

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**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](http://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 MANCHESTER MEMORIAL HOSPITAL  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
71 HAYNES STREET  
 City or town, state or province, country, and ZIP or foreign postal code  
MANCHESTER, CT 06040

**D** Employer identification number  
06-0646710

**E** Telephone number  
(860) 646-1222

**G** Gross receipts \$ 188,847,014

**F** Name and address of principal officer: PETER J. KARL  
SAME AS C ABOVE

**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.ECHN.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     | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>MANCHESTER MEMORIAL HOSPITAL IS A 249 BED HOSPITAL OFFERING VARIOUS HEALTHCARE SERVICES, INCLUDING INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES TO ALL MEMBERS OF THE COMMUNITY, INCLUDING THE INDIGENT AND UNDERSERVED.</u> |   |                                   |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                   |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>14</b>                         |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>8</b>                          |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2014 (Part V, line 2a)   | <b>5</b>  | <b>1,837</b>                      |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>312</b>                        |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>778,351</b>                    |
| <b>b</b>                    | Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | <b>0</b>  |                                   |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>6,038,927                  | <b>Current Year</b><br>3,601,518  |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)   | 180,798,739                                     | 182,971,978                       |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 4,533,864                                       | 175,414                           |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 885,580   | 905,846                           |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 192,257,110                                     | 187,654,756                       |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | 8,600   | 0                                 |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | 0   |                                   |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | 109,326,548                                     | 107,278,932                       |
|                             | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)  | 0   |                                   |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>   |   |                                   |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 76,798,781                                      | 73,490,775                        |
|                             | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | 186,133,929                                     | 180,769,707                       |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12           | 6,123,181  | 6,885,049                                       |                                   |
| Net Assets or Fund Balances | <b>20</b>  | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br>161,754,391 | <b>End of Year</b><br>156,302,485 |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)  | 136,955,974                                     | 141,297,026                       |
|                             | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20   | 24,798,417                                      | 15,005,459                        |

**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: MICHAEL D. VEILLETTE, CHIEF FINANCIAL OFFICER Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: BETH A. THURZ Preparer's signature: Beth A. Thurz Date: 8/11/2016 Check  if self-employed PTIN: P00346435  
 Firm's name ▶ CROWE HORWATH, LLP Firm's EIN ▶ 35-0921680  
 Firm's address ▶ 175 POWDER FOREST DRIVE, SIMSBURY, CT 06089 Phone no. (860) 678-9200

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:  
MANCHESTER MEMORIAL HOSPITAL IS A 249 BED HOSPITAL OFFERING VARIOUS HEALTHCARE SERVICES TO ALL MEMBERS OF THE COMMUNITY, INCLUDING THE INDIGENT AND UNDERSERVED.

**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 \$ 23,221,183 including grants of \$ ) (Revenue \$ 14,888,339 )  
INPATIENT SERVICES - MANCHESTER MEMORIAL HOSPITAL OFFERS COMPREHENSIVE MEDICAL SERVICES IN A 249 BED ACCUTE CARE COMMUNITY HOSPITAL, WITH A TOTAL OF 8,806 INPATIENTS TREATED IN FISCAL YEAR 2015. SERVICES ARE OFFERED TO THE COMMUNITY, REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY.

**4b** (Code: ) (Expenses \$ 14,804,534 including grants of \$ ) (Revenue \$ 29,653,174 )  
LABORATORY - WE ARE CAP ACCREDITED AND OFFER A WIDE RANGE OF CLINICAL TESTING PROCEDURES USING STATE-OF-THE-ART INSTRUMENTS TO PROVIDE TIMELY, ACCURATE RESULTS. OUR BOARD CERTIFIED PATHOLOGISTS UTILIZE STATE OF THE ART AUTOMATED EQUIPMENT PROVIDING RAPID TURNAROUND TIME, AND INTEGRATION OF TEST RESULTS WITH MEDICAL RECORDS.

**4c** (Code: ) (Expenses \$ 13,286,306 including grants of \$ ) (Revenue \$ 22,465,287 )  
EMERGENCY DEPARTMENT - EMERGENCY CARE IS OFFERED 24 HOURS PER DAY, AND PROVIDES NEEDED EMERGENCY MEDICAL CARE TO THE COMMUNITY, REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 92,993,645 including grants of \$ 0 ) (Revenue \$ 115,186,827 )

**4e** Total program service expenses ▶ 144,305,668

**Part IV Checklist of Required Schedules**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1</b> 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"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> 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"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> 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"/> |
| <b>6</b> 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"/> |
| <b>7</b> 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"/> |
| <b>8</b> 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"/> |
| <b>9</b> 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"/> |
| <b>10</b> 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"/>            |
| <b>11</b> 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.  |                                     |                                     |
| <b>a</b> 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>b</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"/>            |
| <b>c</b> 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"/>            |
| <b>d</b> 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>e</b> 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"/>            |
| <b>f</b> 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"/>            |
| <b>12a</b> 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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"/>            |
| <b>13</b> 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"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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"/> |
| <b>15</b> 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"/> |
| <b>16</b> 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"/> |
| <b>17</b> 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"/> |
| <b>18</b> 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"/> |
| <b>19</b> 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"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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 |
|--|-----|----|
| <b>21</b> 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>   |     | ✓  |
| <b>22</b> 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>   |     | ✓  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>  | ✓   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           | ✓   |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     | ✓  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     | ✓  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     | ✓  |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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>  |     | ✓  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | ✓  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | ✓  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | ✓  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   | ✓   |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | ✓   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | ✓  |
| <b>32</b> 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>  |     | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  |     | ✓  |
| <b>34</b> 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>  | ✓   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | ✓   |    |
| <b>b</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>  | ✓   |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | ✓   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes numerical inputs for lines 1a (383), 1b (0), 2a (1,837), 7d, and 12b.

**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                                  |
|---|--------------|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .   | <b>1a</b> 14 |                                     |                                     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                       |              |                                     |                                     |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .   | <b>1b</b> 8  |                                     |                                     |
| <b>2</b> 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? . . . . .  | <b>2</b>     | <input checked="" type="checkbox"/> |                                     |
| <b>3</b> 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? . . . . . | <b>3</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | <b>4</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   | <b>5</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . . . .   | <b>6</b>     | <input checked="" type="checkbox"/> |                                     |
| <b>7a</b> 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? . . . . .  | <b>7a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  | <b>7b</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |              |                                     |                                     |
| <b>a</b> The governing body? . . . . .  | <b>8a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .  | <b>8b</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>9</b> 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 . . . . .         | <b>9</b>     |                                     | <input checked="" type="checkbox"/> |

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

|   |            | Yes                                 | No                                  |
|---|------------|-------------------------------------|-------------------------------------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .   | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | <b>10b</b> |                                     |                                     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |                                     |                                     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <b>12a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12b</b> | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <b>12c</b> | <input checked="" type="checkbox"/> |                                     |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .   | <b>13</b>  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .  | <b>14</b>  | <input checked="" type="checkbox"/> |                                     |
| <b>15</b> 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?  |            |                                     |                                     |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .   | <b>15a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Other officers or key employees of the organization . . . . .  | <b>15b</b> | <input checked="" type="checkbox"/> |                                     |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |                                     |                                     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | <b>16a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> | <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: ►  
NICHOLAS JAMIESON, 320 MAIN STREET, MANCHESTER, CT 06040, (860)646-1222

**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)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer                             | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DENNIS G O'NEILL, MD<br>CHAIRMAN                   | 1.0<br>4.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (2) JOY W DORIN<br>VICE CHAIR                          | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (3) MICHELE B CONLON, MD<br>SECRETARY                  | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (4) KEITH J WOLFF<br>TREASURER                         | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (5) PETER J KARL<br>PRESIDENT AND CEO                  | 33.0<br>30.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 818,446  | 0   | 112,118   |
| (6) GORDON L BRODIE, MD<br>TRUSTEE                     | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (7) THOMASINA CLEMONS<br>TRUSTEE                       | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (8) LOUISE C ENGLAND<br>TRUSTEE                        | 1.0<br>3.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (9) DONALD S GENOVESI<br>TRUSTEE                       | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (10) DAVID H GONCI<br>TRUSTEE                          | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (11) REBECCA D JANENDA<br>TRUSTEE                      | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (12) ERIC L KLOTER<br>TRUSTEE                          | 1.0<br>4.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (13) PAMELA L LEWIS, MD<br>TRUSTEE/MEDICAL STAFF CHAIR | 1.0<br>2.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 109,375   | 0   |
| (14) KATHLEEN A O'NEILL<br>TRUSTEE                     | 1.0<br>3.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| (15) MICHAEL D VEILLETTE<br>SVP, CHIEF FINANCIAL OFFICER           | 33.0<br>28.0   |  |                       | ✓       |              |                              | 356,769   | 0  | 56,127  |   |
| (16) MARY POWERS<br>SVP, PATIENT CARE SERVICES                     | 33.0<br>28.0   |  |                       |         | ✓            |                              | 0         | 198,620  | 10,605  |   |
| (17) DEBORAH R GOGLIETTINO<br>SVP, HUMAN RESOURCES (TERM 1/1/15)   | 33.0<br>28.0   |  |                       |         | ✓            |                              | 269,851   | 0  | 36,023  |   |
| (18) DENNIS P MCCONVILLE<br>SVP, STRATEGIC PLANNING                | 33.0<br>28.0   |  |                       |         | ✓            |                              | 250,585   | 0  | 29,207  |   |
| (19) DEBORAH A PARKER<br>EVP, CHIEF CLINICAL OFFICER (TERM 5/1/15) | 33.0<br>28.0   |  |                       |         | ✓            |                              | 332,915   | 0  | 45,347  |   |
| (20) JOEL REICH, MD<br>SVP, MEDICAL AFFAIRS                        | 33.0<br>28.0   |  |                       |         | ✓            |                              | 379,130   | 0  | 45,904  |   |
| (21) LEONA CROSSKEY<br>VP, QUALITY (TERM 4/4/15)                   | 33.0<br>28.0   |  |                       |         | ✓            |                              | 145,550   | 0  | 16,271  |   |
| (22) ROBERT CARROLL, MD<br>MED DIR, EMERGENCY DEPARTMENT           | 33.0<br>28.0   |  |                       |         | ✓            |                              | 373,263   | 0  | 23,763  |   |
| (23) JOYCE A TICHY<br>GENERAL COUNSEL                              | 33.0<br>28.0   |  |                       |         | ✓            |                              | 316,418   | 0  | 44,083  |   |
| (24) OSMAN QURESHI<br>CHAIRMAN OF PSYCHIATRY AND MEDICAL DIRECTOR  | 60.0<br>0.0  |  |                       |         |              | ✓                            | 378,364   | 0  | 24,228  |   |
| (25) (SEE STATEMENT)   |  |  |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 3,621,291 | 307,995  | 443,676   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b>     |  |  |                       |         |              |                              | 1,337,613 | 0  | 102,529   |   |
| <b>d Total (add lines 1b and 1c)</b>                               |  |  |                       |         |              |                              | 4,958,904 | 307,995  | 546,205   |   |

**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 ► **134**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | ✓  |
| <b>4</b> 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> | ✓   |    |
| <b>5</b> 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)<br>Name and business address  | (B)<br>Description of services     | (C)<br>Compensation |
|---|------------------------------------|---------------------|
| ARUP LABORATORIES, INC, PO BOX 27964, SALT LAKE CITY, UT 84127  | LABORATORY SERVICES                | 1,494,198           |
| SOUND INPATIENT PHYSICIANS, INC., 121 RIVER FRONT DRIVE, LOS ANGELES, CA 90074-2936   | PHYSICIAN SERVICES                 | 1,428,330           |
| GRIFFIN YORK & KRAUSE, 121 RIVER FRON DRIVE, MANCHESTER, NH 03102   | ADVERTISING SERVICES               | 1,328,543           |
| HEALOGICS, INC., 3087 MOMENTUM PLAC, CHICAGO, IL 60689-5330   | WOUND CARE AND HYPERBARIC SERVICES | 725,400             |
| AMERICAN ADJUSTMENT BUREAU, INC., PO BOX 2758, WATERBURY, CT 06723  | COLLECTION SERVICES                | 580,350             |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► | <b>41</b>                          |                     |

