEADERSHIP BOARD & COMMITTEE AFFILIATIONS: KURT A. BARWIS, FACHE, PRESIDENT AND CEO; DIRECTOR, QUALIDIGM - THE MEDICARE QUALITY IMPROVEMENT ORGANIZATION FOR THE STATE OF CONNECTICUT; DIRECTOR AND CO-CHAIR OF THE GOVERNMENTAL AFFAIRS COMMITTEE, BRISTOL CHAMBER OF COMMERCE; JEANINE F. RECKDENWALD, SPHR, VICE PRESIDENT, HUMAN RESOURCES AND SUPPORT SERVICES; BOARD, BRISTOL EDUCATION FOUNDATION</p>
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	A COMPLETED 990 IS PROVIDED TO EACH BOARD MEMBER BEFORE IT IS FILED. THIS PROVIDES AN OPPORTUNITY FOR MEMBERS TO ASK QUESTIONS AND FOLLOW UP WITH THE FINANCE TEAM REGARDING ANY ISSUES OR CONCERNS. THE 990 IS ALSO REVIEWED INTERNALLY BY MEMBERS OF THE FINANCE AND MANAGEMENT TEAMS.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	ANNUALLY, ALL APPLICABLE PARTIES ARE REQUIRED TO RECEIVE AND SIGN A STATEMENT ACKNOWLEDGING THAT THEY HAVE READ, UNDERSTOOD AND AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY.

Return Reference	Identifier	Explanation																
FORM 990, PART VI, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE BRISTOL HOSPITAL AND HEALTH CARE GROUP BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL BRISTOL HOSPITAL AND HEALTH CARE GROUP BOARD ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE AND PROVIDED TO THE BOARD ON AN ANNUAL BASIS. THE LAST COMPENSATION REVIEW FOR THE CEO, OTHER OFFICERS AND KEY EMPLOYEES OCCURRED IN DECEMBER 2014.																
FORM 990, PART VI, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	A PROCESS WAS USED TO ESTABLISH THE FOLLOWING ROLES AND POSITIONS FOR OFFICERS AND KEY EMPLOYEES AS FOLLOWS: PRESIDENT/CEO, VICE PRESIDENT OF FINANCE/CFO, VICE PRESIDENT/HUMAN RESOURCES AND SUPPORT SERVICES, AVP OF INFORMATION TECHNOLOGY, SENIOR VP/PATIENT CARE SERVICES / CHIEF NURSING OFFICER, AVP CHIEF DEVELOPMENT OFFICER AND SENIOR VICE PRESIDENT/CHIEF MEDICAL OFFICER.																
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.																
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="618 1005 1333 1033">(a) Description</th> <th data-bbox="1333 1005 1516 1033">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="618 1033 1333 1060">DECREASE IN PERMANENTLY RESTRICTED NET ASSETS</td> <td data-bbox="1333 1033 1516 1060">- 295,116</td> </tr> <tr> <td data-bbox="618 1060 1333 1087">TRANSFER TO BRISTOL HOSPITAL MULTISPECIALTY GROUP</td> <td data-bbox="1333 1060 1516 1087">- 292,388</td> </tr> <tr> <td data-bbox="618 1087 1333 1115">PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS</td> <td data-bbox="1333 1087 1516 1115">- 5,842,926</td> </tr> <tr> <td data-bbox="618 1115 1333 1142">CHANGES IN POSTRETIREMENT HEALTH & WELFARE BENEFITS</td> <td data-bbox="1333 1115 1516 1142">420,000</td> </tr> <tr> <td data-bbox="618 1142 1333 1169">CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION</td> <td data-bbox="1333 1142 1516 1169">- 631,871</td> </tr> <tr> <td data-bbox="618 1169 1333 1197">NONCASH VACCINE CONTRIBUTIONS</td> <td data-bbox="1333 1169 1516 1197">- 12,807</td> </tr> <tr> <td data-bbox="618 1197 1333 1224">NET ASSETS RELEASED FROM RESTRICTIONS</td> <td data-bbox="1333 1197 1516 1224">- 185,739</td> </tr> </tbody> </table>	(a) Description	(b) Amount	DECREASE IN PERMANENTLY RESTRICTED NET ASSETS	- 295,116	TRANSFER TO BRISTOL HOSPITAL MULTISPECIALTY GROUP	- 292,388	PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS	- 5,842,926	CHANGES IN POSTRETIREMENT HEALTH & WELFARE BENEFITS	420,000	CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION	- 631,871	NONCASH VACCINE CONTRIBUTIONS	- 12,807	NET ASSETS RELEASED FROM RESTRICTIONS	- 185,739
(a) Description	(b) Amount																	
DECREASE IN PERMANENTLY RESTRICTED NET ASSETS	- 295,116																	
TRANSFER TO BRISTOL HOSPITAL MULTISPECIALTY GROUP	- 292,388																	
PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS	- 5,842,926																	
CHANGES IN POSTRETIREMENT HEALTH & WELFARE BENEFITS	420,000																	
CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION	- 631,871																	
NONCASH VACCINE CONTRIBUTIONS	- 12,807																	
NET ASSETS RELEASED FROM RESTRICTIONS	- 185,739																	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BRISTOL HOSPITAL, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

06-0646559

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HG PROPERTY HOLDINGS LLC (27-2548373) 41 BREWSTER RD, BRISTOL, CT 06010	REAL ESTATE	CT	(32,732)	895,003	BRISTOL HOSPITAL, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC. (22-2577726) BREWSTER ROAD, BRISTOL, CT 06010	HEALTHCARE PARENT COMPANY	CT	501(C)(3)	11 TYPE II	N/A		✓
(2) BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC. (22-2577740) BREWSTER ROAD, BRISTOL, CT 06010	FUNDRAISING	CT	501(C)(3)	7	BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC.		✓
(3) BRISTOL HEALTH CARE, INC. (22-2577731) 400 NORTH MAIN STREET, BRISTOL, CT 06010	NURSING HOME	CT	501(C)(3)	9	BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC.		✓
(4) BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC. (06-1466555) BREWSTER ROAD, BRISTOL, CT 06010	HEALTHCARE SERVICES	CT	501(C)(3)	9	BRISTOL HOSPITAL AND HEALTH CARE GROUP, INC.		✓
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE STATEMENT												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BRISTOL HOSPITAL EMS, LLC (06-1547648) P.O. BOX 977, BRISTOL, CT 06011	EMERGENCY MEDICAL SERVICES	CT	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		✓
1b	✓	
1c	✓	
1d		✓
1e		✓
1f		✓
1g		✓
1h		✓
1i		✓
1j	✓	
1k		✓
1l	✓	
1m		✓
1n		✓
1o	✓	
1p	✓	
1q	✓	
1r	✓	
1s		✓

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(7) BRISTOL MSO, LLC (06-1506024) 25 COLLINS ROAD, BRISTOL, CT 06010	RADIOLOGY SERVICES	CT		RELATED	429,069	437,773		✓			✓	50.000

BRISTOL HOSPITAL, INCORPORATED

**INDEPENDENT AUDITORS' REPORT AND
FINANCIAL STATEMENTS**

As of and for the Years Ended
September 30, 2015 and 2014

BRISTOL HOSPITAL, INCORPORATED

INDEPENDENT AUDITORS' REPORT AND FINANCIAL STATEMENTS
As of and for the Years Ended September 30, 2015 and 2014

CONTENTS

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
BALANCE SHEETS	3
STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS	5
STATEMENTS OF CASH FLOWS.....	7
NOTES TO FINANCIAL STATEMENTS	8

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Bristol Hospital, Incorporated

We have audited the accompanying financial statements of Bristol Hospital, Incorporated (the Hospital), which comprises the balance sheet as of September 30, 2015, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2015, and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of Bristol Hospital, Incorporated, as of September 30, 2014, were audited by Saslow Lufkin & Buggy, LLP who combined with Crowe Horwath LLP as of July 1, 2015, and whose report dated December 15, 2014, expressed an unmodified opinion on those statements.

A handwritten signature in black ink that reads "Crowe Horwath LLP". The signature is stylized and cursive.

