

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury Internal Revenue Service

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

Name of exempt organization

Hartford Hospital

Employer identification number

06-0646668

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

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

Table with 5 rows (1a-5a) and 5 columns (Form type, Total revenue, Total tax, Tax based on investment income, Balance due) and corresponding amounts.

Part II Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] 8/5/14 Vice President, Finance
Signature of officer Date Title

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

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

Form section for ERO's signature, date (8/5/14), firm name (Hartford Hospital), address (80 Seymour Street, Hartford, CT 06102), and EIN (06-0646668).

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

Form section for Paid Preparer Use Only, including name (Wendy J. Clavin), signature, date (8/5/2014), firm name (Ernst & Young U.S. LLP), address (2005 Market St #700, Philadelphia, PA 19103), and phone number ((215) 448-5000).

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Other (specify below)

C Name of organization: **Hartford Hospital**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): **Room/suite**
80 Seymour Street, P.O. Box 5037
 City, town, or post office, state, and ZIP code: **Hartford, CT 06102-5037**

D Employer identification number: **06-0646668**

E Telephone number: **(860) 696-6200**

F Name and address of principal officer: **Stuart Markowitz M.D.**
80 Seymour Street, Hartford, CT 06102

G Gross receipts \$: **1,523,912,886.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates 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: **HARTHOSP.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1854** **M** State of legal domicile: **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **Hartford Hospital, founded in 1854, is one of the largest teaching hospitals and tertiary care**

2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	8335
6 Total number of volunteers (estimate if necessary)	6	1169
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,817,380.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-217,694.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	50,463,051.	44,343,052.
9 Program service revenue (Part VIII, line 2g)	994,234,347.	998,448,361.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)	21,910,378.	120,288,577.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,625,136.	12,521,021.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,078,232,912.	1,175,601,011.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	267,919.	185,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	597,207,276.	626,663,531.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	1,383,551.	1,383,551.
17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e)	409,536,237.	438,839,660.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,007,011,432.	1,065,688,191.
19 Revenue less expenses. Subtract line 18 from line 12	71,221,480.	109,912,820.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,326,505,378.	1,295,534,541.
21 Total liabilities (Part X, line 26)	765,877,368.	670,075,768.
22 Net assets or fund balances. Subtract line 21 from line 20	560,628,010.	625,458,773.

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: *Gerald J. Boisvert* Date: *8/4/14*

Type or print name and title: **Gerald J. Boisvert, Vice President, Finance**

Preparer

Print/Type preparer's name: **Wendy J. Clavin** Preparer's signature: *Wendy J. Clavin* Date: **08/05/14** Check if preparer is: PTIN **P00870950**

Firm's name: **Ernst & Young U.S. LLP** Firm's EIN: **34-6565596**

Firm's address: **2005 Market St #700 Philadelphia, PA 19103** Phone no.: **(215) 448-5000**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To offer comprehensive services in an environment where innovation and teaching are integral to care; where we are proud to serve all; where meeting the challenge of complex medical needs is viewed as a defining competency; and where quality and safety of care are a constant.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 92,355,352. including grants of \$) (Revenue \$ 91,031,196.) At the completion of Fiscal Year (FY)2013, there were 81 medical staff members in the Division of Cardiology, comprised of 13 hospital-employed faculty cardiologists, 56 private practice cardiologists, 6 full-time employed hospitalists, and three doctoral-level researchers. Four new physicians joined the full-time staff in FY 2013: The division received \$1,600,000 in research funding, including \$1,436,820 from industrial sources, \$99,667 from foundations and \$63,513 from internal grants.

The number of cardiology full-time equivalent employees in FY13 was 179. The number of medical cardiology non-ICU discharges was 4,425. The number of medical cardiology non-ICU patient days was 21,053. The

4b (Code:) (Expenses \$ 74,895,608. including grants of \$) (Revenue \$ 64,152,677.) The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. The most distinctive aspect of this year in regard to behavioral health, has been the roll out of the national dialogue on mental health which followed from the Sandy Hook Disaster. The IOL is proud to have played a role in the shaping of this dialogue through consultation with Vice President Biden's office and participation in numerous town hall panels, conferences and media appearances. Senior members of the IOL staff continued their efforts on the Governor's Sandy Hook Advisory Commission throughout the year. In response to Sandy Hook and the ensuing dialogue about mental health, the Connecticut legislature enacted a variety of provisions aimed at enhancing mental health services with a focus on early detection and

4c (Code:) (Expenses \$ 66,325,964. including grants of \$) (Revenue \$ 59,164,715.) Hartford Hospital Department of Surgery (DOS) has exhibited another year of progress for FY2013, excelling in multiple clinical and administrative areas. The attending staff consisted of the following: Active Staff 64; Courtesy 30; Consulting 7; Refer and Follow 13, and there were 101 Advanced Practitioners. The Department of Surgery is comprised of 12 Divisions. In 2013, the Department ranks were increased by 13 Active Medical Staff members.

Patient Care Activities - All Divisions within the Department of Surgery excelled within their clinical areas. Divisions include: Bariatric Surgery, Colorectal Surgery, Pediatric Surgery, Podiatric Surgery, Plastic surgery, Surgical Critical Care, Surgical Oncology,

4d Other program services (Describe in Schedule O.) (Expenses \$ 668,056,489. including grants of \$ 185,000.) (Revenue \$ 789,362,529.)

4e Total program service expenses 901,633,413.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 832		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8335		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: Bermuda See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a			15
b	Enter the number of voting members included in line 1a, above, who are independent		7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NH**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Carol Wardell - 860-696-6200**
80 Seymour Street, Hartford, CT 06102-5037

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeffrey Flaks Exec. VP and COO, HHC & Ex-Officio	30.00 30.00	X		X				856,801.	0.	160,788.
(2) Stacy R. Nerenstone Ex-Officio	2.00	X						0.	0.	0.
(3) Douglas G. Elliot Chair	3.00	X		X				0.	0.	0.
(4) Greg Deavens Director	2.00	X						0.	0.	0.
(5) Jeffry Nestler M.D. Ex-Officio	2.00	X						0.	0.	0.
(6) Andrew L. Salner M.D. Director Cancer Program and BOD	60.00	X		X				483,116.	0.	48,664.
(7) Joseph Henry Director (August 2013)	2.00	X						0.	0.	0.
(8) Gregory M. Jones Director	2.00	X						0.	0.	0.
(9) Roger Klene Director	2.00	X						0.	0.	0.
(10) David R. McHale Director	2.00	X						0.	0.	0.
(11) Jarrod B. Post Director	2.00	X						0.	0.	0.
(12) Magdalena Rodriguez Director	2.00	X						0.	0.	0.
(13) Westley V. Thompson Director	2.00	X						0.	0.	0.
(14) James M. Loree Director	2.00	X						0.	0.	0.
(15) Stuart Markowitz M.D. President and CEO & Ex-Officio	60.00	X		X				641,318.	0.	51,056.
(16) Rebecca Lobo Director	2.00	X						0.	0.	0.
(17) Joseph J. Klimek M.D. Vice President	60.00			X				549,668.	0.	23,076.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Harold I. Schwartz M.D. Vice President	60.00			X				576,090.	0.	141,396.
(19) Jamie M. Roche M.D. Vice President	60.00			X				420,352.	0.	80,160.
(20) Thomas J. Marchozzi Exec. VP & CFO	30.00 30.00			X				732,298.	0.	139,261.
(21) Wendy E. Elberth Vice President	60.00			X				279,894.	0.	44,254.
(22) Carol S. Garlick Vice President	60.00			X				213,808.	0.	38,010.
(23) Bimal Patel Vice President	60.00			X				327,199.	0.	35,316.
(24) Donna Handley Vice President	60.00			X				294,225.	0.	49,399.
(25) Yvette Melendez Vice President	60.00			X				280,265.	0.	31,228.
(26) Karen T. Goyette Vice President	60.00			X				240,219.	0.	44,820.
1b Sub-total								5,895,253.	0.	887,428.
c Total from continuation sheets to Part VII, Section A								22,134,508.	2,256,310.	3,059,900.
d Total (add lines 1b and 1c)								28,029,761.	2,256,310.	3,947,328.