**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |  |   |  |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |  |   |  |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |  |   |  |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |                      |  |   |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>  | 1,457,144            |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>  | 2,144,374            |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  | 30,259               |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 3,601,518            |  |   |  |  |
| <b>Program Service Revenue</b>                                    |   | <b>Business Code</b>   |                      |  |   |  |  |
|   | <b>2a</b> PATIENT SERVICE REVENUE   | 622110   | 176,292,453          | 176,292,453  |   |  |  |
|   | <b>b</b> OTHER HEALTHCARE REVENUE   | 621500   | 6,679,525            | 5,901,174  | 778,351                                 |  |  |
|   | <b>c</b> _____  |  |                      |  |   |  |  |
|   | <b>d</b> _____  |  |                      |  |   |  |  |
|   | <b>e</b> _____  |  |                      |  |   |  |  |
|   | <b>f</b> All other program service revenue .  |  | 0                    | 0  | 0                                       | 0  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                         |   | 182,971,978  |                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |  | 167,706              |  |   | 167,706  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                      |  |   |  |  |
|   | <b>5</b> Royalties . . . . .  |  |                      |  |   |  |  |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real   | 598,972              |  |   |  |  |
|   |   | (ii) Personal  |                      |  |   |  |  |
|   |   | <b>b</b> Less: rental expenses                                     | 902,080              |  |   |  |  |
|   |   | <b>c</b> Rental income or (loss)                                   | (303,108)            | 0  |   |  |  |
|   | <b>d</b> Net rental income or (loss) . . . . .  |  | (303,108)            |  |   | (303,108)  |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | 7,708                |  |   |  |  |
|   |   | (ii) Other   |                      |  |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . | 0                    |  |   |  |  |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  | 7,708                | 0  |   |  |  |
|   | <b>d</b> Net gain or (loss) . . . . .   |  | 7,708                |  |   | 7,708  |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   | 0                    |  |   |  |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | 0                    |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                      |  |   |  |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |  |   |  |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           |                      |  |   |  |  |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .     |                      |  |   |  |  |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>a</b>   | 459,347              |  |   |  |  |
| <b>b</b> Less: cost of goods sold . . . . .                       |   | 290,178  |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |   |  | 169,169              |  |   | 169,169  |  |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |                      |  |   |  |  |
| <b>11a</b> CAFETERIA REVENUE                                      | 722210  | 839,739  |                      |  | 839,739                                 |  |  |
| <b>b</b> AUXILIARY REVENUE  | 900099  | 200,046  |                      |  | 200,046                                 |  |  |
| <b>c</b> _____  |   |  |                      |  |   |  |  |
| <b>d</b> All other revenue . . . . .                              |   | 0  | 0                    | 0  | 0                                       |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |   | 1,039,785  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions. . . . .                |   | 187,654,756  | 182,193,627          | 778,351  | 1,081,260                               |  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 3,182,107             |                                 | 3,182,107                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 78,807,300            | 59,893,548                      | 18,913,752                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 2,699,986             | 2,294,988                       | 404,998                                |                             |
| <b>9</b> Other employee benefits . . . . .  | 17,160,265            | 14,586,225                      | 2,574,040                              |                             |
| <b>10</b> Payroll taxes . . . . .   | 5,429,274             | 4,614,883                       | 814,391                                |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 199,118               |                                 | 199,118                                |                             |
| <b>b</b> Legal . . . . .  | 153,838               |                                 | 153,838                                |                             |
| <b>c</b> Accounting . . . . .   | 100,946               |                                 | 100,946                                |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 9,913,031             | 5,902,858                       | 4,010,173                              | 0                           |
| <b>12</b> Advertising and promotion . . . . .   | 13,089                |                                 | 13,089                                 |                             |
| <b>13</b> Office expenses . . . . .   | 558,166               | 279,083                         | 279,083                                |                             |
| <b>14</b> Information technology . . . . .  | 193,807               | 96,904                          | 96,903                                 |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 3,503,686             | 2,978,133                       | 525,553                                |                             |
| <b>17</b> Travel . . . . .  | 34,731                | 29,521                          | 5,210                                  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 114,859               | 97,630                          | 17,229                                 |                             |
| <b>20</b> Interest . . . . .  | 2,358,063             | 2,358,063                       |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 7,116,439             | 6,048,973                       | 1,067,466                              |                             |
| <b>23</b> Insurance . . . . .   | 1,717,674             | 1,460,023                       | 257,651                                |                             |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> <u>MEDICAL SUPPLIES/EQUIPMENT</u> . . . . .  | 25,720,357            | 25,720,357                      |  |                             |
| <b>b</b> <u>ECHN ALLOCATION</u> . . . . .   | 8,375,068             | 5,025,041                       | 3,350,027                              |                             |
| <b>c</b> <u>PHYSICIAN FEES</u> . . . . .  | 10,094,806            | 10,094,806                      |  |                             |
| <b>d</b> <u>DUE DILIGENCE</u> . . . . .   | 1,352,420             | 1,149,557                       | 202,863                                |                             |
| <b>e</b> All other expenses . . . . .   | 1,970,677             | 1,675,075                       | 295,602                                | 0                           |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 180,769,707           | 144,305,668                     | 36,464,039                             | 0                           |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 9,361,439         | <b>1</b>    | 5,266,042   |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                   | <b>2</b>    |             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                   | <b>3</b>    |             |
|   | <b>4</b> Accounts receivable, net . . . . .  | 25,099,884        | <b>4</b>    | 25,143,982  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                   | <b>5</b>    | 0           |
|   | <b>6</b> 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 . . . . . |                   | <b>6</b>    | 0           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>    |             |
|   | <b>8</b> Inventories for sale or use . . . . .   | 3,873,042         | <b>8</b>    | 4,086,699   |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 2,357,425         | <b>9</b>    | 1,678,056   |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 201,973,285       |             |             |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 148,400,155       | <b>10c</b>  | 53,573,130  |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 12,613,293        | <b>11</b>   | 10,975,532  |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 15,240,292        | <b>12</b>   | 14,376,307  |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 11,172,492        | <b>13</b>   | 12,938,262  |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 26,318,882        | <b>15</b>   | 28,264,475  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 161,754,391  | <b>16</b>         | 156,302,485 |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 21,842,838        | <b>17</b>   | 21,650,353  |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |             |
|   | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>   |             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 40,768,601        | <b>20</b>   | 39,467,798  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>   |             |
|   | <b>22</b> 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 . . . . .   |                   | <b>22</b>   |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 19,344,527        | <b>23</b>   | 18,619,620  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |             |
|   | <b>25</b> 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 . . . . .  | 55,000,008        | <b>25</b>   | 61,559,255  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 136,955,974       | <b>26</b>   | 141,297,026 |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |             |             |
|   | <b>27</b> Unrestricted net assets . . . . .  | 11,344,473        | <b>27</b>   | 2,829,380   |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 974,762           | <b>28</b>   | 494,603     |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 12,479,182        | <b>29</b>   | 11,681,476  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |             |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                   | <b>31</b>   |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 24,798,417        | <b>33</b>   | 15,005,459  |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 161,754,391  | <b>34</b>         | 156,302,485 |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 187,654,756  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 180,769,707  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 6,885,049    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 24,798,417   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | (83,807)     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | (16,594,200) |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 15,005,459   |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis            | ✓   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | ✓   |    |
| <b>3a</b> | 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>b</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<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |         |              |                              |        | (D) Reportable compensation from the organization<br>(W-2/1099-MISC) | (E) Reportable compensation from related organizations<br>(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) THEODORE SHERRY<br>-----<br>EMERGENCY DEPT PHYSICIAN | 60.0<br>-----<br>0.0   |  |                       |         |              | ✓                            |        | 360,706  | 0   | 27,601   |
| (26) MATTHEW CAUCHON<br>-----<br>EMERGENCY DEPT PHYSICIAN | 60.0<br>-----<br>0.0   |  |                       |         |              | ✓                            |        | 330,281  | 0   | 23,762   |
| (27) ENOCH DARKO<br>-----<br>EMERGENCY DEPT PHYSICIAN     | 60.0<br>-----<br>0.0   |  |                       |         |              | ✓                            |        | 325,105  | 0   | 23,569   |
| (28) ANDREAS J BOJKO<br>-----<br>EMERGENCY DEPT PHYSICIAN | 60.0<br>-----<br>0.0   |  |                       |         |              | ✓                            |        | 321,521  | 0   | 27,597   |

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

|   |   |
|---|---|
| Name of the organization<br><b>MANCHESTER MEMORIAL HOSPITAL</b> | Employer identification number<br><b>06-0646710</b> |
|---|---|

**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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> 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                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . .  | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>   |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>  |     |    |
| <b>b</b> 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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** *(continued)*

|           |   | Yes        | No |
|-----------|---|------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |            |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b>  | A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b>  | 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>  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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> | <b>1</b> |    |
| <b>2</b> | 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>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | 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> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | 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? | <b>1</b> |    |
| <b>2</b> | 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>  | <b>2</b> |    |
| <b>3</b> | 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>   | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</i>   |           |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |           |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |           |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>  |           |  |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> | 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> | <b>2a</b> |  |
| <b>b</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>  | <b>2b</b> |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> | 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>  | <b>3a</b> |  |
| <b>b</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>   | <b>3b</b> |  |

**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.

| <b>Section A - Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> 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) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b>  |                |                             |
| <b>Section B - Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C - Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1  | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b>  |                |                             |
| <b>7</b> <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)

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

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2014</b> | <b>(iii)<br/>Distributable<br/>Amount for 2014</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2014 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2014:  |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b>   |                                     |   |  |
| <b>e</b> From 2013 . . . . .   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2014 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2009 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2014 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2014 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> Excess from 2013 . . . . .  |                                     |   |  |
| <b>e</b> 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](http://www.irs.gov/form990).

Name of the organization

MANCHESTER MEMORIAL HOSPITAL

Employer identification number

06-0646710

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<sup>1</sup>/<sub>3</sub> % 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).

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | -----<br>-----<br>-----           | \$ 1,440,000               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | -----<br>-----<br>-----           | \$ 200,922                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | -----<br>-----<br>-----           | \$ 150,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | -----<br>-----<br>-----           | \$ 62,928                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | -----<br>-----<br>-----           | \$ 47,804                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | -----<br>-----<br>-----           | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | -----<br>-----<br>-----           | \$ ----- 9,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | -----<br>-----<br>-----           | \$ ----- 7,600             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | -----<br>-----<br>-----           | \$ ----- 6,836             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | -----<br>-----<br>-----           | \$ ----- 6,236             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | -----<br>-----<br>-----           | \$ ----- 6,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | -----<br>-----<br>-----           | \$ ----- 5,530             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 13         | -----<br>-----<br>-----           | \$ 5,340                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | -----<br>-----<br>-----           | \$ 5,250                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | -----<br>-----<br>-----           | \$ 5,050                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | -----<br>-----<br>-----           | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | -----<br>-----<br>-----           | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | -----<br>-----<br>-----           | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 19         | -----<br>-----<br>-----           | \$ ----- 517,736           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | -----<br>-----<br>-----           | \$ ----- 207,429           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | -----<br>-----<br>-----           | \$ ----- 115,986           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | -----<br>-----<br>-----           | \$ ----- 639,299           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | -----<br>-----<br>-----           | \$ ----- 32,253            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | -----<br>-----<br>-----           | \$ ----- 30,259            | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

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

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

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 24                        | VACCINES<br>-----<br>-----<br>-----          | \$ 30,259                                      | 09/30/2015<br>-----  |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |

|   |   |
|---|---|
| <b>Name of organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06-0646710 |
|---|---|

**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 |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**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<br><b>MANCHESTER MEMORIAL HOSPITAL</b> | Employer identification number<br><b>06-0646710</b> |
|---|---|

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

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

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

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

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

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | 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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?   |     | ✓  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     | ✓  |        |
| <b>c</b> Media advertisements?   |     | ✓  |        |
| <b>d</b> Mailings to members, legislators, or the public?  |     | ✓  |        |
| <b>e</b> Publications, or published or broadcast statements?   |     | ✓  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     | ✓  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   |     | ✓  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     | ✓  |        |
| <b>i</b> Other activities?   | ✓   |    | 36,082 |
| <b>j</b> Total. Add lines 1c through 1i  |     |    | 36,082 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | ✓  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> 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? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**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

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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,<br>LINE 1 | DETAILED DESCRIPTION<br>OF THE LOBBYING<br>ACTIVITY | THE CONNECTICUT HOSPITAL ASSOCIATION (CHA) HAS DETERMINED FOR ITS FISCAL YEAR THAT \$26,020 OF THE MEMBERSHIP DUES FROM MANCHESTER MEMORIAL HOSPITAL WERE USED FOR LOBBYING PURPOSES. THE AMERICAN HOSPITAL ASSOCIATION (AHA) HAS DETERMINED FOR ITS FISCAL YEAR THAT \$10,062 OF THE MEMBERSHIP DUES FROM MANCHESTER MEMORIAL HOSPITAL WERE USED FOR LOBBYING PURPOSES. |

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: MANCHESTER MEMORIAL HOSPITAL; Employer identification number: 06-0646710

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 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting requirements.

**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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 11,274,059       | 10,402,048     | 9,747,173          | 8,023,690            | 8,100,283           |
| <b>b</b> Contributions                                  |                  | 34,372         | 0                  | 0                    | 0                   |
| <b>c</b> Net investment earnings, gains, and losses     | 8,869            | 838,838        | 1,854,875          | 1,723,483            | (76,593)            |
| <b>d</b> Grants or scholarships                         |                  | 0              | 0                  | 0                    | 0                   |
| <b>e</b> Other expenditures for facilities and programs | 1,636,638        | 0              | 1,200,000          | 0                    | 0                   |
| <b>f</b> Administrative expenses                        | 4,414            | 1,199          | 0                  | 0                    | 0                   |
| <b>g</b> End of year balance                            | 9,641,876        | 11,274,059     | 10,402,048         | 9,747,173            | 8,023,690           |

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

- a** Board designated or quasi-endowment ▶ 82.17 %
- b** Permanent endowment ▶ 16.54 %
- c** Temporarily restricted endowment ▶ 1.29 %

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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations   |     | ✓  |
| <b>(ii)</b> related organizations  | ✓   |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | ✓   |    |

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 1,429,966                       |                              | 1,429,966      |
| <b>b</b> Buildings   |                                      | 95,050,056                      | 54,835,532                   | 40,214,524     |
| <b>c</b> Leasehold improvements  |                                      | 1,687,509                       | 497,414                      | 1,190,095      |
| <b>d</b> Equipment   |                                      | 101,348,215                     | 92,246,911                   | 9,101,304      |
| <b>e</b> Other   |                                      | 2,457,539                       | 820,298                      | 1,637,241      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 53,573,130     |

**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<br>(including name of security)     | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives . . . . .   |                   |  |
| (2) Closely-held equity interests . . . . .                                 |                   |  |
| (3) Other   |                   |  |
| (A) FUNDS HELD UNDER BOND INDENTURE   | 4,145,125         | END OF YEAR MARKET VALUE                                     |
| (B) BENEFICIAL INTEREST IN TRUST ASSETS                                     | 8,801,449         | END OF YEAR MARKET VALUE                                     |
| (C) FUNDS HELD IN TRUST ESTIMATED SELF INSURANCE LIABILITIES                | 1,429,733         | END OF YEAR MARKET VALUE                                     |
| (D)   |                   |  |
| (E)   |                   |  |
| (F)   |                   |  |
| (G)   |                   |  |
| (H)   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <b>14,376,307</b> |  |

**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:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) INTEREST IN NET ASSETS OF ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.    | 8,751,305         | END OF YEAR MARKET VALUE                                     |
| (2) INVESTMENTS IN JOINT VENTURES   | 4,186,957         | COST   |
| (3)   |                   |  |
| (4)   |                   |  |
| (5)   |                   |  |
| (6)   |                   |  |
| (7)   |                   |  |
| (8)   |                   |  |
| (9)   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | <b>12,938,262</b> |  |

**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) DUE FROM AFFILIATES   | 23,785,626        |
| (2) ESTIMATED SETTLEMENTS DUE FROM THIRD PARTY PAYERS                                 | 2,821,878         |
| (3) OTHER ASSETS  | 1,656,971         |
| (4)   |                   |
| (5)   |                   |
| (6)   |                   |
| (7)   |                   |
| (8)   |                   |
| (9)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ | <b>28,264,475</b> |

**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) CONDITIONAL RETIREMENT ASSET OBLIGATIONS                                | 279,796           |
| (3) OTHER CURRENT LIABILITIES   | 1,768,051         |
| (4) ESTIMATED SELF INSURANCE LIABILITIES                                    | 5,978,271         |
| (5) ACCRUED PENSION AND POST RETIREMENT BENEFITS                            | 48,596,526        |
| (6) DUE TO AFFILIATES   | 3,280,506         |
| (7) ESTIMATED SETTLEMENTS DUE TO THIRD PARTY PAYERS                         | 1,603,251         |
| (8) MARKET VALUE SWAP   | 52,854            |
| (9)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>61,559,255</b> |