Crowe Horwath LLP

Simsbury, Connecticut
January 28, 2016

BRISTOL HOSPITAL, INCORPORATED
BALANCE SHEETS
September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 15,285,938	\$ 13,737,679
Accounts receivable, less allowance for doubtful accounts of \$4,285,214 (2015) and \$4,499,778 (2014)	16,471,779	17,715,144
Other receivables	2,818,801	2,785,093
Inventories of supplies	1,388,084	1,413,639
Estimated settlements from third-party payers	-	581,194
Prepaid expenses	1,008,601	947,594
Debt service funds	<u>347,671</u>	<u>394,825</u>
Total current assets	37,320,874	37,575,168
Assets limited as to use:		
Funds held for malpractice self-insurance fund	4,418,234	5,574,108
Board designated investments	6,705,918	6,835,761
Beneficial interest in assets held in trust by others	2,990,416	3,285,532
Funds held under bond indenture agreements, Series B Bonds	2,505,243	2,506,471
Interest in net assets of Foundation	6,033,606	6,665,478
Donor restricted investments	<u>954,319</u>	<u>1,140,058</u>
Total assets limited as to use	23,607,736	26,007,408
Non-current assets:		
Long-term investments	6,496,418	6,665,386
Investments in joint ventures	614,503	764,613
Due from affiliates	2,528,802	2,986,089
Deferred expenses and other assets	287,821	286,346
Unamortized bond finance costs	<u>925,972</u>	<u>981,539</u>
Total non-current assets	10,853,516	11,683,973
Property, plant and equipment:		
Land and land improvements	5,042,128	4,009,071
Buildings	67,804,901	64,881,894
Fixtures and equipment	<u>91,594,927</u>	<u>86,560,455</u>
	164,441,956	155,451,420
Less: accumulated depreciation	<u>(124,849,240)</u>	<u>(118,322,799)</u>
	39,592,716	37,128,621
Construction in progress	<u>616,812</u>	<u>1,942,559</u>
Property, plant and equipment, net	<u>40,209,528</u>	<u>39,071,180</u>
Total assets	<u>\$ 111,991,654</u>	<u>\$ 114,337,729</u>

(Continued)

BRISTOL HOSPITAL, INCORPORATED
BALANCE SHEETS
September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Trade accounts payable	\$ 11,966,693	\$ 12,293,121
Accrued payroll and other accrued expenses	6,634,907	7,741,042
Estimated settlements to third-party payers	1,130,211	-
Borrowings on line of credit and demand loan	1,800,000	2,900,000
Current portion of capital lease liabilities	690,414	116,330
Current portion of long-term debt	<u>811,425</u>	<u>684,763</u>
Total current liabilities	23,033,650	23,735,256
Other accrued liabilities	6,770,777	8,664,153
Long-term capital lease liabilities, less current portion	1,854,778	141,497
Long-term debt, less current portion	25,024,410	25,576,658
Accrued postretirement benefit liability	-	170,972
Asset retirement obligation	604,800	604,800
Accrued pension liability	<u>32,795,767</u>	<u>27,017,438</u>
Total liabilities	90,084,182	85,910,774
Net assets:		
Unrestricted	11,995,043	17,633,376
Temporarily restricted	3,122,057	3,708,091
Permanently restricted	<u>6,790,372</u>	<u>7,085,488</u>
Total net assets	<u>21,907,472</u>	<u>28,426,955</u>
Total liabilities and net assets	<u>\$ 111,991,654</u>	<u>\$ 114,337,729</u>

The accompanying notes are an integral part of these financial statements.

BRISTOL HOSPITAL, INCORPORATED
 STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
 For the Years Ended September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Operating revenues:		
Net patient service revenues	\$ 135,540,204	\$ 141,984,205
Provision for bad debts	<u>(2,212,274)</u>	<u>(4,007,799)</u>
Net patient service revenues less provision for bad debts	133,327,930	137,976,406
Other operating revenues	<u>3,838,007</u>	<u>4,301,391</u>
Total operating revenues	137,165,937	142,277,797
Operating expenses:		
Salaries, wages and fees	63,048,493	62,917,346
Supplies and other expenses	65,140,654	70,087,263
Depreciation and amortization	7,176,664	6,614,415
Interest expense	<u>1,267,462</u>	<u>1,412,468</u>
Total operating expenses	<u>136,633,273</u>	<u>141,031,492</u>
Gain from operations	532,664	1,246,305
Other income:		
Investment and other income, net	<u>795,166</u>	<u>1,066,405</u>
Total other income	<u>795,166</u>	<u>1,066,405</u>
Excess of revenues over expenses	<u>\$ 1,327,830</u>	<u>\$ 2,312,710</u>

(Continued)

BRISTOL HOSPITAL, INCORPORATED
STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
For the Years Ended September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Unrestricted net assets:		
Excess of revenues over expenses	\$ 1,327,830	\$ 2,312,710
Net change in unrealized losses on investments	(910,541)	(626,654)
Transfer (to) from Bristol Hospital Multispecialty Group	(292,388)	470,637
Change in interest in net assets of Foundation	(340,308)	318,588
Net assets released from restrictions for capital acquisitions	-	175,459
Pension changes other than net periodic benefit costs	(5,842,926)	(6,242,251)
Changes in postretirement health and welfare benefits other than net periodic benefit costs	420,000	5,307,399
Other transfers	<u>-</u>	<u>21,206</u>
Change in unrestricted net assets	(5,638,333)	1,737,094
Temporarily restricted net assets:		
Change in interest in net assets of Foundation	(291,563)	342,206
Net change in unrealized losses on investments	(196,834)	(37,671)
Contributions	88,102	23,605
Net assets released from restrictions	<u>(185,739)</u>	<u>(175,459)</u>
Change in temporarily restricted net assets	(586,034)	152,681
Permanently restricted net assets:		
Change in assets held in trust by others	<u>(295,116)</u>	<u>64,909</u>
Change in permanently restricted net assets	(295,116)	64,909
Change in net assets	(6,519,483)	1,954,684
Net assets, beginning of year	<u>28,426,955</u>	<u>26,472,271</u>
Net assets, end of year	<u>\$ 21,907,472</u>	<u>\$ 28,426,955</u>

The accompanying notes are an integral part of these financial statements.

BRISTOL HOSPITAL, INCORPORATED
 STATEMENTS OF CASH FLOWS
 For the Years Ended September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Cash flows from operating activities:		
Change in net assets	\$ (6,519,483)	\$ 1,954,684
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	7,176,664	6,614,415
Provision for bad debts	2,212,274	4,007,799
Change in investments in joint ventures	150,110	205,277
Transfer from affiliates	(292,388)	(470,637)
Change in assets held in trust by others	295,116	(64,909)
Net realized and unrealized losses on investments	611,854	410,485
Accrued pension and postretirement liabilities	5,422,926	934,852
Changes in assets and liabilities:		
Accounts receivable	(968,909)	(4,835,491)
Other receivables	(33,708)	(131,746)
Inventories of supplies	25,555	31,547
Estimated settlements from third-party payers	581,194	2,176,704
Prepaid expenses	(61,007)	(139,028)
Beneficial interest in net assets of the Foundation	631,872	(485,335)
Due from affiliates	457,287	(1,963,627)
Deferred expenses and other assets	(1,475)	189,961
Trade accounts payable	(326,428)	(198,233)
Accrued payroll and other accrued expenses	(1,106,135)	789,019
Estimated settlements to third-party payers	1,130,211	-
Other accrued liabilities	(1,893,376)	(861,940)
Accrued pension and postretirement liabilities	<u>184,431</u>	<u>(1,288,813)</u>
Net cash provided by operating activities	7,676,585	6,874,984
Cash flows from investing activities:		
Additions to property, plant and equipment	(5,972,080)	(6,870,720)
Purchases of investments	(1,867,677)	(263,836)
Sales of investments	1,741,601	254,308
Changes in debt service funds	47,154	50,079
Changes in funds held for malpractice self insurance fund, net	<u>1,155,874</u>	<u>1,336,630</u>
Net cash used in investing activities	(4,895,128)	(5,493,539)
Cash flows from financing activities:		
Repayments of long-term debt	(425,586)	(699,594)
Transfer from affiliates	292,388	470,637
Payments on line of credit and demand loan	<u>(1,100,000)</u>	<u>(225,000)</u>
Net cash used in financing activities	<u>(1,233,198)</u>	<u>(453,957)</u>
Net change in cash and cash equivalents	1,548,259	927,488
Cash and cash equivalents at beginning of year	<u>13,737,679</u>	<u>12,810,191</u>
Cash and cash equivalents at end of year	<u>\$ 15,285,938</u>	<u>\$ 13,737,679</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest	<u>\$ 1,227,781</u>	<u>\$ 1,372,787</u>
Supplemental disclosure of non-cash transactions:		
Capital leases entered into	<u>\$ 2,287,365</u>	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 1 - GENERAL

Organization: Bristol Hospital, Incorporated (the Hospital), a not-for-profit, non-stock corporation incorporated under the General Statutes of the State of Connecticut, is a wholly-owned subsidiary of Bristol Hospital and Health Care Group (BHHCG). BHHCG is the sole member of the Hospital, Bristol Hospital Development Foundation, Inc. (BHDF or the Foundation), Bristol Health Care, Inc. and Subsidiary (BHC), Bristol Hospital EMS, LLC (EMS) and Bristol Hospital Multispecialty Group (BHMSG). The Board of BHHCG elects the Hospital's Board of Directors, which manages the properties and affairs of the Hospital.