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 **926**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Connecticut Health Center 263 Farmington Avenue, Farmington, CT 06030	Interns, Residents and Medical Services	23,747,922.
Downes Construction Company LLC 200 Stanley Street, New Britain, CT 06051	Construction	22,846,763.
FIP Construction Inc 10 Mckee Place, Cheshire, CT 06410	Construction	10,773,507.
Allscripts Healthcare LLC 24630 Network Place, Chicago, IL 60673	Software Support Services	8,125,913.
Connecticut Multispecialty Group PC 85 Seymour Street, Hartford, CT 06106	Medical Services	4,844,140.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		195

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Betsy Boatman Vice President	60.00			X				214,801.	0.	29,417.
(28) Rita Parisi Vice President	30.00 30.00			X				333,338.	0.	97,190.
(29) Lenworth Jacobs M.D. Vice President	60.00			X				3,706,565.	0.	76,475.
(30) Cheryl Ficara Vice President	60.00			X				311,651.	0.	64,528.
(31) Peter Q. Fraser Vice President	60.00			X				294,397.	0.	48,569.
(32) Gerald J. Boisvert VP & CFO	60.00			X				0.	0.	0.
(33) Carolyn Hoban Vice President	60.00			X				0.	0.	0.
(34) Orlando C. Kirton M.D. Dir. Surgery	60.00				X			618,526.	0.	93,208.
(35) Joel I. Sorosky M.D. Dir. Womens' Health	60.00				X			551,247.	0.	76,126.
(36) Paul Thompson M.D. Dir. Cardiology	60.00				X			1,939,027.	0.	157,731.
(37) Michael Lindberg M.D. Dir. Medicine	60.00				X			366,278.	0.	77,003.
(38) Vernon Y. Kwok M.D. Dir. Dental Clinic	60.00				X			231,792.	0.	25,457.
(39) Alan Laites Dir. Jefferson House	60.00				X			224,954.	0.	11,214.
(40) Christopher Clyne M.D. Dir. Electrophysiology	60.00				X			450,856.	0.	70,949.
(41) Karyn L. Butler M.D. Dir. Surg. Critical Care	60.00				X			396,986.	0.	69,982.
(42) Ikram Kureshi, M.D. Dir. Neurosurgery	60.00				X			187,907.	0.	0.
(43) Paul W. Crespi Dir. Managed Care Contract	60.00				X			414,670.	0.	75,015.
(44) Alan J. Smally M.D. Dir. ER Physicians	60.00				X			385,713.	0.	89,926.
(45) Patricia Sheiner M.D. Dir. Transplant	30.00 30.00				X			0.	913,486.	41,874.
(46) Robert Hagberg M.D. Dir. Cardiovascular Surger	30.00 30.00				X			0.	780,677.	33,180.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Steven Shichman M.D. Dir, Urology	30.00 30.00				X			0.	562,147.	71,675.
(48) Jeffrey Kluger M.D. Dir, of Arrhythmia Center	60.00					X		452,315.	0.	30,010.
(49) Steven L. Zweibel M.D. Dir, Electrophysiology	60.00					X		462,803.	0.	71,070.
(50) John F. Greene Jr, M.D. Co-Dir, WAHS	60.00					X		444,050.	0.	77,720.
(51) Charles J. Ingardia Dir, Maternal Fetal Medicine	60.00					X		1,187,289.	0.	32,041.
(52) Adam Borgida Dir, Maternal Fetal Medicine	60.00					X		382,035.	0.	63,801.
(53) Elliot T. Joseph Former-President & CEO	0.00						X	1,724,083.	0.	386,116.
(54) Neil Yeston M.D. Former - Vice President	0.00						X	573,654.	0.	93,495.
(55) Stephan O'Neill Former - Vice President	0.00						X	222,133.	0.	19,887.
(56) Rocco Orlando Former - Senior Vice President	0.00						X	631,237.	0.	157,512.
(57) Paul S. Besson Esq Former - Vice President	0.00						X	144,060.	0.	11,225.
(58) James M. Blazar Former - Vice President	0.00						X	520,609.	0.	120,638.
(59) Richard G. Stys Former - Vice President	0.00						X	474,611.	0.	112,551.
(60) Sonal Shah Former - Vice President	0.00						X	266,341.	0.	36,499.
(61) Michele B. Bush Esq Former - Vice President	0.00						X	438,245.	0.	30,268.
(62) Gary V. Heller M.D. Former - Director	0.00						X	374,038.	0.	63,339.
(63) Alfred Herzog M.D. Former-Vice President	0.00						X	122,831.	0.	8,937.
(64) Tracy A. Church Former - Vice President	0.00						X	469,838.	0.	108,760.
(65) Luis Taveras Former - Vice President	0.00						X	509,009.	0.	121,797.
(66) Kevin P. Keating M.D. Former - Director	0.00						X	372,937.	0.	76,455.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) Judith Pepe M.D. Former - Director	0.00						X	344,546.	0.	65,423.
(68) Robert S. Dicks M.D. Former - Director	0.00						X	205,599.	0.	62,253.
(69) Detlef Wencker M.D. Former - Director	0.00						X	380,709.	0.	60,231.
(70) Jonathan A. Hammond M.D. Former - Director	0.00						X	802,828.	0.	40,353.
Total to Part VII, Section A, line 1c								22,134,508.	2,256,3103,	059,900.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,423,432.				
	d Related organizations	1d	207,096.				
	e Government grants (contributions)	1e	31,080,275.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,632,249.				
	g Noncash contributions included in lines 1a-1f: \$		4,188,346.				
	h Total. Add lines 1a-1f		44,343,052.				
Program Service Revenue	Business Code						
	2 a Patient Care	624100	991,753,396.	991,753,396.			
	b Ref. Testing & Fees	621500	4,163,402.	2,700,106.	1,463,296.		
	c Free Bed Income	621400	2,287,771.	2,287,771.			
	d Sale of By Products	900099	241,937.	241,937.			
	e Library	541700	1,855.		1,855.		
	g Total. Add lines 2a-2f		998,448,361.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,235,755.			10,235,755.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	2,433,037.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	2,433,037.				
	d Net rental income or (loss)		2,433,037.			2,433,037.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	457,693,153.				
		(ii) Other	27,883.				
		b Less: cost or other basis and sales expenses	347,575,095.				
		c Gain or (loss)	110,118,058.				
	d Net gain or (loss)		110,052,822.			110,052,822.	
	8 a Gross income from fundraising events (not including \$ 1,423,432. of contributions reported on line 1c). See Part IV, line 18	a	220,323.				
		b Less: direct expenses	643,661.				
c Net income or (loss) from fundraising events			-423,338.			-423,338.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Inc. From Inv - Other		900003	7,080,136.	6,727,907.	352,229.		
b Cafeteria Income		722210	3,431,186.			3,431,186.	
c							
d All other revenue							
e Total. Add lines 11a-11d			10,511,322.				
12 Total revenue. See instructions.			1,175,601,011.	1,003,711,117.	1,817,380.	125,729,462.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	108,000.	108,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	77,000.	77,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,252,810.	10,445,654.	6,807,156.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,566,887.	3,029,534.	4,537,353.	
7 Other salaries and wages	430,157,188.	389,902,363.	39,230,680.	1,024,145.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,889,209.	54,661,421.	13,227,788.	
9 Other employee benefits	71,092,464.	57,601,728.	13,490,736.	
10 Payroll taxes	32,704,973.	26,818,078.	5,886,895.	
11 Fees for services (non-employees):				
a Management				
b Legal	651,595.	65,070.	586,525.	
c Accounting	366,852.		366,852.	
d Lobbying	111,310.		111,310.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,460,885.	1,460,885.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	68,286,773.	56,129,760.	12,157,013.	
12 Advertising and promotion	3,327,176.	168,831.	3,158,345.	
13 Office expenses	41,972,763.	27,735,268.	14,109,039.	128,456.
14 Information technology	760,360.	228,342.	498,720.	33,298.
15 Royalties				
16 Occupancy	26,120,260.	22,972,673.	3,147,587.	
17 Travel	1,344,206.	1,184,620.	158,924.	662.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	126,330.	84,210.	42,120.	
20 Interest	5,704,487.	4,131,562.	1,572,925.	
21 Payments to affiliates	14,766,187.	12,447,033.	2,319,154.	
22 Depreciation, depletion, and amortization	49,452,979.	35,074,025.	14,361,679.	17,275.
23 Insurance	9,487,937.	61,581.	9,426,356.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	139,288,611.	139,288,611.		
b Purchased Services	46,045,335.	31,421,786.	14,448,027.	175,522.
c Equipment & Ppty Maint	15,739,731.	13,430,932.	2,308,799.	
d Miscellaneous Expenses	7,942,548.	7,561,487.	381,061.	
e All other expenses	5,883,335.	5,542,959.	336,183.	4,193.
25 Total functional expenses. Add lines 1 through 24e	1,065,688,191.	901,633,413.	162,671,227.	1,383,551.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	67,549,972.	1	19,915,933.
	2	Savings and temporary cash investments	53,372,534.	2	13,806,708.
	3	Pledges and grants receivable, net	6,555,214.	3	5,080,340.
	4	Accounts receivable, net	175,777,067.	4	173,856,997.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	11,444,006.	8	11,186,533.
	9	Prepaid expenses and deferred charges	8,182,321.	9	11,562,814.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,088,779,342.		
	b	Less: accumulated depreciation	10b 700,146,649.		
	11	Investments - publicly traded securities	387,217,959.	11c	388,632,693.
	12	Investments - other securities. See Part IV, line 11	128,093,912.	12	447,048,832.
	13	Investments - program-related. See Part IV, line 11	67,518,507.	13	134,914,172.
	14	Intangible assets	25,811,034.	14	52,241,424.
	15	Other assets. See Part IV, line 11	32,370,015.	15	25,811,034.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,326,505,378.	16	1,295,534,541.	
Liabilities	17	Accounts payable and accrued expenses	169,073,583.	17	199,745,547.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	596,803,785.	25	470,330,221.
	26	Total liabilities. Add lines 17 through 25	765,877,368.	26	670,075,768.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	259,069,182.	27	299,792,317.
	28	Temporarily restricted net assets	105,046,304.	28	116,856,893.
	29	Permanently restricted net assets	196,512,524.	29	208,809,563.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	560,628,010.	33	625,458,773.
	34	Total liabilities and net assets/fund balances	1,326,505,378.	34	1,295,534,541.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,175,601,011.
2	Total expenses (must equal Part IX, column (A), line 25)	1,065,688,191.
3	Revenue less expenses. Subtract line 2 from line 1	109,912,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	560,628,010.
5	Net unrealized gains (losses) on investments	-46,556,472.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	1,474,416.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	625,458,774.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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. See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization: Hartford Hospital
Employer identification number: 06-0646668