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 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   |            |
|--------------------------------|--|---|------------|
| SCHEDULE D, PART XI, LINE 2(D) | OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | (a) Description   | (b) Amount |
|                                |  | NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS | 590,724    |
|                                |  | COST OF GOODS SOLD - GIFT SHOP                            | 290,178    |
|                                |  | NET RENTAL LOSS   | 303,108    |

**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 | TEMPORARILY RESTRICTED CONTRIBUTIONS AND INVESTMENT INCOME | 158,792    |
|                                |               | PERMANENTLY RESTRICTED CONTRIBUTIONS AND INVESTMENT INCOME | 373        |

**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 XII, LINE 2(D) | OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | COST OF GOODS SOLD - GIFT SHOP | 290,178    |
|                                 |  | NET RENTAL EXPENSE             | 303,108    |
|                                 |  |                                |            |

**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,<br>LINE 4 | INTENDED USES OF<br>ENDOWMENT FUNDS | THE PRINCIPAL AND INCOME FROM THE UNRESTRICTED ENDOWMENT FUNDS AND THE INCOME FROM THE TERM ENDOWMENTS ARE FOR CAPITAL AND OPERATING NEEDS OF MANCHESTER MEMORIAL HOSPITAL. THE INCOME FROM THE PERMANENT ENDOWMENTS AND PRINCIPAL FROM THE TERM ENDOWMENTS ARE FOR THE USE OF MANCHESTER MEMORIAL HOSPITAL AS RESTRICTED BY THE DONORS.   |
| SCHEDULE D, PART X,<br>LINE 2 | FIN 48 (ASC 740)<br>FOOTNOTE        | THE NETWORK ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE 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 CONSOLIDATED FINANCIAL STATEMENTS. THE NETWORK 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 NETWORK DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2015 AND 2014. THE NETWORK'S POLICY IS TO INCLUDE PENALTIES AND INTEREST AS A COMPONENT OF INCOME TAX EXPENSE, WHEN APPLICABLE. AS OF SEPTEMBER 30, 2015 AND 2014, THE NETWORK DID NOT RECORD ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS. GENERALLY, THE NETWORK'S PRIOR THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. |

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

|   |   |
|---|---|
| <b>Name of the organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>06 0646710 |
|---|---|

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

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  | ✓   |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .  | ✓   |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> %  | ✓   |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%               | ✓   |    |
| <b>c</b> 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.   |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  | ✓   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | ✓   |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  |     | ✓  |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  |     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .   | ✓   |    |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .   | ✓   |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .   |   | 808                           | 444,075                             | 2,743                         | 441,332                           | 0.24                         |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   | 47,894                        | 37,926,045                          | 27,575,139                    | 10,350,906                        | 5.73                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |   |                               | 0                                   | 0                             | 0                                 | 0.00                         |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                                     | 0   | 48,702                        | 38,370,120                          | 27,577,882                    | 10,792,238                        | 5.97                         |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . | 23  | 102,225                       | 1,004,412                           | 19,760                        | 984,652                           | 0.54                         |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   | 12  | 643                           | 3,735,466                           | 1,324,246                     | 2,411,220                         | 1.33                         |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   | 4   | 6,003                         | 5,373,231                           | 2,792,189                     | 2,581,042                         | 1.43                         |
| <b>h</b> Research (from Worksheet 7) . . . . .   | 1   |                               | 30,264                              | 0                             | 30,264                            | 0.02                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   | 10  | 13,081                        | 192,671                             | 1,168                         | 191,503                           | 0.11                         |
| <b>j Total</b> Other Benefits . . . . .  | 50  | 121,952                       | 10,336,044                          | 4,137,363                     | 6,198,681                         | 3.43                         |
| <b>k Total</b> Add lines 7d and 7j . . . . .   | 50  | 170,654                       | 48,706,164                          | 31,715,245                    | 16,990,919                        | 9.40                         |

**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                                      | 1   |                               | 100                                  |                               | 100                                | 0.00                         |
| 3 Community support   | 3   | 1,091                         | 1,645,933                            | 1,506,445                     | 139,488                            | 0.08                         |
| 4 Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0.00                         |
| 5 Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0.00                         |
| 6 Coalition building  | 5   | 1                             | 39,439                               |                               | 39,439                             | 0.02                         |
| 7 Community health improvement advocacy                     | 1   |                               | 2,454                                |                               | 2,454                              | 0.00                         |
| 8 Workforce development                                     | 5   | 32                            | 380,854                              | 309,060                       | 71,794                             | 0.04                         |
| 9 Other   |   |                               |                                      |                               | 0                                  | 0.00                         |
| 10 <b>Total</b>   | 15  | 1,124                         | 2,068,780                            | 1,815,505                     | 253,275                            | 0.14                         |

**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   | 6,806,310 |
| 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   | 1,553,798 |
| 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 | 45,538,033  |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 | 54,026,481  |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | 7 | (8,488,448) |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |             |

**Section C. Collection Practices**

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

**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 MANCHESTER MEMORIAL HOSPITAL  
 71 HAYNES STREET, MANCHESTER 06040  
 WWW.ECHN.ORG STATE LICENSE NO. : 0048

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 MANCHESTER MEMORIAL HOSPITAL

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 |
|---|-----|----|
| <b>1</b> 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? . . . . .   |     | ✓  |
| <b>2</b> 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 . . . . .  |     | ✓  |
| <b>3</b> 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):   |     |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b> <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  |     |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |     |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs   |     |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>  |     |    |
| <b>5</b> 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 . . . . . | ✓   |    |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .  | ✓   |    |
| <b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .   |     | ✓  |
| <b>7</b> 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):  |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>  |     |    |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b> 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 . . . . .  | ✓   |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 12</u>  |     |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .   | ✓   |    |
| <b>a</b> If "Yes," (list url): <u>WWW.ECHN.ORG/ABOUT-ECHN/COMMUNITY-BENEFIT-REPORTING.ASPX</u>  |     |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b> 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.  |     |    |
| <b>12a</b> 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)? . . . . .  |     | ✓  |
| <b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b> 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 MANCHESTER MEMORIAL HOSPITAL

|   |  | Yes | No |
|---|--|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |  |     |    |
| <b>13</b>   | 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:   | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>1</u> <u>2</u> <u>5</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %             |     |    |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)   |     |    |
| <b>c</b>  | <input type="checkbox"/> Asset level   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency  |     |    |
| <b>e</b>  | <input type="checkbox"/> Insurance status  |     |    |
| <b>f</b>  | <input type="checkbox"/> Underinsurance status   |     |    |
| <b>g</b>  | <input type="checkbox"/> Residency   |     |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .   | ✓   |    |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .<br>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): | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application   |     |    |
| <b>b</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   |     |    |
| <b>c</b>  | <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   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>16</b>   | Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ECHN.ORG</u>  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| <b>e</b>  | <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)  |     |    |
| <b>f</b>  | <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)   |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility   |     |    |
| <b>h</b>  | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>  | <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |

**Billing and Collections**

|           |  |   |  |
|-----------|--|---|--|
| <b>17</b> | 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? . . . . . | ✓ |  |
| <b>18</b> | 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:                                 |   |  |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |   |  |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |   |  |
| <b>c</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |   |  |
| <b>d</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |   |  |
| <b>e</b>  | <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 MANCHESTER MEMORIAL HOSPITAL

|  |   | Yes | No |
|--|---|-----|----|
| <b>19</b>  | 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: |   |     |    |
| <b>a</b>   | <input type="checkbox"/> Reporting to credit agency(ies)  |     |    |
| <b>b</b>   | <input type="checkbox"/> Selling an individual's debt to another party  |     |    |
| <b>c</b>   | <input type="checkbox"/> Actions that require a legal or judicial process   |     |    |
| <b>d</b>   | <input type="checkbox"/> Other similar actions (describe in Section C)  |     |    |
| <b>20</b>  | 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):   |     |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission  |     |    |
| <b>b</b>   | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge  |     |    |
| <b>c</b>   | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills   |     |    |
| <b>d</b>   | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                    |     |    |
| <b>e</b>   | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>f</b>   | <input type="checkbox"/> None of these efforts were made  |     |    |

**Policy Relating to Emergency Medical Care**

|                        |   |    |   |  |
|------------------------|---|----|---|--|
| <b>21</b>              | 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: |   |    |   |  |
| <b>a</b>               | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |    |   |  |
| <b>b</b>               | <input type="checkbox"/> The hospital facility's policy was not in writing  |    |   |  |
| <b>c</b>               | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  |    |   |  |
| <b>d</b>               | <input type="checkbox"/> Other (describe in Section C)  |    |   |  |

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

|                                 |  |    |  |   |
|---------------------------------|--|----|--|---|
| <b>22</b>                       | 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.   |    |  |   |
| <b>a</b>                        | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged   |    |  |   |
| <b>b</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   |    |  |   |
| <b>c</b>                        | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged  |    |  |   |
| <b>d</b>                        | <input checked="" type="checkbox"/> Other (describe in Section C)  |    |  |   |
| <b>23</b>                       | 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. |  |    |  |   |
| <b>24</b>                       | 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:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>AS PART OF ITS CHNA, MMH INVITED COMMUNITY AGENCIES AND ORGANIZATIONS THROUGHOUT THE SERVICE AREA, REPRESENTING A VARIETY OF MEDICALLY UNDESERVED, LOW-INCOME AND MINORITY POPULATIONS, TO PARTICIPATE IN AN ONLINE SURVEY, WHICH ASKED QUESTIONS ABOUT WHAT THE INDIVIDUALS PERCEIVED TO BE HEALTHY AND UNHEALTHY ABOUT THE COMMUNITY, WHAT THEIR PERCEPTION IS OF MMH AND THE PROGRAMS AND SERVICES IT OFFERS, AND WHAT MMH CAN DO TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITY. AGENCIES AND ORGANIZATIONS RESPONDING TO THE SURVEY INCLUDED THE DEPARTMENT OF PUBLIC HEALTH WIC PROGRAM, COMMUNITY CHILD GUIDANCE CLINIC, VERNON YOUTH SERVICES BUREAU, TOWN OF ELLINGTON HUMAN SERVICES, TOWN OF MANCHESTER HEALTH DEPARTMENT, TOWN OF ANDOVER ELDER SERVICES, MAPLE STREET SCHOOL IN VERNON, VERNON ADULT EDUCATION, INDIAN VALLEY YMCA, AND MARC, INC.</p>   |
| SCHEDULE H, PART V, SECTION B, LINE 6A | CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES            | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>THE CHNA WAS CONDUCTED BY EASTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES MANCHESTER MEMORIAL HOSPITAL AND ROCKVILLE GENERAL HOSPITAL.</p>   |
| SCHEDULE H, PART V, SECTION B, LINE 7  | HOSPITAL FACILITY'S WEBSITE (LIST URL)                               | WWW.ECHN.ORG/ABOUT-ECHN/COMMUNITY-BENEFIT-REPORTING.ASPX   |
| SCHEDULE H, PART V, SECTION B, LINE 11 | HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA         | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>THE STRATEGIES TO ADDRESS THE HEALTH NEEDS ARE AS FOLLOWS:</p> <p>I. HEART DISEASE</p> <p>1. EDUCATE THE PUBLIC ABOUT MANAGING LIFESTYLE BEHAVIORS THAT IMPACT DIET, BLOOD PRESSURE, CHOLESTEROL, WEIGHT, PHYSICAL ACTIVITY, AND STRESS.</p> <p>(A.) OFFER FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS<br/>(B.) PROVIDE EDUCATION IN BETTER BEING, COMMUNITY FREE WELLNESS MAGAZINE<br/>(C.) PARTICIPATE IN COMMUNITY HEALTH FAIRS<br/>(D.) DEVELOP "FREEDOM FROM SMOKING" SMOKING CESSATION PROGRAM<br/>(E.) PROVIDE NUTRITION COUNSELING SERVICES<br/>(F.) OFFER INTEGRATIVE MEDICINE PROGRAMS FOR STRESS REDUCTION</p> <p>2. PROVIDE INFORMATION AND SERVICES TO INDIVIDUALS DIAGNOSED WITH HEART DISEASE TO HELP THEM BEST MANAGE THEIR SYMPTOMS</p> <p>(A.) DEVELOP "HEART TALK" COMMUNITY PROGRAM FOR PEOPLE LIVING WITH HEART FAILURE<br/>(B.) PROMOTE CARDIAC REHABILITATION SERVICES</p> <p>II. CANCER</p> <p>1. MONITOR REPORTS OF NEWLY- DIAGNOSED CANCER CASES IN THE SERVICE AREA USING THE NATIONAL CANCER CENTER DATA BASE (NCDB) TO IDENTIFY SIGNIFICANT CHANGES, TRENDS OR ABNORMAL ACTIVITY.</p> <p>2. EDUCATE THE PUBLIC ABOUT MANAGING LIFESTYLE BEHAVIORS THAT IMPACT CANCER RISKS</p> <p>(A.) FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS<br/>(B.) ARTICLES IN BETTER BEING<br/>(C.) HEALTH FAIR PARTICIPATION<br/>(D.) "FREEDOM FROM SMOKING" SMOKING CESSATION PROGRAM</p> <p>3. PROVIDE FREE SCREENINGS THROUGH THE COMMUNITY AND ACCESS TO FOLLOW-UP CARE</p> <p>4. OFFER COMPREHENSIVE SUPPORT PROGRAMS FOR CANCER SURVIVORS AND CAREGIVERS</p> <p>(A.) ONCOLOGY NURSE NAVIGATOR AND SURVIVORSHIP NAVIGATORS SERVICES<br/>(B.) ANNUAL CANCER SURVIVORS DAY EVENT<br/>(C.) REGULAR SUPPORT GROUP MEETINGS<br/>(D.) CANCER CAREGIVER WORKSHOPS</p> <p>III. DIABETES</p> <p>1. RAISE AWARENESS OF DIABETES PREVENTABLE RISK FACTORS AND EDUCATE THE PUBLIC ON WAYS TO MANAGE LIFESTYLE BEHAVIORS THAT AFFECT THEM INCLUDING DIET, WEIGHT AND PHYSICAL ACTIVITY</p> <p>(A.) FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS<br/>(B.) ARTICLES IN BETTER BEING<br/>(C.) HEALTH FAIR PARTICIPATION</p> <p>2. OFFER DIABETES SELF-MANAGEMENT PROGRAM AND NUTRITION</p> |