The Foundation was formed as a non-profit corporation for the purpose of raising funds for the Hospital and other members of BHHCG. The Foundation is a subsidiary of BHHCG and its Board of Directors is appointed by BHHCG. The Foundation also holds certain endowment funds on behalf of the Hospital. These endowment funds are reflected by the Hospital as an interest in the net assets of the Foundation, within the net asset categories of the Hospital and on the balance sheets. Assets held by the Foundation in which the Hospital has a net interest in are classified by the Hospital within the applicable net asset class. Increases or decreases in the Hospital's interest in the net assets of the Foundation are reflected in the statements of operations and changes in net assets within the applicable net asset categories.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as promulgated by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Use of Estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that impact the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also impact the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The Hospital's significant estimates relate to the allowance for doubtful accounts and contractual allowances on patient accounts receivable, valuation of investments, estimated settlements due to third-party payers, reserves for self-insurance liabilities and the pension and other postretirement employee benefit plan liability assumptions.

Net Asset Categories: To ensure observance of limitations and restrictions placed on the use of resources available to the Hospital, the accounts of the Hospital are maintained in the following net asset categories:

Unrestricted - Unrestricted net assets represent available resources other than donor restricted contributions. Included in unrestricted net assets are assets set aside by the Board of Directors (the Board) for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes.

Temporarily Restricted - Temporarily restricted net assets represent contributions that are restricted by the donor either as to purpose or as to time of expenditure.

Permanently Restricted - Permanently restricted net assets represent contributions received with the donor restriction that the principal be invested in perpetuity and that the income earned thereon be available for operations, and beneficial interest in assets held in trust by others.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents: The Hospital considers certain highly liquid investments with maturities of ninety days or less at the date of purchase to be cash equivalents. Cash balances maintained at banks are insured by the Federal Deposit Insurance Corporation (FDIC). The FDIC insures cash balances up to \$250,000 per depositor, per bank. Amounts in excess of the FDIC limits are uninsured. Cash and cash equivalents are maintained primarily with one bank including one investment bank sponsored money market fund and from time to time cash balances exceed FDIC limits. It is the Hospital's policy to monitor the bank's financial strength on an ongoing basis.

Assets Limited as to Use: Assets limited as to use include funds held for malpractice self-insurance, assets set aside by the Board of Directors for future capital improvements over which the Board of Directors retains control, the beneficial interest in assets held in trust by others, investments held in escrow under borrowing arrangements, donor restricted investments and interest in net assets of BHDF, and may, at its discretion, subsequently use for other purposes.

Inventories: Inventories are stated at the lower of cost or market, determined by the first-in, first-out (FIFO) method.

Investments: The Hospital accounts for its investments in accordance with FASB ASC 320, "*Investments - Debt and Equity Securities*." Short-term investments and investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying balance sheets. Investment income (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses, unless the income is restricted by donor or law. Unrealized gains and losses on investments are excluded from excess of revenues over expenses.

All of the Hospital's investments as of September 30, 2015 and 2014, were classified as available for sale. Available for sale securities may be sold prior to maturity and are carried at fair value. Realized gains and losses, relating to available for sale securities, determined on the specific identification basis, along with interest and dividend income, are reported as a component of non-operating income on the statements of operations and changes in net assets.

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Other Than Temporary Impairment of Investments: The Hospital accounts for other than temporary impairments in accordance with FASB ASC 320. When a decline in fair market value is deemed to be other than temporary, a provision for impairment is charged to earnings, included in non-operating income, and the cost basis of that investment is reduced.

The Hospital's management reviews several factors to determine whether a loss is other than temporary, such as the length of time a security is in a unrealized loss position, extent to which the fair value is less than cost, the financial condition and near term prospects of the issuer and the Hospital's intent and ability to hold the security for a period of time sufficient to allow for any anticipated recovery in fair value. No impairment losses were recognized in 2015 and 2014.

Deferred Financing Costs: Costs incurred with the long-term debt were capitalized and are being amortized over the life of the related bonds. Amortization expense totaled \$54,594 during 2015 and 2014.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property, Plant and Equipment: Property, plant and equipment is recorded at cost or, if received as a donation, at the fair value on the date received. The Hospital provides for depreciation of property, plant and equipment using the straight-line method in amounts sufficient to amortize the cost of its assets over their useful lives. Leasehold improvements are amortized over the shorter of the lease term or the following useful lives range. Useful lives assigned to assets are as follows: Land improvements - 2 to 25 years; Leasehold improvements - 15 to 20 years; Buildings - 15 to 40 years; and Fixtures and equipment - 3 to 20 years. For the years ended September 30, 2015 and 2014, depreciation expense amounted to \$7,122,070 and \$6,559,821, respectively.

Investments in Joint Ventures: The Hospital has invested in the following joint ventures and limited liability companies, which are accounted for under the equity method of accounting.

	<u>Ownership Percentage</u>
Bristol MSO, LLC	50.00%
MedWorks, LLC	49.00%
Connecticut Occupational Medical Partners	33.00%
Central Connecticut Endoscopy Center	6.50%
Connecticut Hospital Laboratory Network	4.54%

Investments in limited liability companies are accounted for using the equity method in accordance with FASB ASC 323, "*Investments - Equity Method and Joint Ventures*" in instances where the limited partner's interest is more than minor (3-5%), or the Board has the ability to exercise significant influence over the operations of the company.

During 2015 and 2014, the Hospital recorded income of \$186,842 and \$492,547, respectively, related to its equity method investments, which is included in net investment and other income on the statements.

During 2015, the Hospital withdrew its investment in Total Laundry Collaborative, LLC. At the time of withdrawal, the Hospital recorded a \$245,906 loss related to its full investment balance in the limited liability company.

During 2014, the Hospital withdrew its investment in MedConn Collection Agency (MedConn). Pursuant to the withdrawal agreement, the Hospital received a promissory note from Medconn in the amount of \$122,743. The note will be repaid to the Hospital in equal monthly principal payments plus interest through January 2017. As of September 30, 2015 and 2014, \$57,962 and \$95,467, respectively, was outstanding on the promissory note receivable which is included in other receivables in the accompanying balance sheets.

Donor Restricted Gifts: Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when the stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations and changes in net assets, as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying statements of operations and changes in net assets.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Assets Held in Trust by Others: The Hospital has been named sole or participating beneficiary in several perpetual trusts. Under the terms of these trusts, the Hospital has the irrevocable right to receive the income earned on the trust assets in perpetuity. Fluctuations in the value of such assets are recognized as changes in permanently restricted net assets.

Board Restricted: As of September 30, 2015 and 2014, the Hospital has \$6,705,918 and \$6,835,761, respectively, of unrestricted investments which have been restricted by the Board of Directors of BHHCG and are not available for use without the approval of the Board of Directors.

Bond Financing Costs: Costs incurred with debt financings are capitalized and are being amortized over the life of the debt. Amortization expense on bond financing costs was \$54,594, for the years ended September 30, 2015 and 2014.

Temporarily and Permanently Restricted Net Assets: Temporarily restricted net assets are those whose use by the Hospital have been limited by donors to a specific time period or purpose. Temporarily restricted net assets consist primarily of contributions for capital improvements and healthcare services. Permanently restricted net assets, which are primarily endowment gifts and assets held in trust by others, have been restricted by donors to be maintained in perpetuity (see Note 6). Both temporarily and permanently restricted net assets also consist of contributions held by the Foundation for healthcare services for the benefit of the Hospital.

Excess of Revenues Over Expenses: The statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, certain changes in the pension and postretirement benefit liabilities, permanent transfers of assets to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for purposes of acquiring such assets).

For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of healthcare services are reported as operating revenues and expenses. Investment interest income and income (loss) generated on equity investments are considered non-operating activities.

EHR Incentive Payment Revenue: The American Recovery and Reinvestment Act of 2009 authorized the Centers for Medicare and Medicaid Services (CMS) to award incentive payments to eligible health care providers who demonstrate Meaningful Use of certified electronic health records (EHR). These incentive programs are designed to support providers in this period of health information technology transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety and efficiency of patient health care. The Hospital uses a grant model to recognize revenue for the Medicare and Medicaid HER incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized as revenue after the Hospital has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the 12 month cost report period that will be used to determine the final incentive payment has ended. The Hospital recognizes revenue from Medicaid incentive payments after it has demonstrated compliance with the meaningful use criteria. As of September 30, 2015, the meaningful use incentives have expired, and no revenue was recorded related to this program. As of September 2014, the Hospital included EHR meaningful use revenue of \$580,499 in other operating revenues on the statements of operations and changes in net assets.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Income Taxes: The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Code.

The Hospital accounts for uncertain tax positions with provisions of FASB ASC 740, "*Income Taxes*," which provides a framework for how companies should recognize, measure, present and disclose uncertain tax positions in their financial statements. The Hospital may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position.

The Hospital does not have any uncertain tax positions as September 30, 2015 and 2014. It is the Hospital's policy to record penalties and interest associated with uncertain tax provisions as a component of operating expenses. As of September 30, 2015 and 2014, the Hospital did not record any penalties or interest associated with uncertain tax positions. The Hospital's prior three tax years are open and subject to examination by the Internal Revenue Service.

Fair Value Measurements: The Hospital measures fair value in accordance with FASB ASC 820, "*Fair Value Measurements and Disclosures*," which defines fair value, establishes a framework for measuring fair value and requires certain disclosures about fair value measurements (see Note 5). The definition of fair value under FASB ASC 820 focuses on the price that would be received to sell the asset, which is referred to as the exit price.