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 X 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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers...
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 3 columns: Question (11g(i), 11g(ii), 11g(iii)), Yes, No

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Includes a Total row at the bottom.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization Hartford Hospital	Employer identification number 06-0646668
--	---

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		111,310.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			111,310.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Hartford Hospital paid \$25,000 to Coalition to Protect America's Health Care for lobbying efforts on behalf of the organization during the fiscal year. Efforts mainly include the lobbying of Connecticut State Legislators in the interest of a group of specialty hospitals in the State of Connecticut. Hartford Hospital also pays annual dues to

Part IV Supplemental Information (continued)

Connecticut Hospital Association (CHA) and American Hospital Association (AHA). CHA and AHA conduct lobbying activities on behalf of their members. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA and AHA conduct lobbying activities under current Medicare rules. The total amount of dues allocated for lobbying expenses for FY13 was \$86,310.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Hartford Hospital

Employer identification number
06-0646668

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	119,653,630.	108,251,287.	112,783,609.	106,412,056.	111,529,519.
b Contributions	4,719,250.	959,611.	329,266.	1,357,240.	175,575.
c Net investment earnings, gains, and losses	11,853,804.	14,072,208.	106,788.	6,795,833.	-2,825,233.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,480,169.	3,629,476.	4,968,376.	1,781,520.	2,467,805.
f Administrative expenses					
g End of year balance	132,746,515.	119,653,630.	108,251,287.	112,783,609.	106,412,056.

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

- a Board designated or quasi-endowment %
 - b Permanent endowment 56.00 %
 - c Temporarily restricted endowment 44.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	X	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,374,554.		20,374,554.
b Buildings		583,200,481.	382,182,734.	201,017,747.
c Leasehold improvements				
d Equipment		485,204,307.	317,963,915.	167,240,392.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				388,632,693.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Funds Held in Trust	134,914,172.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	134,914,172.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Post Retirement Expenses	218,856,421.
(3) Accrued Asbestos Costs	2,497,171.
(4) Other Net Liabilities	35,036,294.
(5) Long Term Debt - Interco Bonds	210,952,089.
(6) Due to Affiliates	2,988,246.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	470,330,221.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
Part V, line 4: The Hospital has adopted investment and spending

policies for endowment assets that attempt to provide a predictable stream
of funding to programs supported by its endowment while seeking to
maintain purchasing power of the endowment assets. Endowment assets
include those assets of donor-restricted funds that the Hospital must hold
in perpetuity or for a donor-specific period(s). Under this policy, as
approved by the Board of Directors, the endowment assets are invested in a
manner that is intended to produce a real return, net of inflation and

Part XIII Supplemental Information (continued)

investment management costs, of a least 4% over the long term. Actual returns in any given year may vary from this amount.

The Hospital's endowment consists of hundreds of individual funds established for a variety of purposes. The endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

In addition to the Endowment Funds, other funds are set aside by management or by the Board of Directors for future capital improvements, research, education, and debt service funds for existing obligations and outstanding long term debt.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public
Inspection

Name of the organization

Employer identification number

Hartford Hospital

06-0646668

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"

to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean	0	0	Program Services	Captive Insurance - Professional and General Liability	12,738,912.
3 a Sub-total	0	0			12,738,912.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			12,738,912.

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

Schedule F (Form 990) 2012

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

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

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public
Inspection

Name of the organization **Hartford Hospital** Employer identification number **06-0646668**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Black & Red Ball		None	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,643,755.		1,643,755.
	2	Less: Contributions	1,423,432.		1,423,432.
	3	Gross income (line 1 minus line 2)	220,323.		220,323.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	45,608.		45,608.
	7	Food and beverages	216,921.		216,921.
	8	Entertainment	249,588.		249,588.
	9	Other direct expenses	131,544.		131,544.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(643,661)
	11	Net income summary. Combine line 3, column (d), and line 10			-423,338.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization **Hartford Hospital** Employer identification number **06-0646668**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,960,183.		8,960,183.	.84%
b Medicaid (from Worksheet 3, column a)			180,277,662.	137,616,683.	42,660,979.	4.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			189,237,845.	137,616,683.	51,621,162.	4.84%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,666,832.	1,036.	6,665,796.	.63%
f Health professions education (from Worksheet 5)			52,515,768.	16,242,180.	36,273,588.	3.40%
g Subsidized health services (from Worksheet 6)			6,147,652.	2,655,579.	3,492,073.	.33%
h Research (from Worksheet 7)			12,726,896.		12,726,896.	1.19%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			19,608,599.	11,814,379.	7,794,220.	.73%
j Total. Other Benefits			97,665,747.	30,713,174.	66,952,573.	6.28%
k Total. Add lines 7d and 7j			286,903,592.	168,329,857.	118,573,735.	11.12%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Form for Section A. Bad Debt Expense. Questions 1-4 regarding bad debt reporting, methodology used to estimate amount, and footnote text. Includes Yes/No columns.