| Return Reference                        | Identifier   | Explanation   |
|---|--|---|
|   |  | <p>COUNSELING FOR INDIVIDUALS ALREADY DIAGNOSED WITH DIABETES.<br/>IV. ARTHRITIS<br/>1. EDUCATE THE PUBLIC ABOUT WAYS TO HELP PREVENT OR SLOW THE PROGRESSION OF ARTHRITIS AND MANAGE THE SYMPTOMS OF JOINT PAIN.<br/>(A.) FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS<br/>(B.) ARTICLES IN BETTER BEING<br/>(C.) HEALTH FAIR PARTICIPATION<br/>2. OFFER FREE PROGRAM TO HELP INDIVIDUALS WITH ARTHRITIS PREPARE FOR HIP OR KNEE REPLACEMENT SURGERY AND ACHIEVE THE BEST OUTCOME.<br/>3. DEVELOP A COMPREHENSIVE SURGICAL SPINE PROGRAM TO SUPPORT INDIVIDUALS EXPERIENCING CHRONIC NECK AND BACK PAIN INCLUDING SYMPTOM MANAGEMENT AND PERIOPERATIVE CARE.</p> <p>COMMUNITY COLLABORATION<br/>AN IMPORTANT COMPONENT OF THESE STRATEGIES WILL BE COLLABORATION WITH COMMUNITY RESOURCES INCLUDING THOSE CURRENTLY AVAILABLE TO RESPOND TO THE HEALTH NEEDS INCLUDING:<br/> <ul style="list-style-type: none"> <li>• CORNERSTONE FOUNDATION</li> <li>• EASTERN HIGHLANDS HEALTH DISTRICT</li> <li>• HOCKANUM VALLEY COMMUNITY COUNCIL, INC.</li> <li>• JOHNSON HEALTH NETWORK</li> <li>• MANCHESTER AREA CONFERENCES OF CHURCHES</li> <li>• MARC, INC. OF MANCHESTER</li> <li>• NATCHAUG HOSPITAL</li> <li>• NORTH CENTRAL HEALTH DEPARTMENT</li> <li>• TOWN DEPARTMENTS OF HEALTH &amp; HUMAN SERVICES</li> <li>• TOWN DEPARTMENTS OF SOCIAL SERVICES</li> <li>• TRI-TOWN SHELTER SERVICES</li> <li>• UNITED WAY</li> </ul> </p> <p>NOT ALL THE NEEDS IDENTIFIED HAVE BEEN ADDRESSED. AFTER REVIEWING THE CHNA DATA, THE OVERSIGHT COMMITTEE IDENTIFIED EIGHT HEALTH AREAS OF NEED: HEART DISEASE INCIDENCE, CANCER INCIDENCE, DIABETES INCIDENCE, ARTHRITIS INCIDENCE, ALZHEIMER'S DISEASE INCIDENCE, MULTIPLE SCLEROSIS INCIDENCE, SUBSTANCE ABUSE AND CHILDHOOD LEAD SCREENING. HOWEVER, IT WAS DETERMINED THAT ALL NEEDS COULD NOT BE ADDRESSED BASED ON THE HOSPITAL'S ABILITY TO IMPACT THE NEEDS AND THE AVAILABILITY OF RESOURCES THAT EXIST TO ADDRESS THEM. THE FOLLOWING HEALTH NEEDS WERE IDENTIFIED AS THE HIGHEST PRIORITY: HEART DISEASE INCIDENCE, CANCER INCIDENCE, DIABETES INCIDENCE AND ARTHRITIS INCIDENCE.</p> |
| SCHEDULE H, PART V, SECTION B, LINE 13H | OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE          | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>FAMILY SIZE IS USED WITH INCOME LEVEL.</p>   |
| SCHEDULE H, PART V, SECTION B, LINE 16I | OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY   | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>THE HOSPITAL COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH NOTICES POSTED IN PUBLIC AREAS AROUND THE HOSPITAL, ON THE PATIENT BILLS, ON OUR WEBSITE, AND FOR SELECTED PRE-SCHEDULED SERVICES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE.</p>   |
| SCHEDULE H, PART V, SECTION B, LINE 16B | FAP APPLICATION FORM WEBSITE                                 | WWW.ECHN.ORG  |
| SCHEDULE H, PART V, SECTION B, LINE 16C | PLAIN LANGUAGE FAP SUMMARY WEBSITE                           | WWW.ECHN.ORG  |
| SCHEDULE H, PART V, SECTION B, LINE 22D | HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NOT BE CHARGED MORE THAN THE AMOUNT GENERALLY BILLED TO PATIENTS WITH INSURANCE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.</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? 0

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1                |                             |
| 2                |                             |
| 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 II          | DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY | MANCHESTER MEMORIAL HOSPITAL (MMH), AS PART OF EASTERN CONNECTICUT HEALTH NETWORK, PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES BY COMMITTING THE EXPERTISE AND RESOURCES OF THE ORGANIZATION TO A NUMBER OF COMMUNITY BUILDING ACTIVITIES THAT SUPPORT ASSOCIATIONS, BUSINESSES, PROGRAMS, INITIATIVES AND OTHER VALUABLE LOCAL COMMUNITY ASSETS. THROUGH GRANTS PROVIDED BY THE FEDERAL AND STATE GOVERNMENTS, MMH OFFERS FREE SUPPORT PROGRAMS TO CHILDREN AND THEIR FAMILIES TO PROMOTE POSITIVE FAMILY LIFE SKILLS AND CHILD DEVELOPMENT. IN FY 2015, THESE PROGRAMS BENEFITED 1,091 INDIVIDUALS WITH MMH PROVIDING OVER \$118,000 OF IN-KIND RESOURCES AND SERVICES. OTHER COMMUNITY BUILDING ACTIVITIES PERFORMED IN FY 2015 INCLUDE PARTICIPATION IN REGIONAL EXERCISES TO EVALUATE THE READINESS OF THE HOSPITAL'S EMERGENCY PREPAREDNESS CAPABILITIES; PARTICIPATION IN THE BABY FRIENDLY PRACTICES STATEWIDE COLLABORATIVE AND THE STATEWIDE CPQC INITIATIVE; SERVING ON THE BOARD AND EXECUTIVE COMMITTEE OF REGIONAL CHAMBERS OF COMMERCE IN SUPPORT OF THE LOCAL BUSINESS INDUSTRY; HOSTING ART EXHIBITS OF THE MANCHESTER ART ASSOCIATION; WORKING WITH THE MANCHESTER VETERANS COUNCIL TO HONOR VETERANS IN AN ANNUAL VETERANS DAY CEREMONY FOR THE COMMUNITY; PARTNERING WITH THE LOCAL SCHOOL SYSTEMS AND COLLEGES IN VARIOUS WORKFORCE DEVELOPMENT PROGRAMS; ATTENDING SCHOOL READINESS COUNCIL MEETINGS; PROVIDING VOCATIONAL SERVICES AND EMPLOYMENT ASSISTANCE TO RESIDENTS; SERVING ON THE AMERICAN HOSPITAL ASSOCIATION'S REGIONAL POLICY BOARD; AND SERVING ON THE DEPARTMENT OF PUBLIC HEALTH'S OFFICE OF EMERGENCY MEDICAL SERVICE MEDICAL ADVISORY COMMITTEE, THE CONNECTICUT EMS ADVISORY BOARD, THE CONNECTICUT EMS ADVISORY COMMITTEE, THE REGIONAL MEDICAL ADVISORY COMMITTEE, THE REGIONAL ED STANDARDS BOARD, THE STATE EMS EDUCATION AND TRAINING COMMITTEE, AND EMS CLINICAL COORDINATORS. AS A RESULT OF THESE ACTIVITIES, THERE HAS BEEN IMPROVED COLLABORATION AMONG COMMUNITY PROVIDERS AND OTHERS INVOLVED IN PROVIDING SERVICES TO CHILDREN, ADOLESCENTS AND THEIR FAMILIES AND OTHER ADULTS. |
| SCHEDULE H, PART III, LINE 2 | METHODOLOGY USED TO ESTIMATE BAD DEBT                                | <p>THE NETWORK PROVIDES FOR A PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE 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 NETWORK 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.</p> <p>FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE NETWORK 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 UNCOLLECTIBLE.</p>   |
| SCHEDULE H, PART III, LINE 4 | FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT  | THE NETWORK PROVIDES FOR A PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE  |

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|                               |   | <p>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 NETWORK 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.</p> <p>FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE NETWORK 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 UNCOLLECTIBLE.</p>   |
| SCHEDULE H, PART III, LINE 8  | DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED                        | THE HOSPITAL PROVIDES QUALITY HEALTH CARE TO ALL, REGARDLESS OF THEIR ABILITY TO PAY. CHARITY CARE IS PROVIDED TO THOSE WHO ARE ELIGIBLE BASED ON MMH'S POLICY. MMH ALSO INCURS UNPAID COSTS FOR GOVERNMENT PROGRAMS BECAUSE REIMBURSEMENT IS NOT SUFFICIENT TO COVER COSTS ASSOCIATED WITH MEDICARE AND MEDICAID PATIENTS. THE ORGANIZATION'S MEDICARE COST REPORT WAS USED TO CALCULATE ACTUAL COSTS REPORTED ON PART III, LINE 6. THE ACCESS TO HEALTHCARE BY PATIENTS COVERED BY MEDICARE IS A FUNDAMENTAL PART OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM.   |
| SCHEDULE H, PART III, LINE 9B | DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE | INTERNAL AND EXTERNAL COLLECTION POLICIES AND PROCEDURES TAKE INTO ACCOUNT THE EXTENT TO WHICH A PATIENT IS QUALIFIED FOR CHARITY CARE OR DISCOUNTS. IN ADDITION, PATIENTS WHO QUALIFY FOR PARTIAL DISCOUNTS ARE REQUIRED TO MAKE A GOOD FAITH EFFORT TO HONOR PAYMENT AGREEMENTS WITH THE HOSPITAL, INCLUDING PAYMENT PLANS AND DISCOUNTED HOSPITAL BILLS. MMH IS COMMITTED TO WORKING WITH PATIENTS TO RESOLVE THEIR ACCOUNTS, AND AT ITS DISCRETION, MAY PROVIDE EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS. MMH WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST CHARITY CARE PATIENTS WHO HAVE COOPERATED WITH THE HOSPITAL TO RESOLVE THEIR ACCOUNTS AND HAVE DEMONSTRATED THEIR INCOME AND/OR ASSETS ARE INSUFFICIENT TO PAY MEDICAL BILLS.   |
| SCHEDULE H, PART VI           | ADDITIONAL INFORMATION  | <p>MANCHESTER MEMORIAL HOSPITAL IS A NOT-FOR-PROFIT 249-BED ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF MANCHESTER, CT AND SURROUNDING TOWNS. THE HOSPITAL IS A SUBSIDIARY OF EASTERN CONNECTICUT HEALTH NETWORK, INC., WHICH WAS FORMED IN 1995 BY A MERGER OF MMH CORP. AND ROCKVILLE AREA HEALTH SERVICES, INC. ECHN WAS ORGANIZED TO PROVIDE A BROADER HEALTH CARE SYSTEM FOR THE SURROUNDING COMMUNITIES WITH QUALITY MEDICAL CARE AT A REASONABLE COST AND TO FOSTER AN ENVIRONMENT CONDUCIVE TO HEALTH AND WELL BEING WHETHER IN THE HOME OR IN THE COMMUNITY.</p> <p>MANCHESTER MEMORIAL HOSPITAL PATIENTS NOT HAVING INSURANCE COVERING EMERGENCY OR OTHER MEDICALLY QUALIFIED CARE (UNINSURED PATIENTS), AS WELL AS UNDERINSURED PATIENTS, SUBJECT TO INCOME LIMITS AND FAMILY SIZE RECEIVE FREE OR DISCOUNTED CARE. MANCHESTER MEMORIAL HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE. CHARGES FOR CARE PROVIDED TO PATIENTS ARE DETERMINED BY ESTABLISHED RATES, SUBJECT TO POSSIBLE ADJUSTMENTS OR DISCOUNTS FOR LOW INCOME PATIENTS; CONTRACTUAL DISCOUNTS, OR DISCOUNTS FOR PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICIES. CHARITY CARE FOR FY 2015 WAS \$1,553,798 FOR 808 TOTAL APPROVED APPLICANTS.</p> <p>EXPENSES RELATED TO SERVICES PERFORMED FOR PATIENTS OF MANCHESTER MEMORIAL HOSPITAL CONTRIBUTE IMPORTANTLY TO ITS EXEMPT PURPOSE BECAUSE THE EXPENSES ARE INCURRED IN THE DIAGNOSIS, CURE, MITIGATION, TREATMENT AND PREVENTION OF DISEASE, AND FOR MEDICAL PURPOSES AFFECTING THE STRUCTURE OR FUNCTION OF THE HUMAN BODY.</p> <p>MANCHESTER MEMORIAL HOSPITAL PROVIDED NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY. EIGHT THOUSAND EIGHT HUNDRED AND SIX (8,806) INPATIENTS WERE CARED FOR IN FY15 REPRESENTING 40,692 PATIENT DAYS. TWO HUNDRED FORTY FIVE THOUSAND SEVEN HUNDRED SEVENTY-SEVEN (245,777) OUTPATIENT VISITS WERE RECORDED.</p> <p>INCLUDED IN THE 8,806 INPATIENTS WERE 5,698 GOVERNMENT RELATED PATIENTS. THE GOVERNMENT INPATIENTS FALL INTO THE FOLLOWING GROUPS.</p> <p>MEDICARE... 2,576<br/> MEDICARE MANAGED CARE... 777<br/> MEDICAID...2,269<br/> CHAMPUS...76</p> <p>TOTAL GOV PATIENTS... 5,698</p> |