Malpractice, General and Workers' Compensation Self-Insurance: The Hospital maintains self-insurance coverage for medical malpractice, general liability and workers' compensation insurance (see Notes 12 and 13). The Hospital has continually maintained a liability for reserves relating to these coverages. These liabilities are recorded within other accrued liabilities on the balance sheets. The liability for malpractice insurance includes an estimated incurred but not reported claim reserve. The Hospital has recorded an additional liability and related recoverable from their commercial insurers relating to estimated reserves in excess of the self-insured layer. These amounts are recorded as increases under the captions "other receivables" and "other accrued liabilities" in the accompanying balance sheets by \$2,280,000 and \$2,290,000 as of September 30, 2015 and 2014, respectively. The increases represent the Hospital's estimate of liabilities and recoveries for certain professional and general liability claims in excess of the self-insured retentions. There were no increases relating to additional reserves on self-insured workers' compensation as there were no reserve estimates in excess of the self-insured retention.

Reclassifications: Certain items in the prior year financial statements were reclassified to conform to the current presentation. These reclassifications had no effect on net assets or the change in net assets.

Subsequent Events: Subsequent events have been evaluated through January 28, 2016, which is the date through which procedures were performed and the financial statements were issued. Management believes there are no subsequent events having a material impact on the financial statements.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 3 - REVENUES FROM SERVICES TO PATIENTS AND CHARITY CARE

The following reconciles gross patient service revenues to net patient service revenues:

	2015				
	Medicare and Medicare HMOs	Medicaid and Medicaid HMOs	Blue Cross	Commercial and Other	Total
Gross revenues from services to patients	\$ 205,561,817	\$ 97,960,036	\$ 42,171,690	\$ 98,415,135	\$ 444,108,678
Deductions and allowances	<u>(151,197,545)</u>	<u>(79,343,874)</u>	<u>(25,165,184)</u>	<u>(52,861,871)</u>	<u>(308,568,474)</u>
Net revenues from services to patients	<u>\$ 54,364,272</u>	<u>\$ 18,616,162</u>	<u>\$ 17,006,506</u>	<u>\$ 45,553,264</u>	<u>\$ 135,540,204</u>
	2014				
	Medicare and Medicare HMOs	Medicaid and Medicaid HMOs	Blue Cross	Commercial and Other	Total
Gross revenues from services to patients	\$ 207,383,293	\$ 89,953,542	\$ 51,937,404	\$ 103,817,932	\$ 453,092,171
Deductions and allowances	<u>(153,124,552)</u>	<u>(74,878,717)</u>	<u>(30,705,387)</u>	<u>(52,399,310)</u>	<u>(311,107,966)</u>
Net revenues from services to patients	<u>\$ 54,258,741</u>	<u>\$ 15,074,825</u>	<u>\$ 21,232,017</u>	<u>\$ 51,418,622</u>	<u>\$ 141,984,205</u>

Net patient service revenue is reported at the established net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Net patient service revenue and accounts receivable are recorded when patient services are performed. Amounts received from most payers are different from established billing rates of the Hospital based on agreements with these payers, and these differences are accounted for as contractual allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, per diem payments, and discounted charges, including estimated retroactive settlements under payment agreements with third-party payors. Adjustments and settlements under reimbursement agreements with third-party payers. Adjustments and settlements under reimbursement agreements with third-party payers are accrued on an estimated basis in the period the related services are provided, and adjusted in future periods as final settlements are determined.

For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue based on its discounted rates. On the basis of historical experiences, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 3 - REVENUES FROM SERVICES TO PATIENTS AND CHARITY CARE (continued)

Patient accounts receivable are based on gross charges and stated at net realizable value. Accounts receivable are reduced by an allowance for contractual adjustments, based on expected payment rates from payers under current reimbursement methodologies, and also by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts, based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for contractual adjustments and allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts (for example, for expected uncollectable deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible.

For uninsured patients that do not qualify for financial assistance, the Hospital offers a discount off its standard rates for services provided. The difference between the discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is written off against the allowance for doubtful accounts in the period they are determined uncollectable. The Hospital's allowance for doubtful accounts covers approximately 100% and 98% of self-pay accounts receivable as of September 30, 2015 and 2014, respectively.

As of September 30, 2015 and 2014, approximately 59% and 53% of net patients accounts receivable were from governmental payers (Medicare and Medicaid). Nongovernmental payers are primarily insurance companies and self-pay payers. Management has recorded an allowance for doubtful accounts, as noted above, which, in its opinion, is sufficient to provide for risk of nonpayment.

Charity Care: It is an inherent part of the Hospital's mission to provide necessary medical care free of charge, or at a discount, to individuals without insurance or other means of paying for such care. As the amounts determined to qualify for charity care are not pursued for collection, they are not reported as net patient service revenue. Patients who would otherwise qualify for charity care but who do not provide adequate information would be characterized as bad debt and included in the provision for bad debts. The amount of charity care provided, determined using an adjusted cost-to-charge ratio, was \$1,261,286 and \$1,412,304 for the years ended September 30, 2015 and 2014. The Hospital did not change its charity care or financial assistance policy during 2015 or 2014.

Federal Regulatory Environment: The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse.

BRISTOL HOSPITAL, INCORPORATED
 NOTES TO THE STATEMENTS
 For the Years Ended September 30, 2015 and 2014

NOTE 3 - REVENUES FROM SERVICES TO PATIENTS AND CHARITY CARE (continued)

Government activity continues to increase with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the impulsion of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with fraud and abuse regulations as well as other applicable government laws and regulations. While no known regulatory inquiries are pending, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions known or un-asserted at this time.

NOTE 4 - INVESTMENTS

The Hospital has investments carried on the balance sheets within assets held in trust under bond indenture agreements related to financing activities with the State of Connecticut Health and Educational Facilities Authority (CHEFA or the Authority), funds held within a malpractice self insurance fund, assets held in trust by others, board designated investments, long-term investments and temporary and permanently donor restricted investments. The fair values of investments, as of September 30, 2015 and 2014, are summarized as follows:

	<u>2015</u>	<u>2014</u>
Debt Service Funds:		
U.S. treasury obligations	\$ <u>347,671</u>	\$ <u>394,825</u>
Assets Limited as to Use:		
Board designated investments:		
Cash and interest bearing accounts	\$ 84,119	\$ 954,890
Equity mutual funds	6,537,776	5,815,095
Fixed income mutual funds	<u>84,023</u>	<u>65,776</u>
Total	<u>\$ 6,705,918</u>	<u>\$ 6,835,761</u>
Held for malpractice self insurance fund:		
Corporate and foreign bonds	\$ 857,141	\$ 1,301,084
Preferred equity securities	80,775	85,988
Equity mutual funds	1,142,592	1,748,696
Fixed income mutual funds	<u>2,337,726</u>	<u>2,438,340</u>
Total	<u>\$ 4,418,234</u>	<u>\$ 5,574,108</u>
Held by trustee under bond indenture agreement:		
U.S. treasury obligations	<u>\$ 2,505,243</u>	<u>\$ 2,506,471</u>
Long-term Investments:		
Cash and interest bearing accounts	\$ 96,571	\$ 1,116,120
Equity mutual funds	<u>6,399,847</u>	<u>5,549,266</u>
Total	<u>\$ 6,496,418</u>	<u>\$ 6,665,386</u>

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 4 - INVESTMENTS (continued)

Beneficial interest assets held in trust by others of \$2,990,416 and \$3,285,532, as of September 30, 2015 and 2014, respectively, are held by bank trustees and are not under the Hospital's investment control. These assets are invested within diversified portfolios.

As of September 30, 2015 and 2014, investment amounts not included in the aforementioned table include donor restricted investments in the amounts of \$954,319 and \$1,140,058, respectively, which are investments in mutual funds and are classified as temporarily and permanently restricted net assets. Also not included in the above table are cash and investments held within the Hospital's interest in the net assets of the Foundation.

The Hospital has cash and investments totaling \$6,051,748 and \$6,665,478 held within the Foundation, of which \$3,405,814 and \$3,405,814 are permanently restricted as of September 30, 2015 and 2014, respectively. Other temporarily restricted cash and investments of \$2,580,022 and \$2,962,175, and the Foundation's unrestricted net assets, are included within the Hospital's interest in the Foundation on the balance sheets as of September 30, 2015 and 2014, respectively.

NOTE 5 - FAIR VALUE MEASUREMENTS

GAAP defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the Hospital's principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. A fair value hierarchy requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There are three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Hospital has the ability to access as of the measurement date. The fair values of money market funds and mutual funds that are readily marketable are determined by obtaining quoted prices from nationally recognized securities exchanges.