Section B. Medicare

Form for Section B. Medicare. Questions 5-7 regarding Medicare revenue and allowable costs. Includes Yes/No column and method selection checkboxes for cost accounting system, cost to charge ratio, or other.

Section C. Collection Practices

Form for Section C. Collection Practices. Questions 9a and 9b regarding debt collection policy during the tax year.

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

Table with 5 columns: (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 %.

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

1 Hartford Hospital
80 Seymour Street
Hartford, CT 06102

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Hartford Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) **Hartford Hospital**

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

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **Hartford Hospital**

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

Policy Relating to Emergency Medical Care

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?		X
If "Yes," explain in Part VI.		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Part VI.		

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 Eye Center - Newington 505 Willard Avenue Newington, CT 06111	Eye Center
2 West Hartford Surgery Center 65 Memorial Road, Suite 500 West Hartford, CT 06102	General Cardiology, Integrative Medicine
3 The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Sleep Lab
4 Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Lab
5 Glastonbury Surgery Center, LLC 195 Eastern Boulevard Glastonbury, CT 06033	Surgery Center
6 Glastonbury Endoscopy Center, LLC 300 Western Boulevard Glastonbury, CT 06033	Endoscopy Center, Education Center
7 Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Wellness Center
8 Hartford Hosp. Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Education Center
9 Hart. Hosp. Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Education Center
10 Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Nuclear Cardiology, Education Center

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section C. 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? _____

Name and address	Type of Facility (describe)
11 Enfield Family Wellness Center 100 Hazard Avenue Enfield, CT 06082	Wellness Center
12 South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c: Hartford Hospital used Federal Poverty Guidelines to determine eligibility.

Part I, Line 7: The organization utilized an overall cost to charge ratio, (RCC), developed from the Medicare Cost Report. Total expense was adjusted for: medicaid provider taxes, directly identified community benefit expense and community building expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

Part I, Line 7g: No physician clinic costs were included in the

Part VI Supplemental Information

subsidized Health Services cost calculations.

Part II: Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$300,000 on community building activities during fiscal year 2013. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty; quality of housing; neighborhood safety; and education can be found in the following Community Building activities.

Advocacy for Community Health Improvement - Since the community the Hospital serves is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition for Environmental Justice, Community Partners in Action (to assist people in the criminal justice system), Community Solutions (to provide alternatives to incarceration programs), and the Anti Defamation League.

Coalition Building - Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for Giving, and the Connecticut Council for Philanthropy to ensure programs to improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population.

Part VI Supplemental Information

Community Support - To address the personal safety for participants at evening activities, as well as to prevent vandalism and break-ins, Hartford Hospital provides security patrols around the Girl Scout campus 24/7. Management participates on the boards of local homeless and domestic violence shelters and supports periodic employee activities to provide personal care and food items to those in need. The Hospital has donated funds to provide free ice skating at Bushnell Park during the winter season to allow underprivileged children and their families an opportunity to exercise outdoors in a safe environment.

Economic Development - Hartford Hospital is active in the marketing efforts to promote Hartford by the following organizations in order to bring more jobs and commerce to the city: Greater Hartford Visitors Convention Bureau; Metro Hartford Alliance; The Children's Museum, Connecticut Center for Advanced Technology; and Chambers of Commerce for towns in the Hospital's service area.

Housing - Hartford Hospital is a member of the Southside Institutions Neighborhood Alliance (SINA), a collaborative effort of Hartford Hospital, Connecticut Children's Medical Center and Trinity College. The City of Hartford has one of the lowest percentages of home ownership in the country. Renters are often exposed to lead paint, a potentially dangerous toxin to children. SINA has endeavored to address the need for safe, clean housing and provide commitment to and pride for the neighborhood and community by promoting homeownership. In the past year, SINA completed construction of 10 single family homes, which were all sold to first time home buyers with incomes less than 80% of area median income. Hartford Hospital directly provided a significant portion of the funds that made

Part VI Supplemental Information

this project a success. Additionally, SINA began construction of four two family homes and one single family home which also will be sold to first time home buyers with incomes less than 80% of area median income.

Mentoring Programs - Hartford Hospital provides support to programs such as Our Piece of the Pie for social and personal growth of urban youth; spelling bees; Hartford Public Schools city-wide Science Fair; and college scholarships through Capital Community College and Southside Institutions Neighborhood Alliance.

Part III, Line 4: Please see the text of the footnote that describes bad debt expense beginning on page 19 of the Audited Financial Statement.

Part III, Line 3: In 2012 a pre-bad debt financial assistance screening was put in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2013 would be immaterial.

Part III, Line 8: Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b: The Financial Assistance Policy states: In the event

Schedule H (Form 990)

Part VI Supplemental Information

a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

Hartford Hospital:

Part V, Section B, Line 3: Input was solicited from leading health care and social services providers, not for profit business leaders, and local residents. Specifically input was received in the following ways:

1. Key Informant Interviews: Each partner identified 5 to 10 people in management or leadership positions with various community organizations including health and human services, religious organizations, and government agencies, 85 in all. Respondents were asked, via phone interview, to critically evaluate health needs pertinent to the community through their experience. Survey questions focused on underserved populations and access to care issues in the City of Hartford. In total, 59 interviews were conducted. See appendix for complete list of participants.

Part VI Supplemental Information

2. Harford Survey Project: In order to better understand Hartford's human service needs and barriers to receiving services, a face to face survey by Urban Alliance, a local non profit organization, was conducted. 402 resident surveys were completed at 12 locations throughout the city to promote geographical and ethnic diversity among respondents; these locations include grocery stores, pharmacies, and community events and programs. Respondents were asked to indentify if they would benefit from any of 12 service areas, the possible barriers to obtaining these services, and which three areas of the 12 have a need for additional services. In addition they were asked to rank the top tree service areas in Hartford that they believed were in most need. Of the total respondents 57% were female and 43% were male. The ethnicity breakdown was 39% African American, 37% Latino, 9% White, and 8% West Indian. Age categories for respondents were 27% between 18 and 29 years old, 42% between 30 and 49, 2% between 50 and 64 and 6% were 65 and older.

Hartford Hospital:

Part V, Section B, Line 4: Hartford Hospital conducted the needs assessment with two other hospital facilities: Saint Francis Hospital and Connecticut Children's Medical Center.

Hartford Hospital:

Part V, Section B, Line 5c: The needs assessment was published in March 2012 and is available on the hospital's website. In addition, copies were distributed to local non-profit organizations, colleges, churches, and state and local government representatives. These reports are also made

Part VI Supplemental Information

available in waiting areas of the various departments within the hospital.

Hartford Hospital:

Part V, Section B, Line 7: At a meeting in April 2012, the hospitals, Hartford's Department of Health and Humans Services, and local partners met to prioritize the health issues determined by the needs assessment. Participants engaged in a ranking exercise and rated each issue on a 5 point likert Scale based on the following criteria: scope & severity, ability to impact and gaps in services. The higher the average, the greater perceived significance of the issue. Access to Care, Obesity, Diabetes, Cardiovascular disease, and Mental and Behavioral health rose to the top. Sexually Transmitted Diseases, Infant Mortality, Oral Health, Environmental Health, Asthma, and Cancer were at the bottom of the list. Participants came to the consensus that all the health issues identified in the needs assessment were important, but they noted the need to focus resources and efforts toward specific health issues such as the five identified. However, they stressed the importance of adopting broad reaching system changes that would improve coordination of care for individuals living in the City of Hartford.