| Return Reference            | Identifier            | Explanation   |
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|                             |                       | <p>TOTAL NON GOV PATIENTS...3,108</p> <p>TOTAL PATIENTS...8,806</p> <p>INCLUDED IN THE 245,777 OUTPATIENT VISITS WERE 145,774 GOVERNMENT RELATED VISITS. THE VISITS ARE A PRODUCT OF GROSS REVENUE RELATIONSHIP TO TOTAL VISITS. THE GOVERNMENT VISITS FALL INTO THE FOLLOWING GROUPS.</p> <p>MEDICARE...73,707<br/> MEDICARE MANAGED CARE...28,872<br/> MEDICAID...42,173<br/> CHAMPUS...1,022</p> <p>TOTAL GOV PATIENTS...145,774<br/> TOTAL NON GOV PATIENTS...100,003</p> <p>TOTAL PATIENTS...245,777</p> <p>THE HOSPITAL PROVIDED UNCOMPENSATED CARE TO 47,894 MEDICAID PATIENTS FOR A NET COMMUNITY BENEFIT AMOUNT OF \$10,350,906 AFTER MEDICAID REIMBURSEMENT.</p>  |
| SCHEDULE H, PART VI, LINE 2 | NEEDS ASSESSMENT      | <p>IN 2013, MMH COLLABORATED WITH ROCKVILLE GENERAL HOSPITAL, ALSO AN AFFILIATE OF ECHN, TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE GOALS OF THE ASSESSMENT WERE: TO IDENTIFY CURRENT AND FUTURE HEALTHCARE NEEDS IN THE COMMUNITY AND TO IMPROVE AND STRENGTHEN PROGRAMS AND SERVICES PROVIDED TO ADDRESS THEM. THE CHNA PROCESS WAS LED BY AN OVERSIGHT COMMITTEE THAT INCLUDED MEMBERS OF THE ORGANIZATION WITH ESTABLISHED RELATIONSHIPS WITH COMMUNITY GROUPS AND AGENCIES. DATA COLLECTED FOR THE CHNA INCLUDED: HEALTH, SOCIAL, AND DEMOGRAPHIC DATA SPECIFIC TO MMH'S SERVICE AREA OBTAINED FROM LOCAL PUBLIC HEALTH AGENCIES, NATIONAL HEALTH ASSOCIATIONS AND OTHER DATA SOURCES; HEALTH BEHAVIOR INFORMATION COLLECTED FROM 1,047 RESIDENTS WHO RESPONDED TO A COMMUNITY SURVEY; INPUT FROM 12 COMMUNITY STAKEHOLDERS FROM LOCAL ORGANIZATIONS INVESTED IN THE HEALTH OF UNDESERVED POPULATIONS. ONCE ALL DATA WAS COLLECTED AND ANALYZED, THE OVERSIGHT COMMITTEE IDENTIFIED AND PRIORITIZED THE SERVICE AREA'S KEY HEALTH NEEDS AND DEVELOPED AN IMPLEMENTATION STRATEGY TO RESPOND TO THE NEEDS.</p> <p>IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, MANAGEMENT HAS REGULAR MEETINGS WITH THE MEDICAL STAFF TO DISCUSS PATIENT NEEDS AND THE PROGRAMS OFFERED BY THE ORGANIZATION TO ADDRESS PATIENTS' NEEDS. IN ADDITION, A STRATEGIC PLANNING PROCESS IS CONDUCTED REGULARLY WHICH INCLUDES THE COLLECTION AND REVIEW OF MORTALITY DATA, THE UTILIZATION OF SERVICES AND PHYSICIAN STAFFING FOR THE COMMUNITIES SERVED BY THE HOSPITAL. FROM THE ANALYSIS OF THIS DATA, PLANS ARE MADE TO ADDRESS THE HEALTH NEEDS OF THE COMMUNITY.</p> |
| SCHEDULE H, PART VI, LINE 3 | PATIENT EDUCATION     | <p>THE HOSPITAL COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH NOTICES POSTED IN PUBLIC AREAS AROUND THE HOSPITAL, ON THE PATIENT BILLS, ON OUR WEBSITE, AND SELECTED PRE-SCHEDULED SERVICES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTHCARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE.</p>  |
| SCHEDULE H, PART VI, LINE 4 | COMMUNITY INFORMATION | <p>MANCHESTER MEMORIAL HOSPITAL, AS PART OF EASTERN CONNECTICUT HEALTH NETWORK, SERVES A 19-TOWN PRIMARY AND SECONDARY SERVICE AREA LOCATED EAST OF THE CONNECTICUT RIVER IN NORTHERN CONNECTICUT WITH MUNICIPALITIES IN HARTFORD, TOLLAND AND WINDHAM COUNTIES.</p> <p>THE PRIMARY SERVICE AREA INCLUDES ANY TOWN WHERE TOTAL INPATIENT AND NEWBORN DISCHARGES ARE GREATER THAN OR EQUAL TO 20 PERCENT AND INCLUDES THE TOWNS OF MANCHESTER, SOUTH WINDSOR, BOLTON, COVENTRY, ANDOVER, ELLINGTON, TOLLAND, VERNON/ROCKVILLE AND WILLINGTON.</p> <p>THE SECONDARY SERVICE AREA INCLUDES ANY TOWN WHERE TOTAL INPATIENT AND NEWBORN DISCHARGES ARE GREATER THAN OR EQUAL TO FIVE PERCENT AND LESS THAN 20 PERCENT AND INCLUDES THE TOWNS OF ASHFORD, SOMERS, STAFFORD, UNION, EAST HARTFORD, EAST WINDSOR, GLASTONBURY, HEBRON, COLUMBIA AND MANSFIELD.</p> <p>BASED ON DATA COLLECTED IN 2013, THE POPULATION OF THE ENTIRE SERVICE AREA IS 341,000; 49% MALE, 51% FEMALE. THE MEDIAN AGE OF RESIDENTS IS 39.5 YEARS WITH 33.3% OF THE POPULATION 50 YEARS OR OLDER. THE RACE OF THE RESIDENTS IS PREDOMINANTLY WHITE (80%) FOLLOWED BY BLACK/AFRICAN AMERICAN (8.3%), OTHER/MULTI-RACE (6.1%) AND ASIAN (5.3%). APPROXIMATELY 91.5% PERCENT OF THE POPULATION HAS A HIGH SCHOOL DEGREE AND 35.6% PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA IS \$82,075 PER YEAR. JUST UNDER 8% OF HOUSEHOLDS HAVE ANNUAL INCOME AT THE FEDERAL POVERTY RATE. THE UNEMPLOYMENT RATE IS 7.4% AND THE</p>  |

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| <p>SCHEDULE H, PART VI,<br/>LINE 5</p> | <p>PROMOTION OF<br/>COMMUNITY HEALTH</p> | <p>AVERAGE HOUSEHOLD SIZE IS 2.61 PEOPLE.</p> <p>COMMUNITY HEALTH EDUCATION INITIATIVES AND PROGRAMS ARE OFFERED TO THE COMMUNITY. THE EDUCATION PROGRAMS INCLUDE EDUCATING THE PUBLIC ABOUT MANAGING LIFESTYLE BEHAVIORS THAT IMPACT DIET, BLOOD PRESSURE, CHOLESTEROL, WEIGHT, PHYSICAL ACTIVITY, STRESS, CANCER RISKS, DIABETES AND ARTHRITIS. INITIATIVES INCLUDE BETTER BEING (A FREE COMMUNITY WELLNESS MAGAZINE SENT TO THE COMMUNITY), PARTICIPATION IN COMMUNITY HEALTH FAIRS, NUTRITION COUNSELING SERVICES, LACTATION CONSULTING SERVICES FOR NEW MOTHERS, LECTURE PRESENTATIONS IN THE COMMUNITY AND HEALTH FAIR PARTICIPATION. FOR EXAMPLE, A FREEDOM FROM SMOKING PROGRAM IS AVAILABLE THAT IS FACILITATED BY AN ALA CERTIFIED HEALTH CARE PROFESSIONAL AND INCLUDES EIGHT 1.5- TO 2-HOUR SESSIONS OVER 7 WEEKS, THE 4TH SESSION BEING QUIT DAY. THE SESSIONS CAN BE PROVIDED AT THE WORKSITE OR OTHER LOCATION, DAYTIME OR EVENING.</p> <p>ANOTHER EXAMPLE IS WOMEN'S HEALTH PRESENTATIONS IN THE COMMUNITY ABOUT BREAST CANCER, PREVENTATIVE/SCREENING RECOMMENDATIONS, BONE DENSITY EXAMS, AND FREE SCREENING PROGRAMS. THESE PRESENTATIONS WERE MADE AT THE GREATER HARTFORD WOMEN'S CONFERENCE; A WOMEN AND YOUTH ADVISORY PANEL DISCUSSION AT MANCHESTER COMMUNITY COLLEGE; THE TOWN OF SOUTH WINDSOR HEALTH AND WELLNESS FAIR; CROSSROADS COMMUNITY CATHEDRAL CHURCH HEALTH FAIR; WOMEN TO WOMEN-A COMFORTABLE CONVERSATION; LET'S TALK MENOPAUSE PANEL COMMUNITY PROGRAM; THE VERNON CENTER MIDDLE SCHOOL; AND THE OFFICE OF MIGRATION, REFUGEE, AND IMMIGRATION SERVICES AT CATHOLIC CHARITIES OF HARTFORD.</p> <p>OTHER EXAMPLES INCLUDE INTEGRATIVE MEDICINE PROGRAMS FOR STRESS REDUCTION, A "HEART TALK" COMMUNITY PROGRAM FOR PEOPLE LIVING WITH HEART FAILURE, REGULAR CANCER SUPPORT GROUP MEETINGS, CANCER CAREGIVER WORKSHOPS, DIABETES SELF-MANAGEMENT PROGRAM, NUTRITION COUNSELING FOR INDIVIDUALS ALREADY DIAGNOSED WITH DIABETES, FAMILY SUPPORT GROUPS FOR FAMILIES WHO ARE DEALING WITH BEHAVIORAL HEALTH OR ADDICTION ISSUES, TEEN SMOKING PREVENTION LECTURES AT AREA SCHOOLS, A GROCERY STORE TOUR TO EDUCATE RESIDENTS ABOUT HEALTHY SHOPPING HABITS, AND OTHER LECTURE PRESENTATIONS SUCH AS DIABETES MADE SIMPLE AND PRE-DIABETES, LET'S TAKE ACTION.</p> <p>FREE HEALTH SCREENINGS INCLUDING DIABETIC FOOT CHECKS, MAMMOGRAMS, BLOOD PRESSURE, BONE DENSITY, GLUCOSE READINGS, INJURY SCREENINGS, VITAL SIGN CHECKS AND MEDICAL EXAMS ARE OFFERED IN THE COMMUNITY, TARGETING UNINSURED/UNDERINSURED POPULATIONS. FOR EXAMPLE, BLOOD PRESSURE SCREENINGS WERE DONE DURING WEAR RED DAY.</p> <p>HEALTHCARE SUPPORT SERVICES ARE PROVIDED BY THE HOSPITAL TO INCREASE ACCESS AND QUALITY OF CARE TO INDIVIDUALS IN NEED. EFFORTS INCLUDE FREE TRANSPORTATION TO BEHAVIORAL HEALTH PATIENTS, ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, AND REFERRALS TO SOCIAL SERVICES AND PHYSICIANS ACCEPTING MEDICAID OR OTHER GOVERNMENT PROGRAMS. NURSE NAVIGATION SERVICES HELP PATIENTS AND THEIR LOVED ONES NAVIGATE THROUGH THE HEALTHCARE SYSTEM, FINDING SUPPORT AND RESOURCES TO MANAGE SYMPTOMS, GET A SECOND OPINION, SCHEDULE TESTS AND TREATMENT, FIND HOMECARE SERVICES AND COORDINATE CARE. A SOCIAL WORKER WHO SERVES AS A SURVIVORSHIP NAVIGATOR IS AVAILABLE TO PROVIDE SUPPORTIVE COUNSELING AND ASSISTANCE IN LOCATING RESOURCES TO HELP WITH FINANCES, DISABILITY, MEDICAL INSURANCE, ADVANCE DIRECTIVES AND POST TREATMENT SURVIVORSHIP CARE PLANNING.</p> <p>PARTNERING WITH LOCAL EDUCATIONAL INSTITUTIONS, MANCHESTER MEMORIAL HOSPITAL PROVIDES A CLINICAL SETTING FOR PHYSICIANS AND INTERNS, MEDICAL STUDENTS, NURSING STUDENTS, RADIOLOGIC TECHNICIANS, PHLEBOTOMY STUDENTS, RESPIRATORY TECHNICIANS, DIETETIC INTERNS, PHARMACY STUDENTS, AND PHYSICAL THERAPISTS AND OTHERS. STUDENTS ARE FROM THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, UNIVERSITY OF CONNECTICUT, MANCHESTER COMMUNITY COLLEGE, CENTRAL CONNECTICUT STATE UNIVERSITY, GOODWIN COLLEGE, CAPITAL COMMUNITY COLLEGE, SPRINGFIELD TECHNICAL COMMUNITY COLLEGE, UNIVERSITY OF ST. JOSEPH, QUINNIPIAC UNIVERSITY, ASNUNTUCK COMMUNITY COLLEGE, THE UNIVERSITY OF HARTFORD, AND EASTERN CONNECTICUT STATE UNIVERSITY. OTHER HEALTH PROFESSIONS EDUCATION IS PROVIDED THROUGH PRESENTATIONS TO LOCAL GROUPS ON NEW EMERGENCY MANAGEMENT SERVICE GUIDELINES AND UPDATES, EMT EDUCATION, PARAMEDIC SKILLS TRAINING, SPECIALTY CARE TRANSPORT COURSES, AND NARCAN AND CPAP TRAINING.</p> <p>HEALTH SERVICES WHICH ARE SUBSIDIZED BY THE HOSPITAL INCLUDE NEONATAL SERVICES, DIABETES SELF-MANAGEMENT, DIALYSIS SERVICES AND THE BEHAVIORAL HEALTH CLINIC.</p> <p>SPECIFIC RESEARCH INITIATIVES CONDUCTED BY THE HOSPITAL INCLUDE AN INSTITUTIONAL REVIEW COMMITTEE, WHICH PROTECTS THE RIGHTS AND WELFARE OF RESEARCH SUBJECTS AND APPROVES ALL RESEARCH STUDIES IN ACCORDANCE WITH FEDERAL REGULATIONS. THE HOSPITAL ALSO MAINTAINS A CANCER REGISTRY AND DATABASE.</p> |