Level 2: Significant other unobservable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. The fair values of the Hospital's Level 2 U.S. Treasury obligations, various fixed income bond funds, and preferred equity securities were determined by matrix pricing, which is a mathematical technique widely used in the industry to value debt securities without relying exclusively on quoted prices for the specific securities, but rather by relying on the securities' relationship to other benchmark quoted securities. The fair values of the Hospital's Level 2 investments are determined by management after considering prices received from third-party pricing services.

Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability. Funds held in trust by others represents beneficial interest in certain assets held by third parties. These interest are classified as Level 3 investments as the reported fair values are based on a combination of Level 1 and Level 2 inputs and significant unobservable inputs as determined by the trustees who exercise control over the investments.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following table presents the financial instruments, carried at fair value as of September 30, 2015, by the valuation hierarchy. This table includes assets limited as to use, including the assets held within the Hospital's interest in the net assets of BHDF, and long-term investments:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 1,292,584	\$ -	\$ -	\$ 1,292,584
Equities:				
Mutual Funds:				
U.S. large cap	5,722,241	-	-	5,722,241
U.S. mid cap	2,752,398	-	-	2,752,398
U.S. small cap	1,820,817	-	-	1,820,817
Internationally developed	4,021,187	-	-	4,021,187
Commodities	832,642	-	-	832,642
Public REIT	871,770	-	-	871,770
Emerging markets	148,563	-	-	148,563
Preferred equity securities	-	80,775	-	80,775
Fixed Income:				
U.S. treasury obligations	-	3,106,363	-	3,106,363
Corporate and foreign bonds	-	857,141	-	857,141
Taxable fixed income mutual funds	-	4,291,686	-	4,291,686
Internationally developed	-	926,702	-	926,702
Global high yield taxable	-	736,540	-	736,540
	<u>17,462,202</u>	<u>9,999,207</u>	-	<u>27,461,409</u>
Beneficial interest in assets held in trust by others	<u>-</u>	<u>-</u>	<u>2,990,416</u>	<u>2,990,416</u>
 Total	 <u>\$ 17,462,202</u>	 <u>\$ 9,999,207</u>	 <u>\$ 2,990,416</u>	 <u>\$ 30,451,825</u>

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following table presents the financial instruments, carried at fair value, as of September 30, 2014, by the valuation hierarchy. This table includes assets limited as to use, including the assets held within the Hospital's interest in the net assets of BHDF, and long-term investments:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 2,932,403	\$ -	\$ -	\$ 2,932,403
Equities:				
Mutual Funds:				
U.S. large cap	1,499,906	-	-	1,499,906
U.S. mid cap	690,136	-	-	690,136
U.S. small cap	3,383,401	-	-	3,383,401
Internationally developed	8,317,926	-	-	8,317,926
Commodities	139,258	-	-	139,258
Public REIT	114,593	-	-	114,593
Emerging markets	135,896	-	-	135,896
Preferred equity securities	-	85,988	-	85,988
Fixed Income:				
U.S. treasury obligations	-	3,512,953	-	3,512,953
Corporate and foreign bonds	-	1,301,084	-	1,301,084
Taxable fixed income mutual funds	-	7,275,235	-	7,275,235
Closed-end fixed income mutual funds	-	251,771	-	251,771
Internationally developed	-	35,469	-	35,469
Global high yield taxable	-	106,068	-	106,068
	<u>17,213,519</u>	<u>12,568,568</u>	<u>-</u>	<u>29,782,087</u>
Beneficial interest in assets held in trust by others	<u>-</u>	<u>-</u>	<u>3,285,532</u>	<u>3,285,532</u>
 Total	 <u>\$ 17,213,519</u>	 <u>\$ 12,568,568</u>	 <u>\$ 3,285,532</u>	 <u>\$ 33,067,619</u>

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

A rollforward of the investments classified as Level 3, within the fair value hierarchy, are as follows:

	<u>2015</u>	<u>2014</u>
Balance at beginning of year	\$ 3,285,532	\$ 3,220,623
Interest and dividends	59,890	66,010
Contributions	46,653	51,300
Withdrawals	(176,401)	(144,325)
Net realized gains	48,860	169,348
Fees	(39,694)	(40,250)
Net unrealized gains	<u>(234,425)</u>	<u>(37,174)</u>
Balance at end of year	<u>\$ 2,990,416</u>	<u>\$ 3,285,532</u>

There were no transfers between fair value hierarchy Level 1, Level 2, and Level 3 for any invested assets recorded at fair value during 2015 and 2014. The valuation techniques used by the Hospital maximize the use of observable inputs and minimize the use of unobservable inputs. The fair value of the Hospital's Level 2 and Level 3 investments are determined by management after considering prices received from third-party pricing services.

As of September 30, 2015 and 2014, the Hospital's other financial instruments include cash and cash equivalents, accounts payable, accrued expenses, estimated settlements due to third-party payers and long-term debt. The carrying amounts reported in the balance sheets for these financial instruments approximate their fair value.

NOTE 6 - NET ASSETS AND ENDOWMENTS

Temporarily restricted net assets, as of September 30, 2015 and 2014 are available for the following purposes:

	<u>2015</u>	<u>2014</u>
Library operations and improvements	\$ 560,177	\$ 745,916
Healthcare services - Foundation	<u>2,561,880</u>	<u>2,962,175</u>
Total	<u>\$ 3,122,057</u>	<u>\$ 3,708,091</u>

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 6 - NET ASSETS AND ENDOWMENTS (continued)

Permanently restricted net assets, as of September 30, 2015 and 2014, are available for the following purposes:

	<u>2015</u>	<u>2014</u>
Held in perpetuity, income restricted for healthcare services - Foundation	\$ 3,405,814	\$ 3,405,814
Other donor restricted investments	394,142	394,142
Beneficial interest in assets held in trust by others	<u>2,990,416</u>	<u>3,285,532</u>
Total	<u>\$ 6,790,372</u>	<u>\$ 7,085,488</u>

The Hospital's endowment and restricted net assets consists of multiple funds established for a variety of purposes. These funds include donor restricted endowment funds, the Hospital's beneficial interest in the BHDF and funds held in trust by others. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor restrictions.

The Hospital has interpreted the relevant laws as requiring the preservation of the fair value of the original gift as of the gift date of the donor restricted endowment funds absent explicit donor stipulations to the contrary. The remaining portion of the donor restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital during its annual budgeting process.

The Board of Directors of the Hospital considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment policies of the Hospital.

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a reasonably stable and predictable stream of earnings to support the operations of the endowments and to preserve and enhance over time the real value of the endowment assets. The Board of Directors is responsible for defining and reviewing the investment policies to determine an appropriate long-term asset allocation policy. The asset allocation policy reflects the objective with allocations structured for capital growth and inflation protection over the long-term.

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 6 - NET ASSETS AND ENDOWMENTS (continued)

Changes in net assets for endowments for the years ended September 30, 2015 and 2014, are as follows:

	2015		
	Temporarily Restricted	Permanently Restricted	Total
Balance at October 1, 2014	\$ -	\$ 7,085,488	\$ 7,085,488
Investment return:			
Investment income	72,460	-	72,460
Net change in market value	-	(295,116)	(295,116)
Appropriations	(72,460)	-	(72,460)
Balance at September 30, 2015	\$ -	\$ 6,790,372	\$ 6,790,372
	2014		
	Temporarily Restricted	Permanently Restricted	Total
Balance at October 1, 2013	\$ -	\$ 7,020,579	\$ 7,020,579
Investment return:			
Investment income	135,524	-	135,524
Net change in market value	-	64,909	64,909
Appropriations	(135,524)	-	(135,524)
Balance at September 30, 2014	\$ -	\$ 7,085,488	\$ 7,085,488

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor or relevant law requires the Hospital to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. As of September 30, 2015 and 2014, the Hospital's interest in the permanently restricted investment in donor restricted endowment funds did not drop below the amount required to be retained in perpetuity. Therefore, there were no reductions to unrestricted net assets.

NOTE 7 - LEASES

The Hospital leases property and equipment under non-cancelable operating leases that expire in various years through fiscal year 2020. Certain leases may be renewed at the end of their term. Additionally, the Hospital has entered into various capital leases for medical equipment. Amounts due are included in capital lease liabilities on the balance sheets.

BRISTOL HOSPITAL, INCORPORATED
 NOTES TO THE STATEMENTS
 For the Years Ended September 30, 2015 and 2014

NOTE 7 – LEASES (continued)

Future minimum payments under non-cancelable capital and operating leases with initial terms of one year or more consisted of the following as of September 30, 2015:

	<u>Operating Leases</u>	<u>Capital Leases</u>	
2016	\$ 173,991	\$ 702,443	
2017	173,991	593,714	
2018	173,991	583,830	
2019	173,991	515,769	
2020	<u>173,991</u>	<u>228,301</u>	
Total	<u>\$ 869,955</u>	2,624,057	
Less: amount representing interest		<u>(78,865)</u>	
Present value of net minimum lease payments		2,545,192	
Less: current maturities of capital lease obligations		<u>(690,414)</u>	
Long-term capital lease obligations		<u>\$ 1,854,778</u>	

As of September 30, 2015 and 2014, fixtures and equipment on the balance sheets includes assets under capital leases of \$2,617,651 and \$581,651, respectively. Accumulated depreciation on these assets amounted to \$626,356 and \$290,825 as of September 30, 2015 and 2014, respectively. Rental expense on operating leases was approximately \$1,664,030 and \$2,020,136 for the years ended September 30, 2015 and 2014, respectively.