Hartford Hospital:

Part V, Section B, Line 14g: A public notice regarding financial assistance and availability of free beds funds are posted at all of the admission sites, including admitting and emergency department. Patients are also encouraged to call service center if they need financial assistance.

Part VI Supplemental Information

Hartford Hospital:

Part V, Section B, Line 20d: Hartford Hospital is in the process of adopting proposed 501r regulations. Once the regulations are final the hospital will be in compliance.

Part VI, Line 2: Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and the Connecticut Children's Medical Center. The Health Needs Assessment was completed in March, 2012. The consortium hired a national consulting firm to conduct Key Respondent interviews with local social service, health, government and community leaders. In addition, the results from a survey of over 400 Hartford residents by the Urban Alliance were incorporated into the findings. To be in compliance with IRS regulations, the Hospital will conduct a Needs Assessment at least once in every three years, and adopt an implementation strategy to meet the community health needs identified through such assessment.

Part VI, Line 3: Hartford Hospital disseminates information about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas: (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information

Schedule H (Form 990)

Part VI Supplemental Information

in admissions, patient registration discharge, billing and collection written communications; (iii) post the Policy on the Hospital's Home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

Part VI, Line 4: Hartford Hospital is located in the capital of the State of Connecticut, which is one of the poorest cities in the nation with 31.9% of all of its residents and 38.3% of its families with children under the age of 18 living below the poverty line (US Census 2010). According to the CHNA just completed, the City of Hartford's population of 124,775+/- remains overwhelmingly minority and is comprised of 42% Hispanic, 37% Black. White and other groups make up the rest of the population. The median age of Hartford residents is 31 (CERC, 2011). This compares with Hartford County's median age of 40. In 2010, the median income per household within the City of Hartford was \$26,055 (CERC, 2011). This compares with Hartford County's median household income of \$60,177 (CERC, 2011). According to the Connecticut Department of Labor, the unemployment rate in the City of Hartford was estimated to be 15.4% in October, 2011 versus a statewide rate of 8.2%.

There is one other acute care hospital in Hartford proper and two smaller acute care hospitals in nearby suburbs.

Part VI, Line 5: The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

Part VI Supplemental Information

Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being.

The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program.

As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at other hospitals. These services are provided regardless of a patient's ability to pay.

Hartford Hospital is the Center for Emergency Medical Preparedness for the Connecticut Department of Emergency Management and Homeland Security for Regions 3 and 4. These regions include 15 hospitals. Hartford Hospital has responsibility for planning and training activities that service all of these hospitals.

The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Sch O.

Part VI, Line 6: Hartford Hospital is a subsidiary of Hartford HealthCare Corporation (HHC). HHC strives to provide compassionate care

Part VI Supplemental Information

designed to deliver the necessary health services needed by the community. Hartford HealthCare Strategic Planning and Community Benefit Planning Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

HHC affiliation creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital, the flagship tertiary medical center of the system hospitals.

The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.

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

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Hartford Hospital
General Information on Grants and Assistance

Employer identification number
06-0646668

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 Yes No

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation 35 Cold Spring Road, #411 Rocky Hill, CT 06067	06-0672782	501(c)(3)	25,000.	0.	FMV		Annual support for the Arthritis Foundation programs and services to those who suffer from
Connecticut Children's Medical Center - 282 Washington St - Hartford, CT 06106	22-2619869	501(c)(3)	5,000.	0.	FMV		To provide funding for state-of-the-art equipment and innovative programs and enable the
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501(c)(3)	5,000.	0.	FMV		To support science education, exhibits and programs.
Greater Hartford Arts Council 45 Pratt St Hartford, CT 06123	23-7111486	501(c)(3)	10,000.	0.	FMV		Donation provided for a nationally recognized program for inner-city teens to participate in a
Leadership Greater Hartford 30 Laurel St Hartford, CT 06106	06-1167174	501(c)(3)	5,000.	0.	FMV		To develop programming and allow people to attend who could not otherwise afford these
University of Connecticut Foundation - 10 Talcott North Road - Farmington, CT 06032	06-6070722	501(c)(3)	12,500.	0.	FMV		To support the Uconn Health Center Bioscience educational, research and clinical programs.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13.

3 Enter total number of other organizations listed in the line 1 table 1.

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

See Part IV for Column (h) descriptions
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Schedule I (Form 990) (2012)

Hartford Hospital

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League 140 Woodland St Hartford, CT 06105	06-6066491	501(c)(3)	5,000.	0. FMV			To support programs in the areas of workforce development and training, education and youth
Analeh TV Productions 38 Sinclair Street Windsor, CT 06095	06-1524408	501(c)(3)	5,500.	0. FMV			\$1,500 for Nutrition programming, part of which changes traditional Latino recipes to be more
Connecticut Public Broadcasting Network - 1049 Asylum Avenue - Hartford, CT 06105	06-0758938	501(c)(3)	5,000.	0. FMV			To sponsor CPTV's 50th Anniversary gala to support educational programming for children
Girl Scouts of Connecticut 340 Washington St. Hartford, CT 06106	06-0653117	501(c)(3)	5,000.	0. FMV			The Hartford Marathon Foundation holds events to raise health awareness in the community, as well
Hartford Marathon 41 Sequin Drive Glastonbury, CT 06033	06-1415320	501(c)(3)	10,000.	0. FMV			To produce "Health Tips", a regularly-featured article that educates the leadership of this
Latino News Network 11 Talcott Notch Road Farmington, CT 06032	45-5100303	C Corp	5,000.	0. FMV			Two \$2,500 donations to provide scholarship funds, tuition assistance and educational
University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117	06-0731360	501(c)(3)	5,000.	0. FMV			To support the Atheneum's ongoing exhibitions and
Wadsworth Atheneum 600 Main Street Hartford, CT 06103	06-0653111	501(c)(3)	5,000.	0. FMV			

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Tapestry Awards	3	10,000.	0.		
Sons and Daughters Scholarship Awards	67	67,000.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: Upon issuing the grant the hospital attaches a letter that restricts the use of the funds for a specific purpose. All of the grants are made to public charities to assist in funding their exempt programs. Therefore, extensive monitoring of the use of these funds by these entities is not warranted.

Part II, line 1, Column (h):

Name of Organization or Government: Arthritis Foundation

(h) Purpose of Grant or Assistance: Annual support for the Arthritis

Part IV Supplemental Information

Foundation programs and services to those who suffer from arthritis, as well as to fund vitally important research.

Name of Organization or Government: Connecticut Children's Medical Center

(h) Purpose of Grant or Assistance: To provide funding for state-of-the-art equipment and innovative programs and enable the Medical Center to invest in new equipment and research initiatives.

Name of Organization or Government: Greater Hartford Arts Council

(h) Purpose of Grant or Assistance: Donation provided for a nationally recognized program for inner-city teens to participate in a formal arts apprenticeship program to develop valuable life-long career skills in the arts, as well as interviewing skills and how to write a resume.

Name of Organization or Government: Leadership Greater Hartford

(h) Purpose of Grant or Assistance: To develop programming and allow people to attend who could not otherwise afford these programs.

Name of Organization or Government: Urban League

(h) Purpose of Grant or Assistance: To support programs in the areas of workforce development and training, education and youth development and economic empowerment services to individuals in the Connecticut Capital Region.

Name of Organization or Government: Analeh TV Productions

(h) Purpose of Grant or Assistance: \$1,500 for Nutrition programming, part of which changes traditional Latino recipes to be more healthful with less fat and sodium. \$4,000 to provide sponsorship for production of

Part IV Supplemental Information

this Spanish language talk television program.