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|--|--|--|
|  |  | <p>FINANCIAL AND IN-KIND SERVICES AND GOODS ARE DONATED TO COMMUNITY GROUPS AND OTHER NOT FOR PROFIT ORGANIZATIONS INCLUDING PATIENT MEALS, LOCAL FUNDRAISERS, FACILITY SPACE TO HOST BLOOD DRIVES AND HEALTH SUPPORT GROUPS ORGANIZATIONS' MEETINGS. FOR EXAMPLE, THE HOSPITAL PROVIDES FREE MEETING SPACE FOR MEETINGS OF THE ACOA SUPPORT GROUP FOR ADULT CHILDREN OF ALCOHOLICS, AL-ANON, ALCOHOLICS ANONYMOUS, NOT SO TYPICAL AUTISM SUPPORT GROUP, BRAIN INJURY ALLIANCE OF CT, MULTIPLE SCLEROSIS SOCIETY CAREGIVERS, NARCOTICS ANONYMOUS, NATIONAL ALLIANCE ON MENTAL ILLNESS, OLDER ADULTS RECOVERY &amp; SUPPORT GROUP, AND SWEET TALK DIABETES SUPPORT GROUP.</p> <p>THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY, INCLUDING HAVING A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NOT EMPLOYEES OR INDEPENDENT CONTRACTORS, AND EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALISTS.</p>  |
| <p>SCHEDULE H, PART VI,<br/>LINE 6</p> | <p>DESCRIPTION OF<br/>AFFILIATED GROUP</p> | <p>MANCHESTER MEMORIAL HOSPITAL (MMH) IS AN AFFILIATE OF EASTERN CONNECTICUT HEALTH NETWORK (ECHN), A HEALTH CARE SYSTEM SERVING 19 TOWNS IN EASTERN CONNECTICUT. THE ECHN NETWORK OF AFFILIATES INCLUDES:</p> <p>MANCHESTER MEMORIAL HOSPITAL, A COMMUNITY HOSPITAL LICENSED FOR 249 BEDS AND 34 BASSINETS, THAT OFFERS MEDICAL AND SURGICAL SERVICES, 24-HOUR EMERGENCY CARE, MEDICAL IMAGING, A MODERN FAMILY BIRTHING CENTER AND NEONATOLOGY SERVICES, REHABILITATION SERVICES, A CERTIFIED SLEEP DISORDERS CENTER, INTENSIVE CARE SUITES, A WOUND HEALING CENTER WITH HYPERBARIC THERAPY, HOSPICE CARE, DIABETES SELF-MANAGEMENT PROGRAM, CARDIAC &amp; PULMONARY REHABILITATION, A COMPREHENSIVE RANGE OF ADOLESCENT AND ADULT INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, NUTRITION COUNSELING, LABORATORY SERVICES, MEDICAL EDUCATION (FAMILY MEDICINE RESIDENCY &amp; INTERNSHIP PROGRAM; UNECOM MEDICAL STUDENTS; AND CONTINUING EDUCATION) AND THE EASTERN CONNECTICUT CANER INSTITUTE AT THE JOHN A. DEQUATTRO CANCER CENTER.</p> <p>ROCKVILLE GENERAL HOSPITAL, A COMMUNITY HOSPITAL LICENSED FOR 102 BEDS, THAT OFFERS INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL SERVICES, AMBULATORY (ONE-DAY) SURGERY, 24-HOUR EMERGENCY CARE, MEDICAL IMAGING, CARDIAC &amp; PULMONARY REHABILITATION, PHYSICAL REHABILITATION, HOSPICE CARE, A MATERNITY CARE CENTER, OUTPATIENT ADOLESCENT BEHAVIORAL HEALTH SERVICES, AND LABRATORY SERVICES.</p> <p>WOODLAKE AT TOLLAND, A 130-BED LONG-TERM SKILLED NURSING CARE AND SHORT-TERM REHABILITATION FACILITY THAT OFFERS CUSTOMIZED REHABILITATION TREATMENT SERVICES INCLUDING JOINT REPLACEMENT REHABILITATION, ORTHOPEDIC POST-HOSPITAL CARE, STROKE/NEUROLOGICAL REHAB, POST MEDICAL/SURGICAL RECONDITIONING, PRE-DISCHARGE HOME EVALUATIONS, PATIENT AND FAMILY INSTRUCTION, AND PERSONALIZED, PROGRESSIVE, AND INTERDISCIPLINARY CARE PLANS.</p> <p>EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. (ECMPF), A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE THAT OFFERS A FULL RANGE OF HEALTHCARE SERVICES, INCLUDING PRIMARY AND SPECIALTY CARE IN THE TOWNS OF EAST HARTFORD, ELLINGTON, MANCHESTER, SOUTH WINDSOR, TOLLAND AND VERNON/ROCKVILLE. GLASTONBURY WELLNESS CENTER COMBINES FITNESS AND MEDICAL SERVICES UNDER ONE ROOF, INCLUDING PHYSICIAN PRACTICES, LABORATORY DRAW SERVICES, MEDICAL IMAGING DIAGNOSTIC SERVICES, AND REHABILITATION SERVICES.</p> <p>ECHN MEDICAL BUILDINGS AT EVERGREEN WALK (SOUTH WINDSOR): 2400 TAMARACK AVENUE OCCUPANTS INCLUDE EVERGREEN ENDOSCOPY CENTER, CENTRAL CONNECTICUT GASTROENTEROLOGY, THE COLON &amp; RECTAL SURGEONS OF GREATER HARTFORD, ECMPF PRIMARY CARE PHYSICIANS, RHEUMATOLOGY PHYSICIANS, WALDEN BEHAVIORAL CARE EATING DISORDERS CLINIC, ACCLAIM BEHAVIORAL SERVICES, LLC, AND LABORATORY SERVICES.</p> <p>2600 TAMARACK AVENUE INCLUDES THE WOMEN'S CENTER FOR WELLNESS, ECHN BREAST CARE COLLABORATIVE, AND THE OB/GYN GROUP OF EASTERN CONNECTICUT. THE CONFERENCE ROOM IS USED FOR COMMUNITY PROGRAMS.</p> <p>2800 TAMARACK AVENUE HOUSES EVERGREEN IMAGING CENTER, ECHN REHABILITATION SERVICES, A LABORATORY DRAW STATION, AND A SERIES OF MEDICAL PRACTICES (INCLUDING ORTHOPEDIC SURGERY, OPHTHALMOLOGY, AND OTOLARYNGOLOGY), CORPCARE, AND SOUTH WINDSOR URGENT CARE.</p> <p>ECHN MANCHESTER MEDICAL OFFICE BUILDINGS: 150 NORTH MAIN STREET OFFERS A VARIETY OF ADULT BEHAVIORAL HEALTH SERVICES. 130 HARTFORD ROAD, OFFERING PRIMARY CARE AND LABORATORY SERVICES.</p> <p>VISITING NURSE &amp; HEALTH SERVICES OF CONNECTICUT, PROVIDES AT-HOME NURSING CARE AND HOSPICE CARE.</p> |

| Return Reference               | Identifier                                     | Explanation   |
|--------------------------------|--|---|
|                                |  | ECHN HAS 391 PHYSICIANS (303 ACTIVE, 41 COURTESY, 13 CONSULTING, 34 PART-TIME), 92 ALLIED HEALTH PROFESSIONALS, 10 MEDICAL DEPARTMENTS AND 16 SERVICES AS WELL AS 15 UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE THIRD-YEAR MEDICAL STUDENTS AVAILABLE TO CARE FOR THE COMMUNITY. |
| SCHEDULE H, PART VI,<br>LINE 7 | STATE FILING OF<br>COMMUNITY BENEFIT<br>REPORT | CT  |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MANCHESTER MEMORIAL HOSPITAL

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Employer identification number

06-0646710

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input 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? . . . . . **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**
- 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? . . . . . **5a**
- b** Any related organization? . . . . . **5b**
- 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? . . . . . **6a**
- b** Any related organization? . . . . . **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

|           | Yes                                 | No                                  |
|-----------|-------------------------------------|-------------------------------------|
| <b>1a</b> |                                     |                                     |
| <b>1b</b> |                                     |                                     |
| <b>2</b>  |                                     |                                     |
| <b>3</b>  |                                     |                                     |
| <b>4a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4b</b> | <input checked="" type="checkbox"/> |                                     |
| <b>4c</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>7</b>  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  |                                     | <input checked="" type="checkbox"/> |
| <b>9</b>  |                                     |                                     |

**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                  | PETER J KARL<br>PRESIDENT AND CEO                             | (i)  | 568,446                             | 250,000                             | 0  | 90,028                  | 22,090                          | 930,564   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 2                  | MICHAEL D VEILLETTE<br>SVP, CHIEF FINANCIAL OFFICER           | (i)  | 313,019                             | 43,750                              | 0  | 37,264                  | 18,863                          | 412,896   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 3                  | MARY POWERS<br>SVP, PATIENT CARE SERVICES                     | (i)  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
|                    |   | (ii)   | 198,620                             | 0                                   | 0  | 3,074                   | 7,531                           | 209,225   | 0 |
| 4                  | DEBORAH R GOGLIETTINO<br>SVP, HUMAN RESOURCES (TERM 1/1/15)   | (i)  | 226,101                             | 43,750                              | 0  | 21,368                  | 14,655                          | 305,874   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 5                  | DENNIS P MCCONVILLE<br>SVP, STRATEGIC PLANNING                | (i)  | 206,835                             | 43,750                              | 0  | 19,405                  | 9,802                           | 279,792   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 6                  | DEBORAH A PARKER<br>EVP, CHIEF CLINICAL OFFICER (TERM 5/1/15) | (i)  | 332,915                             | 0                                   | 0  | 30,235                  | 15,112                          | 378,262   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 7                  | JOEL REICH, MD<br>SVP, MEDICAL AFFAIRS                        | (i)  | 335,380                             | 43,750                              | 0  | 31,045                  | 14,859                          | 425,034   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 8                  | LEONA CROSSKEY<br>VP, QUALITY (TERM 4/4/15)                   | (i)  | 145,550                             | 0                                   | 0  | 2,380                   | 13,891                          | 161,821   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 9                  | ROBERT CARROLL, MD<br>MED DIR, EMERGENCY DEPARTMENT           | (i)  | 373,263                             | 0                                   | 0  | 5,200                   | 18,563                          | 397,026   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 10                 | JOYCE A TICHY<br>GENERAL COUNSEL                              | (i)  | 272,668                             | 43,750                              | 0  | 25,520                  | 18,563                          | 360,501   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 11                 | OSMAN QURESHI<br>CHAIRMAN OF PSYCHIATRY AND MEDICAL DIRECTOR  | (i)  | 378,364                             | 0                                   | 0  | 3,548                   | 20,680                          | 402,592   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 12                 | THEODORE SHERRY<br>EMERGENCY DEPT PHYSICIAN                   | (i)  | 360,706                             | 0                                   | 0  | 5,022                   | 22,579                          | 388,307   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 13                 | MATTHEW CAUCHON<br>EMERGENCY DEPT PHYSICIAN                   | (i)  | 312,781                             | 17,500                              | 0  | 5,200                   | 18,562                          | 354,043   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 14                 | ENOCH DARKO<br>EMERGENCY DEPT PHYSICIAN                       | (i)  | 325,105                             | 0                                   | 0  | 5,006                   | 18,563                          | 348,674   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 15                 | ANDREAS J BOJKO<br>EMERGENCY DEPT PHYSICIAN                   | (i)  | 321,521                             | 0                                   | 0  | 5,018                   | 22,579                          | 349,118   | 0 |
|                    |   | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 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 3  | ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION | <p>THE BOARD OF TRUSTEES (THE "BOARD") APPOINTS AN EXECUTIVE COMPENSATION COMMITTEE (THE "COMMITTEE") AND HAS DELEGATED THE RESPONSIBILITY OF COMPLETING AN ANNUAL MARKET ANALYSIS OF THE CEO'S COMPENSATION AND OTHER SENIOR EXECUTIVES AND COMPLETION OF THE CEO'S ANNUAL PERFORMANCE REVIEW.</p> <p>THE EVALUATION OF THE CEO IS AN IMPORTANT RESPONSIBILITY OF THE BOARD AND IS CRITICAL TO THE GOVERNANCE RESPONSIBILITIES OF THE BOARD. THE EXECUTIVE COMPENSATION COMMITTEE SOLICITS FEEDBACK ABOUT THE PERFORMANCE OF THE CEO FROM EVERY ACTIVE BOARD MEMBER WHICH WHEN RECEIVED IS ANALYZED AND REVIEWED BY THE MEMBERS OF THE COMMITTEE. THE CEO COMPLETES A SELF-EVALUATION AND AN EVALUATION FOR ALL ELIGIBLE MEMBERS OF THE SENIOR LEADERSHIP TEAM, WHO COMPLETE BOTH A SELF-EVALUATION AND A PEER EVALUATION. THE RESULTS OF THE ASSESSMENTS COMPLETED BY MEMBERS OF THE SENIOR LEADERSHIP TEAM ARE REVIEWED BY THE CEO WHO DISCUSSES THE RESULTS WITH THE MEMBERS OF THE COMMITTEE ON AN ANNUAL BASIS.</p> <p>THE EXECUTIVE COMPENSATION COMMITTEE IN COLLABORATION WITH THE CEO EVALUATES AND APPROVES ORGANIZATIONAL PERFORMANCE OBJECTIVES BOTH ON AN ANNUAL AND LONG TERM BASIS AND FOCUSES ON THOSE GOALS WITH THE GREATEST IMPACT TO THE ORGANIZATION'S STRATEGY AND MISSION. THE COMMITTEE ENSURES AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE IN RELATION TO THESE GOALS; REVIEWS THE TALLY SHEETS TO UNDERSTAND THE ECONOMICS OF THE EMPLOYEE BENEFITS; RETAINS AND ENSURES THE INDEPENDENCE OF ITS EXTERNAL CONSULTANTS AND ADVISORS AND INVOLVES RELEVANT ORGANIZATIONAL RESOURCES AS APPROPRIATE TO CARRY OUT ITS RESPONSIBILITIES.</p> <p>THE COMMITTEE ENSURES TRANSPARENCY AND DISCLOSURE TO THE BOARD BY PRESENTING THE RESULTS OF THE ANNUAL PERFORMANCE AND MARKET REVIEWS PROVIDING THE BOARD WITH THE OPPORTUNITY FOR FURTHER INPUT AND CONSIDERATION AND ASKING THAT THE BOARD TAKE ACTION ON THE RECOMMENDATION OF THE COMMITTEE IF THE RECOMMENDATION IS APPROPRIATE. THE BOARD HAS THE OPPORTUNITY TO CHANGE ANY RECOMMENDATIONS OF THE COMMITTEE IF IT SO DESIRES. MEMBERS OF THE BOARD AND OF THE COMMITTEE WHO MAY BE INTERESTED PARTIES ARE ASKED TO RECUSE THEMSELVES FROM ANY REQUIRED VOTES TO AVOID CONFLICTS OF INTEREST. THE COMMITTEE ENSURES THAT THE PROCESS MEETS COMPLIANCE STANDARDS.</p> |
| SCHEDULE J, PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN                                | <p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:</p> <p>PETER KARL - \$84,825<br/> MICHAEL VEILLETTE - \$32,300<br/> DEBORAH GOGLIETTINO - \$17,663<br/> DEBORAH PARKER - \$25,035<br/> DENNIS MCCONVILLE - \$15,975<br/> JOEL REICH - \$25,845<br/> JOYCE TICHY - \$21,000</p>   |
| SCHEDULE J, PART I, LINE 5  | 5A, 5B, 6A, 6B   | <p>THE ECHN EXECUTIVE INCENTIVE COMPENSATION PLAN IS A PLAN THAT HAS BEEN DEVELOPED, REVIEWED AND IS ANNUALLY APPROVED BY MEMBERS OF THE BOARD EXECUTIVE COMPENSATION COMMITTEE WITH CONSULTANT THIRD PARTY OVERSIGHT.</p> <p>THE PLAN ESTABLISHES GOALS IN 4 AREAS OF PERFORMANCE: SYSTEM-WIDE FINANCIAL PERFORMANCE BASED ON PROFIT FROM OPERATIONS, TWO QUALITY OUTCOMES IN CLINICAL CORE MEASURES AND PATIENT SATISFACTION AND AN INDIVIDUAL GOAL (WHICH HAS A SEPARATE MEASUREMENT FOR TEAM ASSESSMENT) FOR EACH MEMBER OF THE INCENTIVE PROGRAM.</p> <p>THERE IS NO EXECUTIVE COMPENSATION TIED TO THE REVENUES OF THE REPORTING ORGANIZATION OR OTHER RELATED ENTITIES. THERE IS EXECUTIVE COMPENSATION TIED TO THE NET EARNINGS (INCOME FROM OPERATIONS), AS NOTED IN THE PRIOR PARAGRAPH, HOWEVER IT IS ONE OF FOUR PERFORMANCE LEVERS THAT DETERMINE THE LEVEL OF COMPENSATION. THE AGGREGATE NET EARNINGS OF THE ECHN "SYSTEM" NOT ANY ONE REPORTING ORGANIZATION OR RELATED ENTITIES OF ECHN DETERMINE THIS COMPENSATION. SO TO CONCLUDE, THE ANSWER TO THESE 4 QUESTIONS IS "NO" WITH THE CLARIFICATION THAT IT IS THE PERFORMANCE OF THE ENTIRE SYSTEM AS A WHOLE THAT DETERMINES EXECUTIVE COMPENSATION, NOT ONE REPORTING ORGANIZATION OR A RELATED ENTITY.</p> <p>MEMBERS OF THE INCENTIVE PROGRAM INCLUDE THE FOLLOWING:</p> <p>POSITION TITLE - KEY EMPLOYEE NAME<br/> PRESIDENT AND CEO - PETER J. KARL<br/> SVP, CHIEF FINANCIAL OFFICER - MICHAEL D. VEILLETTE<br/> SVP, HUMAN RESOURCES - DEBORAH GOGLIETTINO<br/> SVP, STRATEGIC PLANNING - DENNIS MCCONVILLE<br/> SVP, CHIEF CLINICAL OFFICER - DEBORAH PARKER<br/> SVP, MEDICAL AFFAIRS - JOEL REICH, M.D.<br/> SVP, GENERAL COUNSEL - JOYCE TICHY</p>   |