NOTE 8 - LONG-TERM DEBT

On January 1, 2002, CHEFA issued \$38,000,000 of Series B Bonds (the Series B Bonds or Bonds) on behalf of BHHCG, which includes, the Hospital, BHC, EMS and the BHDF (collectively referred to as the "Obligated Group" under the Series B Bonds). The Series B Bonds mature serially from 2002 through 2032 with annual interest rates ranging from 3.0 to 5.5 percent. The Loan Agreement with the Authority and the Trust Indenture for the Series B Bonds contain certain covenants that require the Obligated Group to maintain a debt service coverage ratio of at least 1.25 at each fiscal year end and to maintain days cash on hand of at least 70 days at each June 30th and December 31st.

In 2006 and 2007, the Obligated Group did not meet certain covenants. As a result, in 2007, the Obligated Group entered into a forbearance agreement with the bond insurer. The forbearance agreement changed the days cash on hand measurement period from each December 31 and June 30 to each March 31 and September 30, beginning September 30, 2007. In addition, the forbearance agreement reduced the required number of days cash on hand to 40 days at September 30, 2007, reverting gradually back to 70 days on March 31, 2011 and thereafter. The forbearance agreement also limits additional long-term indebtedness based on certain debt service coverage ratios, as defined. In connection with the forbearance agreement, in fiscal 2008, the Obligated Group was required to deposit \$2,678,000 into a separate debt service reserve fund as well as amend the Series B Loan Agreement to conform to the terms and conditions of the forbearance agreement. In 2009, the required separate debt service reserve fund was returned and no longer required based on conditions of the forbearance agreement being met.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 8 - LONG-TERM DEBT (continued)

In January 2008, the CHEFA Loan Agreement and related Trust Indenture were amended. The amended agreement requires the debt service coverage ratio to be not less than 1.35 to 1 and the days cash on hand to be not less than 70 days. The Obligated Group, for the years ended September 30, 2015 and 2014, is in compliance with the terms of the forbearance agreement, the amended Series B Loan Agreement and the Trust Indenture.

Members of the Obligated Group are jointly and severally obligated to provide amounts sufficient to enable the Authority to pay principal and interest on the Series B Bonds. The Bonds have been allocated to the Hospital and BHC and as such, the Hospital and BHC will make future debt service payments as required under the terms of the Bonds. As collateral for payment of the Series B Bonds, the Authority has assigned and pledged to the Trustee the payments to be made by the Hospital and BHC under their respective agreements. The Hospital and BHC have recorded their respective portions of the Bonds with BHC receiving 56.3% of all bonds maturing through fiscal year 2020 and the Hospital receiving 43.7% of all bonds maturing through fiscal year 2020 along with the remaining 100% of the Bonds maturing through fiscal year 2032.

Below is a summary of the Hospital's and BHC's annual principal payments relating to CHEFA, due as of September 30, 2015:

	Bristol Hospital <u>Incorporated</u>	Bristol Health Care, Inc. <u>and Subsidiary</u>	Total Obligated <u>Group</u>
Year ending September 30:			
2016	\$ 456,665	\$ 588,335	\$ 1,045,000
2017	478,515	616,485	1,095,000
2018	506,920	653,080	1,160,000
2019	535,325	689,675	1,225,000
2020	563,730	726,270	1,290,000
Thereafter	<u>20,085,000</u>	<u>-</u>	<u>20,085,000</u>
	22,626,155	3,273,845	25,900,000
Less: portion classified as current	<u>(456,665)</u>	<u>(588,335)</u>	<u>(1,045,000)</u>
	22,169,490	2,685,510	24,855,000
Less: discount	(322,789)	(21,753)	(344,542)
Add: unamortized terminated swap liability (footnote 16)	<u>640,858</u>	<u>-</u>	<u>640,858</u>
Total	<u>\$ 22,487,559</u>	<u>\$ 2,663,757</u>	<u>\$ 25,151,316</u>

In 2010, the Hospital entered into an agreement for a \$4,750,000 line of credit, with an additional term loan of \$1,000,000. The term loan requires monthly principal payments of \$20,833, which began on November 30, 2009 through October 31, 2010, with any unpaid balance including interest, fees and other charges due on October 31, 2010. The term loan and line of credit were extended and the line of credit was reduced to \$4,250,000. During 2014, the balance on the term loan was repaid in full.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 8 - LONG-TERM DEBT (continued)

Effective January 31, 2014, the line of credit was terminated and the remaining outstanding balance of \$3,000,000 was converted into a term loan. Pursuant to the term loan conversion, the Hospital was required to immediately reduce the outstanding balance on the line of credit by \$200,000 to \$2,800,000. The term loan is due September 2018, with principal payments of \$50,000 due monthly. The interest on the term loan is equal to Bank of America's prime rate plus 2%, which was 5.25% as of September 30, 2015 and 2014. At September 30, 2015 and 2014, the balance outstanding on the term loan was \$1,800,000 and \$2,400,000, respectively.

The new term loan requires the Hospital to maintain, at each quarter end, a debt service coverage ratio of 1.25 and days cash on hand at least 60 days at September 30.

On May 28, 2004, the Hospital purchased a building in Bristol, which was subsequently leased to EMS. As part of the purchase, the Hospital obtained a mortgage in the amount of \$350,000. The term of the mortgage is for 30 years. The initial interest rate is 5.00%, fixed for five years, then changing on each fifth year anniversary to the prevailing commercial interest rate less 1.00%. The balance outstanding at September 30, 2015 and 2014 is \$273,261 and \$281,909, respectively.

On July 24, 2007, the Hospital financed an existing building for \$1,400,000. The term of the mortgage note is for twenty years. The initial interest rate is 6.38%, fixed for five years, and then changing on each fifth year anniversary to the then current interest rate paid on the FHLB Five Year Classic Advance Rate plus 1.25%. The balance outstanding as of September 30, 2015 and 2014 is \$984,656 and \$1,053,912, respectively.

On July 16, 2010, the Hospital entered into a commercial mortgage loan with United Bank in the amount of \$850,000 as part of a purchase and refinance of a medical office building. The term of the mortgage is for fifteen years. Initial monthly payments on the loan for the first five years are \$7,173 and are subject to change based on the following adjustment to the interest rate. The initial interest rate is 6%, fixed for five years, and then changing on each fifth year anniversary to the then current FHLB Classic Advance Rate plus 2.50%. The balance outstanding as of September 30, 2015 and 2014 was \$643,218 and \$687,856, respectively.

In 2013, the Hospital entered into a \$1,000,000 promissory loan agreement with the Connecticut Hospital Association Trust for the purchase of equipment, which enables the Hospital to conserve electrical energy and to manage electrical energy needs. The Hospital shall repay the principal balance of the note in 84 equal monthly installments of \$11,905. The balance outstanding as of September 30, 2015 and 2014 was \$690,476 and \$833,333, respectively.

In 2015 and 2014, the Hospital has a \$500,000 line of credit available with United Bank. Interest is payable at 4.25%. As of September 30, 2015 and 2014, advances of \$0 and \$500,000, respectively, were outstanding on this line of credit.

As of September 30, 2015 and 2014, the Hospital is in compliance with all financial covenants related to previously noted debt.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 8 - LONG-TERM DEBT (continued)

Below is a summary of the Hospital's annual principal long-term debt payments due subsequent to September 30, 2015, as described above:

2016	\$ 811,425
2017	867,549
2018	889,861
2019	824,296
2020	835,150
Thereafter	<u>21,289,485</u>
Total	<u>\$ 25,517,766</u>

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS

Pension Plan: The Hospital and BHC have a defined benefit pension plan (the Plan) covering substantially all of its and its subsidiaries' employees. The benefit formula is based on years of service and the employee's compensation during the highest paid years of employment and credited service. The funding policy is to contribute annually an actuarially determined amount intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future.

Effective December 31, 2006, the Plan was frozen with regard to future pension benefit accruals.