Name of Organization or Government:

Connecticut Public Broadcasting Network

(h) Purpose of Grant or Assistance: To sponsor CPTV's 50th Anniversary gala to support educational programming for children and adults.

Name of Organization or Government: Girl Scouts of Connecticut

Two \$2,500 donations to support the Girl Scouts programs and camps to inspire girls to do their best, reach new heights, become true leaders, and serve their community.

Name of Organization or Government: Hartford Marathon

(h) Purpose of Grant or Assistance: The Hartford Marathon Foundation holds events to raise health awareness in the community, as well as putting over \$1.5 million into the area economically annually.

Name of Organization or Government: Latino News Network

(h) Purpose of Grant or Assistance: To produce "Health Tips", a regularly-featured article that educates the leadership of this on-line Latino publication on health promotion.

Name of Organization or Government: University of Hartford

(h) Purpose of Grant or Assistance: Two \$2,500 donations to provide scholarship funds, tuition assistance and educational programming for students.

Name of Organization or Government: Wadsworth Atheneum

Part IV Supplemental Information

To support the Atheneum's ongoing exhibitions and public programs.

Schedule I, Part III

Once recipients are determined, the funds are sent directly to the institutions and not to individuals.

Required qualifications

The Sons and Daughters/Tapestry Scholarships are available to children of Hartford Hospital employees who meet eligibility requirements. The applicant must be financially dependent on the employee by being claimed on either parent's tax return. The applicant must be enrolled as a full-time student in an Accredited Undergraduate Program or attending any of Hartford Hospital's School of Allied Health Programs. The applicant must be the son or daughter (biological, adopted, stepchild, or legal ward) of a Hartford Hospital employee (full-time or part-time, budgeted to work at least 20 hours per week). The dependent of a Hartford Hospital employee who is also employed at Hartford Hospital is eligible to apply if they are budgeted to work less than 20 hours per week at Hartford Hospital. If the student is budgeted to work more than 20 hours at Hartford Hospital, the student is not eligible for the scholarship, but may instead apply for tuition reimbursement from the hospital. Applicant must have a verifiable GPA of 3.0 or higher to apply

Applicants are chosen on 3 criteria.

1. Based on parent's years of service to Hartford Hospital.
2. GPA (must be at least a 3.0 or higher to apply)
3. Essay score

Part IV Supplemental Information

Area with horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Part I Questions Regarding Compensation

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

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2012

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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Jeffrey Flaks Exec. VP and COO, HHC & Ex-Officio	(i) 628,837. (ii) 0. (iii) 0.	208,912.	19,052.	120,981.	39,807.	1,017,589.	0.
(2) Andrew L. Salner M.D. Director Cancer Program and BOD	(i) 480,146. (ii) 0. (iii) 0.	0.	2,970.	17,500.	31,164.	531,780.	0.
(3) Stuart Markowitz M.D. President and CEO & Ex-Officio	(i) 459,913. (ii) 0. (iii) 0.	175,110.	6,295.	17,500.	33,556.	692,374.	0.
(4) Joseph J. Klimek M.D. Vice President	(i) 455,816. (ii) 0. (iii) 0.	72,222.	21,630.	0.	23,076.	572,744.	0.
(5) Harold I. Schwartz M.D. Vice President	(i) 433,936. (ii) 0. (iii) 0.	97,350.	44,804.	105,659.	35,737.	717,486.	0.
(6) Jamie M. Roche M.D. Vice President	(i) 328,465. (ii) 0. (iii) 0.	73,416.	18,471.	47,000.	33,160.	500,512.	0.
(7) Thomas J. Marchozzi Exec. VP & CFO	(i) 546,278. (ii) 0. (iii) 0.	165,018.	21,002.	108,509.	30,752.	871,559.	0.
(8) Wendy E. Elberth Vice President	(i) 239,928. (ii) 0. (iii) 0.	38,340.	1,626.	25,670.	18,584.	324,148.	0.
(9) Carol S. Garlick Vice President	(i) 175,463. (ii) 0. (iii) 0.	37,177.	1,168.	20,585.	17,425.	251,818.	0.
(10) Bimal Patel Vice President	(i) 267,512. (ii) 0. (iii) 0.	59,099.	588.	22,917.	12,399.	362,515.	0.
(11) Donna Handley Vice President	(i) 250,443. (ii) 0. (iii) 0.	41,408.	2,374.	19,873.	29,526.	343,624.	0.
(12) Yvette Melendez Vice President	(i) 230,501. (ii) 0. (iii) 0.	47,648.	2,116.	19,624.	11,604.	311,493.	0.
(13) Karen T. Goyette Vice President	(i) 189,136. (ii) 0. (iii) 0.	50,144.	939.	14,700.	30,120.	285,039.	0.
(14) Betsy Boatman Vice President	(i) 184,916. (ii) 0. (iii) 0.	29,529.	356.	13,083.	16,334.	244,218.	0.
(15) Rita Parisi Vice President	(i) 248,026. (ii) 0. (iii) 0.	72,611.	12,701.	70,173.	27,017.	430,528.	0.
(16) Lenworth Jacobs M.D. Vice President	(i) 574,069. (ii) 0. (iii) 0.	91,943.	3,040,553.	0.	76,475.	3,783,040.	3,001,990.

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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Cheryl Ficara Vice President	(i) 256,034. (ii) 0. (iii) 0.	51,155.	4,462.	33,165.	31,363.	376,179.	0.
(18) Peter Q. Fraser Vice President	(i) 241,970. (ii) 0. (iii) 0.	50,750.	1,677.	17,500.	31,069.	342,966.	0.
(19) Orlando C. Kirton M.D. Dir. Surgery	(i) 577,407. (ii) 0. (iii) 0.	1,500.	39,619.	56,856.	36,352.	711,734.	0.
(20) Joel I. Soroosky M.D. Dir. Womens' Health	(i) 530,683. (ii) 0. (iii) 0.	0.	20,564.	40,750.	35,376.	627,373.	0.
(21) Paul Thompson M.D. Dir. Cardiology	(i) 519,049. (ii) 0. (iii) 0.	0.	1,419,978.	107,357.	50,374.	2,096,758.	1,397,231.
(22) Michael Lindberg M.D. Dir. Medicine	(i) 350,150. (ii) 0. (iii) 0.	0.	16,128.	44,580.	32,423.	443,281.	0.
(23) Vernon Y. Kwok M.D. Dir. Dental Clinic	(i) 225,568. (ii) 0. (iii) 0.	0.	6,224.	0.	25,457.	257,249.	0.
(24) Alan Laites Dir. Jefferson House	(i) 182,841. (ii) 0. (iii) 0.	37,153.	4,960.	0.	11,214.	236,168.	0.
(25) Christopher Clyne M.D. Dir. Electrophysiology	(i) 392,105. (ii) 0. (iii) 0.	39,945.	18,806.	40,750.	30,199.	521,805.	0.
(26) Karyn L. Butler M.D. Dir. Surg. Critical Care	(i) 379,089. (ii) 0. (iii) 0.	0.	17,897.	37,000.	32,982.	466,968.	0.
(27) Ikram Kureshi, M.D. Dir. Neurosurgery	(i) 187,907. (ii) 0. (iii) 0.	0.	0.	0.	0.	187,907.	0.
(28) Paul W. Crespi Dir. Managed Care Contract	(i) 311,409. (ii) 0. (iii) 0.	81,707.	21,554.	46,640.	28,375.	489,685.	0.
(29) Alan J. Smally M.D. Dir. ER Physicians	(i) 350,401. (ii) 0. (iii) 0.	0.	35,312.	60,750.	29,176.	475,639.	0.
(30) Patricia Sheiner M.D. Dir. Transplant	(i) 791,292. (ii) 0. (iii) 0.	100,000.	22,194.	0.	41,874.	955,360.	0.
(31) Robert Hagberg M.D. Dir. Cardiovascular Surger	(i) 651,077. (ii) 0. (iii) 0.	90,000.	39,600.	0.	33,180.	813,857.	0.
(32) Steven Shichman M.D. Dir. Urology	(i) 562,147. (ii) 0. (iii) 0.	0.	0.	34,500.	37,175.	633,822.	0.