| Return Reference    | Identifier | Explanation   |
|---------------------|------------|---|
| SCHEDULE J, PART II | PART II    | <p>THE SALARY INFORMATION PROVIDED WITHIN SCHEDULE J REPRESENTS CALENDAR YEAR 2014 WAGES AND BENEFITS. AS COMPARED TO THE PRIOR YEAR RETURN, THE MAJOR CHANGES ARE:</p> <p>THE LONG TERM RETENTION BENEFIT REACHED MATURITY IN 2013 UPON THE COMPLETION OF THE FOUR YEAR VESTING PERIOD. THIS BENEFIT WAS PAID IN 2013 AND WAS FOR VESTING YEARS ENDED 9/30/10, 9/30/11, 9/30/12 AND 9/30/13. THE FOUR VESTED YEARS WERE REPORTED AS DEFERRED INCOME IN PRIOR RETURNS ON SCHEDULE J – LINE F (COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990).</p> |

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

MANCHESTER MEMORIAL HOSPITAL

Employer identification number

06-0646710

**Part I Bond Issues**

|          | (a) Issuer name  | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|          |  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> | STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES C | 06-0806186     | 20774UAZ8   | 11/09/2005      | 37,579,404      | (SEE STATEMENT)            |              | ✓  |                         | ✓  |                      | ✓  |
| <b>B</b> | STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES D | 06-0806186     | NONEAVAIL   | 05/14/2009      | 15,250,000      | (SEE STATEMENT)            |              | ✓  |                         | ✓  |                      | ✓  |
| <b>C</b> | STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES E | 06-0806186     | 20774U5W1   | 12/21/2010      | 20,145,000      | (SEE STATEMENT)            |              | ✓  |                         | ✓  |                      | ✓  |
| <b>D</b> |  |                |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|  | A          | B          | C          | D  |
|--|------------|------------|------------|----|
| <b>1</b> Amount of bonds retired . . . . .   | 0          |            | 0          |    |
| <b>2</b> Amount of bonds legally defeased . . . . .  | 0          |            | 0          |    |
| <b>3</b> Total proceeds of issue . . . . .   | 37,579,404 | 15,250,000 | 20,145,000 |    |
| <b>4</b> Gross proceeds in reserve funds . . . . .   | 3,556,957  |            | 0          |    |
| <b>5</b> Capitalized interest from proceeds . . . . .  | 0          |            | 0          |    |
| <b>6</b> Proceeds in refunding escrows . . . . .   | 32,759,288 | 9,966,919  | 17,048,821 |    |
| <b>7</b> Issuance costs from proceeds . . . . .  | 632,013    | 305,000    | 402,900    |    |
| <b>8</b> Credit enhancement from proceeds . . . . .  | 631,146    |            | 92,225     |    |
| <b>9</b> Working capital expenditures from proceeds . . . . .  | 0          |            | 0          |    |
| <b>10</b> Capital expenditures from proceeds . . . . .   | 0          | 4,978,081  | 0          |    |
| <b>11</b> Other spent proceeds . . . . .   | 0          |            | 1,536,052  |    |
| <b>12</b> Other unspent proceeds . . . . .   | 0          |            | 0          |    |
| <b>13</b> Year of substantial completion . . . . .   | 2006       | 2009       | 2011       |    |
|  | Yes        | No         | Yes        | No |
| <b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .  |            | ✓          | ✓          |    |
| <b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .   | ✓          |            | ✓          |    |
| <b>16</b> Has the final allocation of proceeds been made? . . . . .  | ✓          |            | ✓          |    |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | ✓          |            | ✓          |    |

**Part III Private Business Use**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | ✓  |     | ✓  |     | ✓  |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | ✓  |     | ✓  |     | ✓  |     |    |

**Part III Private Business Use (Continued)**

|   | A   |        | B   |        | C   |        | D   |    |
|---|-----|--------|-----|--------|-----|--------|-----|----|
|   | Yes | No     | Yes | No     | Yes | No     | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | ✓      |     | ✓      |     | ✓      |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |        |     |        |     |        |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | ✓      |     | ✓      |     | ✓      |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |     |        |     |        |     |        |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶  |     | 0.00 % |     | 0.00 % |     | 0.00 % |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶ |     | 0.00 % |     | 0.00 % |     | 0.00 % |     | %  |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     | 0.00 % |     | 0.00 % |     | 0.00 % |     | %  |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | ✓      |     | ✓      |     | ✓      |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?  |     | ✓      |     | ✓      |     | ✓      |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .  |     |        |     |        |     |        |     | %  |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     |        |     |        |     |        |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                         |     | ✓      |     | ✓      |     | ✓      |     |    |

**Part IV Arbitrage**

|  | A   |    | B       |    | C   |    | D   |    |
|--|-----|----|---------|----|-----|----|-----|----|
|  | Yes | No | Yes     | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .    |     | ✓  |         | ✓  |     | ✓  |     |    |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .   |     |    |         |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .   |     | ✓  |         | ✓  |     | ✓  |     |    |
| <b>b</b> Exception to rebate? . . . . .  |     | ✓  |         | ✓  |     | ✓  |     |    |
| <b>c</b> No rebate due? . . . . .  | ✓   |    | ✓       |    | ✓   |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                    |     |    |         |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .  |     | ✓  | ✓       |    | ✓   |    |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . . |     | ✓  | ✓       |    |     | ✓  |     |    |
| <b>b</b> Name of provider . . . . .  |     |    | TD BANK |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .   |     |    | 5.0     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .  |     |    | ✓       |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? . . . . .   |     |    | ✓       |    |     |    |     |    |



## Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference               | Identifier  | Explanation  |
|--------------------------------|---|--|
| SCHEDULE K, PART I, COLUMN (F) | DESCRIPTION OF PURPOSE<br>ISSUER NAME: STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES C | ADVANCE REFUND AND DEFEASE A PORTION OF THE SERIES 2000A BONDS (C)   |
| SCHEDULE K, PART I, COLUMN (F) | DESCRIPTION OF PURPOSE<br>ISSUER NAME: STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES D | WOODLAKE EXPANSION, EQUIPMENT PURCHASE, REFUNDING PRIOR ISSUE (SER D)  |
| SCHEDULE K, PART I, COLUMN (F) | DESCRIPTION OF PURPOSE<br>ISSUER NAME: STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES E | REDEEM PRIOR ISSUE AND FUND INTEREST RATE SWAP TERMINATION PAYMENTS  |
| SCHEDULE K, PART III           | SUPPLEMENTAL INFORMATION  | <p>THE HEDGE SWAP ARRANGEMENT FOR THE SERIES D ISSUE WAS TERMINATED IN MAY 2014.</p> <p>THE SERIES D ISSUE WAS REISSUED ON MARCH 11, 2015 FOR \$13,615,000 AND REISSUED AGAIN ON JULY 31, 2015 FOR \$13,477,000. THIS REPRESENTED A REISSUANCE OF THE BONDS. NO PROCEEDS WERE REALIZED FROM THE DELIVERY OF THE ISSUE.</p> <p>THE SERIES C BONDS WERE ISSUED AFTER 12/31/02 TO REFUND BONDS ISSUED BEFORE 1/1/03. AS A RESULT, LINES 1 - 9 OF PART III ARE NOT REQUIRED TO BE COMPLETED.</p> <p>THE \$1,536,052 ON LINE 11 COLUMN C REPRESENTS THE FEES TO TERMINATE THE HEDGES/SWAPS.</p> <p>\$1,065,000 OF THE SERIES E BONDS WERE CALLED FOR REDEMPTION PRIOR TO MATURITY ON OCTOBER 3, 2011.</p> |
| SCHEDULE K, PART IV, LINE 2C   | REBATE CALCULATION  | ISSUER NAME: STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES C<br>THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 11/09/2014   |
| SCHEDULE K, PART IV, LINE 2C   | REBATE CALCULATION  | ISSUER NAME: STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES D<br>THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 03/11/2015   |
| SCHEDULE K, PART IV, LINE 2C   | REBATE CALCULATION  | ISSUER NAME: STATE OF CONNECTICUT HEALTH & EDL FACS AUTH REV SERIES E<br>THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/21/2014   |

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

**Open To Public Inspection**

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

Name of the organization

MANCHESTER MEMORIAL HOSPITAL

Employer identification number

06-0646710

**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)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Total** . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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



**Part IV****Business Transactions Involving Interested Persons** (continued)

| (a) Name of interested person               | (b) Relationship between interested person and the organization                 | (c) Amount of transaction | (d) Description of transaction   | (e) Sharing of organization's revenues? |    |
|---|---|---------------------------|--|---|----|
|   |   |                           |  | Yes                                     | No |
| (1) DR. DENNIS O'NEILL & DR. MICHELE CONLON | DRS. O'NEILL AND CONLON, MMH TRUSTEES, EACH OWN MORE THAN 5% OF ECPC.           | \$416,760                 | ECHN, INC. CONTRACTS WITH EASTERN CONNECTICUT PATHOLOGY CONSULTANTS, PC (ECPC), TO PROVIDE PATHOLOGY SERVICES AND LAB MANAGEMENT SERVICES TO MMH AND RGH. ALL PAYMENTS MADE TO ECPC ARE FOR PURPOSES OF OPERATING THE BUSINESS AND MAINTAINING OPERATING CASHFLOW. PAYMENTS ARE NOT DIRECTLY TO ANY OF THE OWNERS. |   | ✓  |
| (2) KATHLEEN O'NEILL                        | MMH TRUSTEE AND FAMILY MEMBER OF DR. DENNIS O'NEILL, TRUSTEE FOR ALL AFFILIATES | \$0                       | ECHN TRUSTEE AND THE WIFE OF DR. DENNIS O'NEILL, TRUSTEE FOR ALL AFFILIATES, WHO HAS A REPORTABLE TRANSACTION AS NOTED ABOVE.  |   | ✓  |
| (3) ANTHONY DISTEFANO, MD                   | FORMER MMH TRUSTEE AND SPOUSE OF LIZANNE DISTEFANO, RGH EMPLOYEE                | \$0                       | LIZANNE DISTEFANO, SPOUSE, IS EMPLOYED BY ROCKVILLE GENERAL HOSPITAL (RGH), AN AFFILIATE OF ECHN. SALARY PAID TO LIZANNE DISTEFANO AS AN EMPLOYEE OF RGH. SALARY OF \$17,773 WAS PAID BY RGH.  |   | ✓  |
| (4) WILSON VEGA                             | FORMER MMH TRUSTEE AND PRESIDENT OF CONNECTICUT BUSINESS SYSTEMS (CBS).         | \$276,753                 | ECHN, INC. CONTRACTS WITH CBS TO PROVIDE COPIER SERVICES TO MMH AND RGH.   |   | ✓  |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

MANCHESTER MEMORIAL HOSPITAL

Employer identification number

06-0646710

**Part I Types of Property**

|    | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----|-------------------------------|--|--|--|
| 1  |                               |  |  |  |
| 2  |                               |  |  |  |
| 3  |                               |  |  |  |
| 4  |                               |  |  |  |
| 5  |                               |  |  |  |
| 6  |                               |  |  |  |
| 7  |                               |  |  |  |
| 8  |                               |  |  |  |
| 9  |                               |  |  |  |
| 10 |                               |  |  |  |
| 11 |                               |  |  |  |
| 12 |                               |  |  |  |
| 13 |                               |  |  |  |
| 14 |                               |  |  |  |
| 15 |                               |  |  |  |
| 16 |                               |  |  |  |
| 17 |                               |  |  |  |
| 18 |                               |  |  |  |
| 19 |                               |  |  |  |
| 20 | ✓                             | 1  | 30,259   | COST   |
| 21 |                               |  |  |  |
| 22 |                               |  |  |  |
| 23 |                               |  |  |  |
| 24 |                               |  |  |  |
| 25 |                               |  |  |  |
| 26 |                               |  |  |  |
| 27 |                               |  |  |  |
| 28 |                               |  |  |  |

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

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | ✓  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .   |     | ✓  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |     | ✓  |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**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  
**MANCHESTER MEMORIAL HOSPITAL**