Significant disclosures relating to the Plan as of September 30, 2015 and 2014, are as follows:

	<u>2015</u>	<u>2014</u>
Change in benefit obligation:		
Projected benefit obligation at beginning of year	\$ 79,822,000	\$ 74,442,000
Interest cost	3,711,000	3,821,000
Actuarial loss	2,952,000	4,678,000
Benefits paid	<u>(3,523,000)</u>	<u>(3,119,000)</u>
Benefit obligation at end of year	<u>\$ 82,962,000</u>	<u>\$ 79,822,000</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 52,805,000	\$ 52,712,000
Employer contributions	2,748,000	3,041,000
Actual return on plan assets	(1,838,000)	204,000
Expenses paid	(26,000)	(33,000)
Benefits paid	<u>(3,523,000)</u>	<u>(3,119,000)</u>
Fair value of plan assets at end of year	<u>\$ 50,166,000</u>	<u>\$ 52,805,000</u>
Accrued pension liability:		
Unfunded status and accrued pension liability	<u>\$ (32,796,000)</u>	<u>\$ (27,017,000)</u>

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS (continued)

	<u>2015</u>	<u>2014</u>
Assumptions:		
Weighted-average assumptions used to determine benefit obligations:		
Discount rate	4.75%	4.75%
Expected return on plan assets	8.50%	8.50%
Rate of compensation increase	N/A	N/A
Weighted-average assumptions used to determine net periodic benefit cost:		
Discount rate	4.75%	5.25%
Expected return on plan assets	8.50%	8.50%
Rate of compensation increase	N/A	N/A

The Hospital allocates a portion of the Plan's liability to BHC and records the amount as due from affiliate. As of September 30, 2013, there were no amounts due from BHC for the Plan liability as the Hospital forgave the accumulated Plan liability of \$1,163,426 as part of a \$1,414,373 equity transfer from the Hospital related to debt forgiveness. As of September 30, 2015 and 2014, an amount of \$125,244 was owed to the Hospital for the Plan liability, which is included in due from affiliates on the accompanying balance sheets.

For the years ended September 30, 2015 and 2014, there are no differences between the Plan's accumulated benefit obligation and projected benefit obligation as the Plan is frozen.

Pension Plan Amendments: Effective October 1, 2003, the formula for calculating benefits under the Plan was changed, on a prospective basis, to calculate accumulated benefits based on each eligible participant's annual compensation in each Plan year versus each eligible participant's five-year average compensation for each plan year. Benefits earned by plan participants prior to September 30, 2003, under the old benefit formulation, remain unchanged.

The following table sets forth the components of net periodic benefit cost for the years ended September 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Components of net periodic benefit cost		
Interest cost	\$ 3,711,000	\$ 3,821,000
Expected return on plan assets	(4,493,000)	(4,467,000)
Recognized net loss	<u>3,466,000</u>	<u>2,732,000</u>
 Net periodic benefit cost	 <u>\$ 2,684,000</u>	 <u>\$ 2,086,000</u>

As of September 30, 2015 and 2014, amounts included in unrestricted net assets not yet amortized as a component of net periodic benefit cost are \$45,050,422 and \$39,207,496, respectively, which consists of unrecognized actuarial losses only. The amortization of the above expected to be recognized in net periodic benefit costs for the year ended September 30, 2016 is \$4,406,973.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS (continued)

Changes in benefit obligations recognized in unrestricted net assets include the following as of September 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Change in funded status	\$ (5,778,329)	\$ (5,287,466)
New period pension costs	2,683,323	2,086,316
Employer contributions	<u>(2,747,920)</u>	<u>(3,041,101)</u>
Total	<u>\$ (5,842,926)</u>	<u>\$ (6,242,251)</u>

The investment objective for the Plan seeks a long-term return to meet the Plan obligations. The expected return on plan assets assumption is derived based on the target asset allocation and expected long-term rates of return for those asset classes.

The Hospital's target and actual pension plan weighted-average asset allocations as of September 30, 2015, by asset category, are as follows:

Asset category:	<u>Target Allocation</u>	<u>Actual Allocation</u>
Equity securities	75%	89%
Debt securities	25%	0%
Alternative investment funds	0%	11%
Money market funds	<u>0%</u>	<u>0%</u>
Total	<u>100%</u>	<u>100%</u>

Fair value methodologies used to assign plan assets to levels in accordance with ASC 820 are consistent with the inputs described in Note 5. In addition, the alternative investment funds, which consist of the Omega Overseas Credit Opportunities Fund, Ltd. (the Omega Fund) and the Beach Point Total return Offshore Fund II Ltd. (the Beach Point Fund), are not traded in an active market. The fair values have been estimated using the net asset value per share of the investments, as reported by the fund managers in fund investment statements provided to, and reviewed by, the pension plan's Investment Committee. The audited financial statements of the alternative investment funds are as of December 31, and the Investment Committee evaluates the gap period, with consideration of specific fund transactions and investment returns of established benchmarks for that gap period. The Investment Committee analyzes the investment valuation methods used by the fund managers, as reported in the audited financial statements.

The Omega Fund and the Beach Point Fund are not redeemable until the pension plan has held these funds for twelve consecutive months. After the initial 12-month period, the Omega Fund is redeemable with 60 days' notice at the end of each calendar year-end, and the Beach Point Fund is redeemable with 60 days' notice at the end of each calendar quarter.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS (continued)

The objective of the Omega Fund is to generate current income and attract risk-adjusted returns by investing in a variety of structured products and credit instruments with expected volatility generally below that of the equity markets. The majority of the Omega Fund's investments are in common stocks, corporate bonds and collateralized loan obligations. The Beach Point Fund's investment objective is to protect principal and achieve superior total return through a portfolio of high yield securities, including bonds and bank debt, stressed and distressed securities, undervalued equities, short-selling of debt and equity securities and, to a lesser extent, "special situation" investing. While both alternative investment funds are reported at net asset value, as a practical expedient for estimating fair value, funds which have redemption restrictions that exceed a 90-day time period are classified as Level 3 measurements. There are no outstanding funding commitments to either of the funds as of September 30, 2015 and 2014.

The fair values of the Hospital's pension plan assets, by asset category, are as follows for the years ended September 30, 2015 and 2014:

	2015			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 129,603	\$ -	\$ -	\$ 129,603
Equities:				
Mutual funds - equity	37,781,371	-	-	37,781,371
Mutual funds - fixed income	6,935,365	-	-	6,935,365
Alternative investment funds	<u>-</u>	<u>-</u>	<u>5,320,602</u>	<u>5,320,602</u>
 Total	 <u>\$ 44,846,339</u>	 <u>\$ -</u>	 <u>\$ 5,320,602</u>	 <u>\$ 50,166,941</u>
	2014			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 3,966,833	\$ -	\$ -	\$ 3,966,833
Equities:				
Mutual funds - equity	40,464,687	-	-	40,464,687
Mutual funds - fixed income	3,094,105	-	-	3,094,105
Alternative investment funds	<u>-</u>	<u>-</u>	<u>5,279,807</u>	<u>5,279,807</u>
 Total	 <u>\$ 47,525,625</u>	 <u>\$ -</u>	 <u>\$ 5,279,807</u>	 <u>\$ 52,805,432</u>

BRISTOL HOSPITAL, INCORPORATED
 NOTES TO THE STATEMENTS
 For the Years Ended September 30, 2015 and 2014

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS (continued)

Changes within the Level 3 investments as of September 30, 2015 and 2014 are as follows:

	<u>2015</u>	<u>2014</u>
Balance at beginning of year	\$ 5,279,807	\$ -
Contributions	-	5,000,000
Income	94,237	348,386
Expenses	<u>(53,442)</u>	<u>(68,579)</u>
Balance at end of year	<u>\$ 5,320,602</u>	<u>\$ 5,279,807</u>

The following benefit payments, which reflect expected future services, as appropriate, are expected to be paid as follows:

2016	\$ 3,826,000
2017	3,935,000
2018	4,069,000
2019	4,260,000
2020	4,386,000
Years 2021-2025	<u>25,260,000</u>
Total	<u>\$ 45,736,000</u>

Postretirement Health Benefits: The Hospital sponsors a postretirement medical plan (Medical Plan) that covered all of its full-time employees up through December 31, 2006. The Medical Plan was frozen on December 31, 2006 with regard to future postretirement benefit accruals. All employees who are eligible for the Medical Plan and retire from the Hospital must attain age 55 with 10 years of service. Retired employees are required to contribute toward the cost of coverage according to various age and service-based rules established by the Hospital. The Medical Plan is not funded and does not provide prescription drug benefits to retirees.

During 2014, the Hospital adopted changes for the future termination of the Medical Plan and related benefits. Pursuant to the adopted changes, all coverage is eliminated as of July 1, 2016. Only those retired and receiving benefits as of December 31, 2014 will be eligible to continue until June 30, 2016. This also applies to pre-age 65 retirees whom will no longer be allowed to participate in the active employee plan. The changes during 2014 are reflected in the following tables as a curtailment and a decrease to the Medical Plan liability.

As of September 30, 2014, the Hospital recorded a liability of \$420,000 related to postretirement health benefits. As of September 30, 2015, it was determined that an actuary report was not going to be obtained due to the unwinding of the plan as all remaining activity in the plan is considered insignificant by management.