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) Jeffrey Kluger M.D. Dir. of Arrhythmia Center	(i) 388,799. (ii) 0.	39,367. 0.	24,149. 0.	0. 0.	30,010. 0.	482,325. 0.	0. 0.
(34) Steven L. Zweibel M.D. Dir. Electrophysiology	(i) 404,182. (ii) 0.	40,973. 0.	17,648. 0.	37,000. 0.	34,070. 0.	533,873. 0.	0. 0.
(35) John F. Greene Jr. M.D. Co-Dir. WAHS	(i) 400,750. (ii) 0.	0. 0.	43,300. 0.	47,000. 0.	30,720. 0.	521,770. 0.	0. 0.
(36) Charles J. Ingardia Dir. Maternal Fetal Medicine	(i) 339,498. (ii) 0.	0. 0.	847,791. 0.	0. 0.	32,041. 0.	1,219,330. 0.	813,451. 0.
(37) Adam Borgida Dir. Maternal Fetal Medicine	(i) 370,387. (ii) 0.	0. 0.	11,648. 0.	31,063. 0.	32,738. 0.	445,836. 0.	0. 0.
(38) Elliot T. Joseph Former-President & CEO	(i) 1,113,869. (ii) 0.	498,420. 0.	111,794. 0.	335,604. 0.	50,512. 0.	2,110,199. 0.	0. 0.
(39) Neil Yeston M.D. Former - Vice President	(i) 229,382. (ii) 0.	56,417. 0.	287,855. 0.	58,439. 0.	35,056. 0.	667,149. 0.	0. 0.
(40) Stephan O'Neill Former - Vice President	(i) 0. (ii) 0.	0. 0.	222,133. 0.	113. 0.	19,774. 0.	242,020. 0.	0. 0.
(41) Rocco Orlando Former - Senior Vice President	(i) 468,271. (ii) 0.	139,077. 0.	23,889. 0.	120,976. 0.	36,536. 0.	788,749. 0.	0. 0.
(42) Paul S. Besson Esq Former - Vice President	(i) 0. (ii) 0.	0. 0.	144,060. 0.	0. 0.	11,225. 0.	155,285. 0.	0. 0.
(43) James M. Blazar Former - Vice President	(i) 410,711. (ii) 0.	103,809. 0.	6,089. 0.	90,359. 0.	30,279. 0.	641,247. 0.	0. 0.
(44) Richard G. Stys Former - Vice President	(i) 367,600. (ii) 0.	105,300. 0.	1,711. 0.	81,582. 0.	30,969. 0.	587,162. 0.	0. 0.
(45) Sonal Shah Former - Vice President	(i) 219,533. (ii) 0.	44,770. 0.	2,038. 0.	17,901. 0.	18,598. 0.	302,840. 0.	0. 0.
(46) Michele B. Bush Esq Former - Vice President	(i) 107,319. (ii) 0.	0. 0.	330,926. 0.	10,948. 0.	19,320. 0.	468,513. 0.	0. 0.
(47) Gary V. Heller M.D. Former - Director	(i) 369,828. (ii) 0.	0. 0.	4,210. 0.	35,372. 0.	27,967. 0.	437,377. 0.	0. 0.
(48) Alfred Herzog M.D. Former-Vice President	(i) 106,605. (ii) 0.	0. 0.	16,226. 0.	0. 0.	8,937. 0.	131,768. 0.	0. 0.

Part III Supplemental Information

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

Part I, Line 1a: Tax indemnification and gross-up payments to individuals for benefits were included as taxable income on their 2012 Form W-2.

The box related to health or social club dues or initiation fees is checked. Hartford Hospital maintains memberships at two local clubs. These clubs do not allow for corporate memberships, therefore, the membership fees are paid directly to the clubs, but accounts are assigned to individual executives. These executives do not derive any personal benefit from the use of the clubs and any use is for business purposes only. These executives are not taxed, and are required to sign an annual attestation that they do not derive any personal benefit from the use of these club memberships. The memberships reside at Hartford Hospital and can be reassigned at will.

Part I, Line 1b: In 2013, the Organization implemented a new Tax Gross-Up policy which restricts the use of future gross-up. For calendar 2012, no such policy was in place.

Part III Supplemental Information

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

Part I, Line 3: The Independent Executive Compensation Committee

(Committee) of the Board of Directors of Hartford HealthCare Corporation, on behalf of Hartford Hospital, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation.

Part I, Lines 4a-b: Mr. Stephan O'Neill (former Officer) severance payment began in September of 2011 and ended August 2012. Total severance payment in 2012 was \$223,320.

Mr. Paul Besson (former Officer) severance payment began in January of 2011 and ended May 2012. Total severance payment in 2012 was \$143,771.

Dr. Neil Yeston (former Vice President) severance payment began in July of 2012. Total severance payment in 2012 was \$277,529

Ms. Michele B. Bush (former SVP General Counsel) severance payment began in May of 2012. Total severance payment in 2012 was \$324,450.

Part III Supplemental Information

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

Dr. Charles J. Ingardia was paid a lump sum amount of \$813,451 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Ingardia including the SERP payment was \$1,187,289.

Dr. Lenworth M. Jacobs was paid a lump sum amount of \$3,001,990 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Jacobs including the SERP payment was \$3,706,565.

Dr. Paul T. Thompson was paid a lump sum amount of \$1,397,231 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Thompson including the SERP payment was \$1,939,027.

2012 SERP accruals made on behalf of the following individuals:

Part III Supplemental Information

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

Mr. Elliot Joseph	\$294,854
Mr. Thomas Marchozzi	\$71,508
Dr. Harold Schwartz	\$31,515
Dr. Paul Thompson	\$33,052
Dr. Orlando Kirton	\$16,106
Mr. James Blazar	\$51,905
Ms. Tracy Church	\$44,642
Mr. Jeffrey Flaks	\$83,981
Dr. Rocco Orlando	\$60,226
Ms. Rita Parisi	\$29,820
Mr. Richard Stys	\$51,030
Mr. Luis Taveras	\$50,904

Part I, Line 7: The hospital has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization

Part III Supplemental Information

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

performance and individual contribution to results.

Multiple horizontal lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2012

Open To Public
Inspection

Name of the organization **Hartford Hospital** Employer identification number **06-0646668**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

- 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.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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. Rows 1-10.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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
See Part V	See Part V	0.	See Part V		X

Part V Supplemental Information

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

Business Transactions Involving Interested Persons

(a) Name of Person: Douglas Elliot

(b) Relationship Between Interested Person and Organization: Board Member

(c) Amount of Transactions: \$250,000

(d) Description of Transaction: Mr. Douglas Elliot is a board member of Hartford Hospital. Mr. Elliot is also an executive at the The Hartford Insurance Group (The Hartford). The Hartford provides certain insurance services to Hartford Hospital and other member entities and received premium fees for the risk. Mr. Elliot has no personal involvement in any of these transactions.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Greg Deavens

(b) Relationship Between Interested Person and Organization: Board Member

(c) Amount of Transactions: \$443,116

(d) Description of Transaction: Mr. Greg Deavens is a board member of Hartford Hospital. Mr. Deavens is also an executive at Mass Mutual Life Insurance Company. Mass Mutual provided certain insurance coverages to

Part V Supplemental Information

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

Hartford Hospital and other member entities. Mr. Deavens has no personal involvement in any of these transactions.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: James Loree

(b) Relationship Between Interested Person and Organization: Board Member

(c) Amount of Transactions: \$1,582,270

(d) Description of Transaction: Mr. James Loree is a board member of Hartford Hospital. Mr. Loree is an Officer of Stanley Black & Decker an entity that sells commercial security and other services to Hartford HealthCare Corporation member entities including Hartford Hospital.