Employer Identification Number  
**06-0646710**

| Return Reference            | Identifier   | Explanation   |
|-----------------------------|--|---|
| FORM 990, PART III, LINE 4D | DESCRIPTION OF OTHER PROGRAM SERVICES                        | (EXPENSES \$92,993,645 INCLUDING GRANTS OF )(REVENUE \$115,186,827)<br>SEE SCHEDULE H, PART VI  |
| FORM 990, PART VI, LINE 2   | FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS     | DENNIS O'NEILL AND MICHELE CONLON - BUSINESS RELATIONSHIP<br>KATHLEEN O'NEILL AND DENNIS O'NEILL - FAMILY RELATIONSHIP  |
| FORM 990, PART VI, LINE 6   | CLASSES OF MEMBERS OR STOCKHOLDERS                           | ECHN IS THE SOLE MEMBER OF THE ORGANIZATION.  |
| FORM 990, PART VI, LINE 7A  | MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY   | ECHN HAS THE AUTHORITY TO ELECT TRUSTEES AND OFFICERS AND APPOINT COMMITTEE MEMBERS.  |
| FORM 990, PART VI, LINE 7B  | DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS      | ECHN HAS VARIOUS POWERS INCLUDING BUT NOT LIMITED TO: APPROVING ALL OPERATING AND CAPITAL BUDGETS, CONTROLLING THE INVESTMENT OF FUNDS, LOCATION OF SERVICES, AGREEMENTS AND TRANSACTIONS, AFFILIATIONS, CHANGES, AMENDMENTS, OR RESTATEMENTS OF CERTIFICATES OF INCORPORATION AND BYLAWS, ADOPTING A SYSTEM-WIDE VISION AND STRATEGIC PLANS, AND APPROVING DEBT BORROWINGS.  |
| FORM 990, PART VI, LINE 11B | REVIEW OF FORM 990 BY GOVERNING BODY                         | PRIOR TO FILING THE 990, THE FOLLOWING STEPS ARE TAKEN: 1) THE ACCOUNTING MANAGER, TOGETHER WITH OTHER MEMBERS OF THE FINANCE DEPARTMENT, CONDUCT A REVIEW OF THE 990 ALONG WITH A REVIEW AND RECONCILIATION OF THE 990 TO THE AUDITED FINANCIAL STATEMENTS; 2) THE ACCOUNTING MANAGER CONDUCTS AN EXTENSIVE REVIEW AND DISCUSSION OF THE 990 WITH THE CPA FIRM THAT PREPARES THE RETURN; 3) AN ELECTRONIC COPY OF THE 990 IS MADE AVAILABLE TO THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES (THE GOVERNING BOARD), AND SENIOR MANAGEMENT OF THE ORGANIZATION, FOR REVIEW.   |
| FORM 990, PART VI, LINE 12C | CONFLICT OF INTEREST POLICY                                  | ANNUALLY, THE CORPORATE COMPLIANCE/INTERNAL AUDIT DEPARTMENT PROVIDES TO OFFICERS, DIRECTORS, OR TRUSTEES AND KEY EMPLOYEES THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT. EACH INDIVIDUAL IS REQUIRED TO RETURN TO THE DEPARTMENT A SIGNED DOCUMENT, ACKNOWLEDGING RECEIPT OF THE POLICY AND DISCLOSURE STATEMENT AND DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. A SUMMARY OF THE DISCLOSURES IS SHARED WITH THE CHAIRMAN OF THE BOARD OF TRUSTEES AND WITH THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE BOARD. INDIVIDUALS WHO ARE IDENTIFIED AS HAVING A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODIES' DELIBERATIONS AND DECISIONS RELATED TO THE TRANSACTION. THE RETURNED STATEMENTS ARE RETAINED BY THE CORPORATE COMPLIANCE/INTERNAL AUDIT DEPARTMENT. |
| FORM 990, PART VI, LINE 15A | PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE COMPENSATION COMMITTEE TAKES THE FOLLOWING STEPS WITH AN INDEPENDENT COMPENSATION CONSULTANT (1) REVIEWS DATA RELATED TO CURRENT MARKET VALUES CONSISTENT FOR ORGANIZATION'S EXECUTIVES BY REVIEW OF COMPENSATION LEVELS AND PLANS CONSISTENT WITH HOSPITALS AND HEALTH SYSTEMS OF COMPARABLE SIZE AND LOCATION; (2) COMPLETES A REVIEW OF DATA ON CURRENT AND FUTURE PLANS FOR THE ORGANIZATION, INCLUDING STRUCTURE AND JOB DESCRIPTIONS; (3) REVIEWS AND APPROVES AND RECOMMENDS SALARY RANGES FOR EACH POSITION, ALONG WITH RELATED BENEFITS; (4) REVIEWS AND APPROVES A TIERED EXECUTIVE STRUCTURE WITH APPROPRIATE INCENTIVE OPPORTUNITY, BENEFITS AND COMPENSATION. THE LAST COMPENSATION REVIEW OCCURRED 3/19/2015.   |
| FORM 990, PART VI, LINE 15B | PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES         | THE COMPENSATION COMMITTEE TAKES THE FOLLOWING STEPS WITH AN INDEPENDENT COMPENSATION CONSULTANT (1) REVIEWS DATA RELATED TO CURRENT MARKET VALUES CONSISTENT FOR ORGANIZATION'S EXECUTIVES BY REVIEW OF COMPENSATION LEVELS AND PLANS CONSISTENT WITH HOSPITALS AND HEALTH SYSTEMS OF COMPARABLE SIZE AND LOCATION; (2) COMPLETES A REVIEW OF DATA ON CURRENT AND FUTURE PLANS FOR THE ORGANIZATION, INCLUDING STRUCTURE AND JOB DESCRIPTIONS; (3) REVIEWS AND APPROVES AND RECOMMENDS SALARY RANGES FOR EACH POSITION, ALONG WITH RELATED BENEFITS; (4) REVIEWS AND APPROVES A TIERED EXECUTIVE STRUCTURE WITH APPROPRIATE INCENTIVE OPPORTUNITY, BENEFITS AND COMPENSATION. THE LAST COMPENSATION REVIEW OCCURRED 3/19/2015.   |
| FORM 990, PART VI, LINE 19  | REQUIRED DOCUMENTS   | THE ORGANIZATION, WILL, UPON REQUEST, ALLOW FOR REVIEW OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND MOST RECENT   |

| Return Reference                               | Identifier                                   | Explanation   |              |                 |            |   |           |  |          |  |              |                                    |             |
|--|--|---|--------------|-----------------|------------|---|-----------|--|----------|--|--------------|------------------------------------|-------------|
|  | AVAILABLE TO THE PUBLIC                      | ANNUAL AUDITED FINANCIAL STATEMENTS AT AN OFFICE OF THE ORGANIZATION.   |              |                 |            |   |           |  |          |  |              |                                    |             |
| FORM 990, PART XI, LINE 9                      | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table border="1"> <thead> <tr> <th data-bbox="609 199 1339 241">(a) Description</th> <th data-bbox="1339 199 1528 241">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="609 241 1339 273">CHANGE IN BENEFICIAL INTEREST IN TRUST ASSETS</td> <td data-bbox="1339 241 1528 273">- 798,079</td> </tr> <tr> <td data-bbox="609 273 1339 304">NET CHANGE IN INTEREST RATE SWAP AGREEMENT</td> <td data-bbox="1339 273 1528 304">- 49,056</td> </tr> <tr> <td data-bbox="609 304 1339 336">PENSION AND POSTRETIREMENT RELATED ADJUSTMENTS</td> <td data-bbox="1339 304 1528 336">- 11,702,769</td> </tr> <tr> <td data-bbox="609 336 1339 378">NET TRANSFERS (TO) FROM AFFILIATES</td> <td data-bbox="1339 336 1528 378">- 4,044,296</td> </tr> </tbody> </table> |              | (a) Description | (b) Amount | CHANGE IN BENEFICIAL INTEREST IN TRUST ASSETS | - 798,079 | NET CHANGE IN INTEREST RATE SWAP AGREEMENT | - 49,056 | PENSION AND POSTRETIREMENT RELATED ADJUSTMENTS | - 11,702,769 | NET TRANSFERS (TO) FROM AFFILIATES | - 4,044,296 |
|  |  | (a) Description   | (b) Amount   |                 |            |   |           |  |          |  |              |                                    |             |
|  |  | CHANGE IN BENEFICIAL INTEREST IN TRUST ASSETS   | - 798,079    |                 |            |   |           |  |          |  |              |                                    |             |
|  |  | NET CHANGE IN INTEREST RATE SWAP AGREEMENT  | - 49,056     |                 |            |   |           |  |          |  |              |                                    |             |
|  |  | PENSION AND POSTRETIREMENT RELATED ADJUSTMENTS  | - 11,702,769 |                 |            |   |           |  |          |  |              |                                    |             |
| NET TRANSFERS (TO) FROM AFFILIATES             | - 4,044,296                                  |   |              |                 |            |   |           |  |          |  |              |                                    |             |
| CHANGE IN BENEFICIAL INTEREST IN TRUST ASSETS  | - 798,079                                    |   |              |                 |            |   |           |  |          |  |              |                                    |             |
| NET CHANGE IN INTEREST RATE SWAP AGREEMENT     | - 49,056                                     |   |              |                 |            |   |           |  |          |  |              |                                    |             |
| PENSION AND POSTRETIREMENT RELATED ADJUSTMENTS | - 11,702,769                                 |   |              |                 |            |   |           |  |          |  |              |                                    |             |
| NET TRANSFERS (TO) FROM AFFILIATES             | - 4,044,296                                  |   |              |                 |            |   |           |  |          |  |              |                                    |             |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MANCHESTER MEMORIAL HOSPITAL

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

06-0646710

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|--|----|
|   |   |  |                            |   |                                  | Yes  | No |
| (1) EASTERN CONNECTICUT HEALTH NETWORK, INC (22-2546079)<br>71 HAYNES STREET, MANCHESTER, CT 06040                  | INTEGRATED HEALTH CARE SYSTEM PARENT CO | CT   | 501(C)(3)                  | 11 TYPE III-FI                                      | N/A                              |  | ✓  |
| (2) ROCKVILLE GENERAL HOSPITAL (06-0653151)<br>31 UNION STREET, ROCKVILLE, CT 06066                                 | HOSPITAL                                | CT   | 501(C)(3)                  | 3   | ECHN                             | ✓  |    |
| (3) ECHN COMMUNITY HEALTHCARE FOUNDATION, INC (22-2546080)<br>71 HAYNES STREET, MANCHESTER, CT 06040                | FUUNDRISING/SUPP ORT                    | CT   | 501(C)(3)                  | 7   | ECHN                             | ✓  |    |
| (4) ECHN ELDERCARE SERVICE, INC (06-1149193)<br>26 SHENIPSIT LAKE ROAD, TOLLAND, CT 06084                           | SKILLED NURSING FACILITY                | CT   | 501(C)(3)                  | 9   | ECHN                             | ✓  |    |
| (5) EASTERN CONNECTICUT MEDICAL PROFESSIONAL FOUNDATION, INC (22-2546078)<br>71 HAYNES STREET, MANCHESTER, CT 06040 | PHYSICIAN SERVICES                      | CT   | 501(C)(3)                  | 3   | ECHN                             | ✓  |    |
| (6) VISITING NURSE & HEALTH SERVICES OF CT, INC (06-0646795)<br>8 KEYNOTE DRIVE, VERNON, CT 06066                   | HOME HEALTHCARE SERVICES                | CT   | 501(C)(3)                  | 9   | ECHN                             | ✓  |    |
| (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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|--|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |  |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) ECHN ENTERPRISE, INC (22-2546828)<br>71 HAYNES STREET, MANCHESTER, CT 06040                   | REAL ESTATE HOLDING                            | CT   | N/A                              | C CORPORATION                                    | N/A                          | N/A                                | N/A                         | ✓  |    |
| (2) HAYNES STREET PROPERTY MANAGEMENT, LLC (22-2546028)<br>71 HAYNES STREET, MANCHESTER, CT 06040 | REAL ESTATE PROPERTY MANAGEMENT                | CT   | N/A                              | C CORPORATION                                    | N/A                          | N/A                                | N/A                         | ✓  |    |
| (3) ECHN CORPORATE SERVICES (27-1596320)<br>71 HAYNES STREET, MANCHESTER, CT 06040                | BILLING AND OTHER PRACTICE MANAGEMENT SERVICES | CT   | N/A                              | C CORPORATION                                    | N/A                          | N/A                                | N/A                         | ✓  |    |
| (4) CONNECTICUT HEALTHCARE INSURANCE COMPANY (98-0623043)<br>PO BOX 1109, GRAND CAYMAN            | CAPTIVE INSURANCE                              | CAYMAN ISLANDS                                   | N/A                              | C CORPORATION                                    | N/A                          | N/A                                | N/A                         | ✓  |    |
| (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?

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

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

| (a)<br>Name of related organization             | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| HAYNES STREET PROPERTY MANAGEMENT               | K                             | 172,482                | MARKET VALUE                                 |
| (1) EASTERN CT MEDICAL PROFESSIONALS FOUNDATION | K                             | 105,159                | MARKET VALUE                                 |
| (2) EASTERN CT HEALTH NETWORK                   | L                             | 63,954                 | COST   |
| (3) ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  | M                             | 114,034                | COST   |
| (4) EASTERN CT HEALTH NETWORK                   | M                             | 19,344,309             | COST   |
| (5) (SEE STATEMENT)                             |                               |                        |  |
| (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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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<br>(state or foreign country) | (d) Direct controlling entity | (e) Predominant income<br>related, unrelated,<br>excluded from tax under<br>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) MEDICAL PRACTICE PARTNERS, LLC (27-1498877)<br>P.O. BOX 3830, VERNON, CT 06066 | BILLING AND PRACTICE MANAGEMENT SERVICES | CT   | N/A                           | N/A  | N/A                       | N/A                             |                                   |    | N/A   |                                  |    | N/A                      |

**Part V****Transactions with Related Organizations** (continued)

| (a) Name of other organization                   | (b) Transaction type (a-r) | (c) Amount Involved | (f) Method of determining amount involved |
|--|----------------------------|---------------------|---|
| (6) ECHN ELDERCARE SERVICES, INC.                | Q                          | 1,363,898           | CASH TRANSFER                             |
| (7) ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.   | Q                          | 1,089,607           | CASH TRANSFER                             |
| (8) EASTERN CT MEDICAL PROFESSIONALS FOUNDATION  | R                          | 4,405,594           | CASH TRANSFER                             |
| (9) VISITING NURSE & HEALTH SERVICES OF CT, INC. | Q                          | 16,367,757          | CASH TRANSFER                             |
| (10) EASTERN CT MEDICAL PROFESSIONALS FOUNDATION | J                          | 334,313             | MARKET VALUE                              |