BRISTOL HOSPITAL, INCORPORATED
 NOTES TO THE STATEMENTS
 For the Years Ended September 30, 2015 and 2014

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS (continued)

The following tables set forth the Medical Plan's change in benefit obligation for the year ended September 30, 2014:

Change in benefit obligation:	
Projected benefit obligation at beginning of year	\$ 5,727,000
Service cost	33,000
Interest cost	160,000
Actuarial gain	(2,008,000)
Benefits paid	(285,000)
Curtailments, settlements and special termination benefits	<u>(3,207,000)</u>
Projected benefit obligation at end of year	<u>\$ 420,000</u>

The following tables set forth the Medical Plan's change in plan assets and unfunded status for the year ended September 30, 2014

Change in plan assets:	
Plan assets at beginning of year	\$ -
Employer contribution	285,000
Benefits paid	<u>(285,000)</u>
Plan assets at end of year	<u>\$ -</u>
Reconciliation of funded status:	
Unfunded status and accrued postretirement benefit liability	<u>\$ (420,000)</u>

Amounts recognized in the balance sheet as of September 30, 2014 are as follows:

Short-term portion of accrued postretirement benefit liability, included in accrued payroll and other related expenses	\$ (249,000)
Long-term portion of accrued postretirement benefit liability	<u>(171,000)</u>
	<u>\$ (420,000)</u>

The components of net periodic benefit costs for the year ended September 30, 2014 are as follows:

Service cost	\$ 33,000
Interest cost	160,000
Amortization of actuarial loss	<u>(219,000)</u>
Net periodic benefit costs	<u>\$ (26,000)</u>

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 9 - PENSION PLAN AND POSTRETIREMENT HEALTH BENEFITS (continued)

The weighted average assumption used to determine the benefit obligation as of September 30, 2014 is 3.00%

The weighted-average assumptions used to determine the net periodic benefit cost for the year ended September 30, 2014, are as follows:

Discount rate	5.25%
Assumed healthcare cost trend rates:	
Initial trend rate	8.75%
Ultimate trend rate	5.00%
Year ultimate trend rate is achieved	2019

NOTE 10 - OTHER EMPLOYEE BENEFIT PLANS

The Hospital's employees are eligible to participate in a 403(b) plan, which requires that employees work a minimum 1,000 hours per year beginning on January 1 to remain eligible. Employees are eligible to participate at their hire date and must be employed on December 31 to receive employer contributions. As of September 30, 2015 and 2014, the Hospital recorded a liability for their anticipated discretionary participant contribution match to the participants of the 403(b) plan, which is included within accrued payroll and other related expenses on the balance sheets. The Hospital incurred \$246,836 and \$413,562 of expense related to its 403(b) plan for the years ended September 30, 2015 and 2014, respectively.

NOTE 11 - AMOUNTS DUE FROM AFFILIATES AND RELATED PARTIES

The following are the balances due from affiliates as of September 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Bristol Health Care, Inc. and Subsidiary	\$ 2,204,009	\$ 1,848,983
Bristol Hospital Development Foundation	-	964,565
Bristol Hospital EMS, LLC	<u>324,793</u>	<u>172,541</u>
Total	<u>\$ 2,528,802</u>	<u>\$ 2,986,089</u>

The Hospital allocates employee and management expenses to related entities based on direct costs incurred, in addition to allocated general overhead. The Hospital provided rental space to related entities, with revenues of approximately \$408,000 and \$386,000 in 2015 and 2014, respectively, which is included in other operating revenues.

As of September 30, 2014, BHMSG forgave \$470,637 of amounts due from the Hospital through an equity transfer.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 12 - MALPRACTICE AND GENERAL INSURANCE

In 2009, the Hospital established a self-insurance malpractice trust to provide malpractice insurance coverage for the Hospital. The Hospital has established a trust for the purpose of setting aside assets for self-insurance purposes. The self-insurance malpractice trust provides for a claims-made policy covering \$2 million per claim and \$6 million in the aggregate.

In addition, the Hospital has a \$15 million excess policy with an independent insurance company. Under the trust agreement, the trust assets can only be used for payment of professional and general liability losses, related expenses and the cost of administering the trust.

The assets of, and contributions to the trust are reported in the accompanying financial statements as assets limited as to use. Income from trust assets and administrative costs are reported in the accompanying statements of operations and changes in net assets, as other income. The \$4,720,035 and \$5,597,992 of assets which reside in the trust, as of September 30, 2015 and 2014, respectively are included within the Hospital's days cash on hand debt covenant test, as the Hospital's Board of Directors can terminate this trust at anytime and utilize these funds for operating purposes.

The Hospital's malpractice liabilities, determined with the assistance of an independent actuary, as of September 30, 2015 and 2014 were estimated at \$5,283,865 and \$4,272,903, respectively, which are included within other accrued liabilities on the balance sheet. Included in this liability is an estimated incurred but not reported claim reserve, as the Hospital currently has a claims-made policy. In addition, the Hospital has recorded a liability and related recoverable based on estimates of any malpractice or general liability claims in excess of the self-insured retention.

NOTE 13 - SELF-INSURANCE OF WORKERS' COMPENSATION

The Hospital self-insures workers' compensation claims with a retention of the first \$350,000 per claim. The Hospital has also purchased excess liability insurance, which provides coverage for workers' compensation claims in excess of \$350,000 per claim. The self-insurance plan is unfunded. During the year, potential losses from asserted and unasserted claims identified by the Hospital's third-party administrator and accrued based upon estimates that incorporate the Hospital's past experience, as well as the nature of each claim or incident and relevant trend factors. The Hospital's year-end workers' compensation reserve, as estimated by third-party administrator and the Hospital's management in conjunction with its independent actuaries, is included in other accrued liabilities on the balance sheets and is discounted at 3.0% in 2015 and 2014, respectively. The balances as of September 30, 2015 and 2014 are \$1,436,665 and \$1,527,872, respectively.

NOTE 14 - CONTINGENCIES

Malpractice claims that fall within the Hospital's malpractice insurance have been asserted against the Hospital by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. There are also known incidents that have occurred through September 30, 2015 and 2014 that may result in the assertion of additional claims. Hospital management has accrued its best estimate of these contingent losses.

The Hospital is a party to various lawsuits and inquiries by various regulatory agencies in the normal course of its business. Management believes that the lawsuits and inquiries will not have a material adverse effect on its balance sheets, statements of operations and changes in net assets or cash flows.

BRISTOL HOSPITAL, INCORPORATED
NOTES TO THE STATEMENTS
For the Years Ended September 30, 2015 and 2014

NOTE 15 - FUNCTIONAL EXPENSES AND NON-OPERATING INCOME

The Hospital provides general health care services to residents primarily within their geographic location. Functional expenses related to their operating activities for the fiscal years ended September 30, 2015 and 2014, are as follows:

	<u>2015</u>	<u>2014</u>
Healthcare services	\$ 112,918,043	\$ 116,552,869
General and administrative	<u>23,715,230</u>	<u>24,478,623</u>
Total	<u>\$ 136,633,273</u>	<u>\$ 141,031,492</u>

Non-operating income for the years ended September 30, 2015 and 2014, consists of:

	<u>2015</u>	<u>2014</u>
Income, gains and (expenses):		
Interest and dividend income	\$ 826,403	\$ 364,945
Net realized gains on securities	25,677	406,370
Gain on equity in joint ventures	186,842	492,547
Expenses	<u>(243,756)</u>	<u>(197,457)</u>
Total	<u>\$ 795,166</u>	<u>\$ 1,066,405</u>

NOTE 16 - DERIVATIVE INSTRUMENTS AND HEDGING ACTIVITIES

As part of its strategy to reduce the cost of borrowing related to its fixed rate CHEFA bonds, on November 1, 2003, the Hospital entered into a swap transaction with a notional amount of \$12,500,000 to hedge the changes in the fair value of its fixed rate debt related to changes in LIBOR. Under the terms of the swap, the Hospital paid a floating rate of interest equivalent to the BMA Municipal Bond Index and was entitled to receive a fixed rate of 4.30%. The swap termination date was July 1, 2032 with set reductions in the notional amount of the swap as the underlying related CHEFA Series B Bonds mature and are paid off.

The swap was accounted for as a fair value hedge in accordance with FASB ASC 815, "*Derivatives and Hedging*," as amended. This accounting treatment required the Hospital to recognize the fair value of the swap and make an adjustment to the fair value of the CHEFA Series B Bond for the portion which is being hedged. The net amount of these two adjustments was reflected within the Hospital's operating indicator as the effective or ineffective portion of the hedge.

In March 2007, the swap was terminated and the Hospital received a payment of \$40,000, net of commission. The remaining offsetting adjustment to debt that arose from the historical swap accounting to book the fair value of the debt of \$640,858 and \$680,539 as of September 30, 2015 and 2014, and is being amortized as an element of interest expense over the remaining life of the debt.

NOTE 17 - ASSET RETIREMENT OBLIGATIONS

FASB ASC 410, "*Asset Retirement and Environmental Obligations*," addresses financial accounting and reporting for obligations associated with the retirement of tangible long-lived assets, such as asbestos containing facilities, when the amount of the liability can be reasonably estimated. Management currently believes that certain facilities under their control could require a fair market value assessment of their Asset Retirement Obligation (ARO). As of September 30, 2015 and 2014, the Hospital has recorded an ARO related to asbestos contamination in buildings of \$604,800. Management will continue to monitor its exposure for asbestos removal, and adjust its ARO as necessary.