Total payments received from Hartford HealthCare member entities were \$1,582,270.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Jarrod Post

(b) Relationship Between Interested Person and Organization: Board Member

(c) Amount of Transactions: \$4,052,379

(d) Description of Transaction: Mr. Jarrod Post is a board of Hartford Hospital. Mr. Post is currently a CEO of Connecticut Multispecialty Group P.C. The P.C. provides services to Hartford HealthCare member entities. Total transactions between the P.C. and HHC member entities were \$4,052,379 during the year.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Jeffry Nestler, M.D.

Part V Supplemental Information

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

(b) Relationship Between Interested Person and Organization: Board

Member

(c) Amount of Transactions: \$1,017,000

(d) Description of Transaction: Dr. Jeffry Nestler is a board of Hartford Hospital. Dr. Nestler is currently the President of Connecticut GI PC. The PC provides services to Hartford Hospital. Total transactions between the PC and Hartford Hospital were approximately \$1,017,000 during the year.

(e) Sharing of Organization's Revenue? No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.

Name of the organization **Hartford Hospital** Employer identification number **06-0646668**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	12	4,188,346.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

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

centers in New England. The hospital is home to a particularly extensive surgical practice. It has been training physicians for over 130 years, primarily in collaboration with the University of Connecticut School Of Medicine. It is a member of Hartford HealthCare Corporation, a large, diversified health care system. The hospital is an 867-bed regional referral center that provides high-quality care in all clinical disciplines, enhanced by robust research endeavors. Among its divisions are the Institute of Living, a 154-bed mental health facility, and Jefferson House, a 104-bed long-term care facility. The hospital's active medical staff includes over 1,300 physicians and dentists within 18 clinical departments. In 2013, the hospital had 41,809 discharges and 100,799 emergency department visits. The Hospital owns and operates the State's only Air Ambulance System (LifeStar).

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

number of medical cardiology ICU discharges for FY2013 was 156 and the number of medical cardiology ICU patient days was 3,893.

Division Of Cardiology Patient Care Activities:

*For FY2013 there were 3,856 total cases; 3,397 were coronary, 459 peripheral. Total cases were up approximately 2% from the previous year.

*For coronary procedures, 2,119 were diagnostic, 1,169 were angioplasties and 105 structural heart interventions such as

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Transcatheter Aortic Valve Replacement Procedure (TAVR).

*112 Percutaneous Coronary Interventions (PCI) were done on an outpatient basis, up from 89 in FY2012. We expect this trend to continue for FY2014.

*For peripheral procedures, there were 459 total cases: 110 diagnostic and 349 interventional.

*90% of all cardiac interventions were stented, 79% received drug-eluting stents and 19% were bare metal. There was a 9% increase in the use of drug-eluting stents from FY2012.

*Approximately 24% of all cardiac cases were done through the radial artery. This is double the amount done in FY2012 when only 12% were done via the radial artery.

*The PCI length of stay was 3.53 days for FY2013, about a half day is trending downwards longer than the American College of Cardiology National Cardiovascular Data Registry (ACC NCDR) for PCI average for all comers. The LOS due to the increasing number of 1 day and less longer length of stays.

*There was a near doubling of structural heart interventions: 56 in FY2012 and 105 in FY2013. There were 42 Valvuloplasties, 55 TAVRs and 33 Ventricular Assist Device (VAD) placements.

*The Emergent case status for PCIs at Hartford Hospital was 25.8% compared to 16.2% for similar hospitals that report to the ACC NCDR. In addition 24% of all PCIs were ST Elevation Myocardial Infarctions (STEMIs) compared to 15% at similar-sized hospitals (source: Q2, 2013 ACC NCDR Report).

*21% of our patients were direct transfers and 30.1% came in through the Hartford Hospital Emergency Department. This was a 7% increase in emergency patients from FY2012.

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*48% of all cardiac lab cases were elective, 41% urgent and 11% emergent. This was a slight increase in urgent cases from the previous year and a slight decrease in elective cases.

Cardiac Electrophysiology Laboratory:

*For FY2013, there were a total of 1,173 procedures performed. This represents an overall 1% decrease in total procedures compared to FY2012.

*There were 764 patient visits. This represents an overall 1% increase in patient visits compared to FY2012.

*There were 189 cardiac ablations; this represents a 12% decrease from FY2012.

*A total of 293 Implantable Cardioverter Defibrillator (ICD) cases were performed. Of these, 25% were ICD generator changes, of which 18% were biventricular ICD generator changes, 23% were initial biventricular ICD implants, and 34% were initial single or dual chamber ICD implants.

*A total of 190 pacemaker (PM) cases were performed; a 23% increase from FY2012. Of these, 22% were PM generator changes, 11% were initial biventricular PM implants, and 67% were initial single or dual chamber PM implants.

*16 laser lead extractions were performed; this represents a 0% change from FY2012.

*35 lead cases other than laser, were performed.

*222 lead/device explants were performed; this represents a 34% increase from FY2012.

Nuclear Cardiology / Exercise Stress Test Laboratories:

There was a total 2,214 nuclear cardiology imaging studies performed at

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Hartford Hospital in FY2013. Cardiac Positron Emission Tomography (PET) represented 114 of the total procedures. Overall, FY2013 nuclear cardiology volume for both HH and satellites (including Cardiac PET) totaled 3,448 procedures. There were a total of 2,502 stress tests performed at Hartford Hospital in FY2013. Of these, 382 were standard Exercise Tolerance Test, 2,041 were combined with perfusion imaging, and 79 were with Cardiac PET.

Echocardiography:

In FY2013, Hartford Hospital Echocardiography Lab performed 10,209 transthoracic studies, 769 transesophageal echocardiographic studies, and 164 stress echocardiograms. These totals represent a 5.4% increase compared to FY2012. Approximately 48% of transthoracic studies were performed at the bedside and 17.8% of studies were performed on outpatients. The lab was able to decrease turnaround time from time of order to completion within 36 hours to over 90% in FY2013. This decrease had a positive effect on overall length of stay.

Cardiac Surgery:

*840 cases were done in FY2013, an 18% increase from FY2012

*There were 366 isolated Coronary Artery Bypass Grafting (CABG) surgeries, 146 CABG/Valve, 253 Valves and 75 Others. This represents a 37% increase in valve surgery and a 49% increase in CAB/Valve surgery.

*41% of all CABG only surgeries were off pump. The National rate of Off-Pump CABG is 18%.

*From the latest Society of Thoracic Surgeons report dated 11/1/13, which included cases from 1/1/13 through 6/30/13, our CABG operative mortality was 0.6%. Our risk adjusted observed to expected mortality

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was 0.71, which places us in the 98th percentile for the country. Our operative mortality last year was 1.9% and an odds ratio of 1.06

*Our observed to expected ratio for complications for CABG, Aortic Valve Replacement (AVR), Mitral Valve Replacement (MVR), AVR+CABG and MVR+CABG were all below 1.00 and at the 90th percentile for similar sized hospitals (average is 50th percentile). A ratio below 1 signifies that outcomes are better than expected.

*12 Heart Transplants were done at Hartford Hospital in FY2013 compared to 14 the previous year.

Advanced Heart Failure and Transplant Center:

The Advanced Heart Failure (HF) Infusion Center continues to provide successful outpatient therapy for decompensated HF patients reducing length of stay, preventing re-admission and allowing patients to stay in the comfort of their own home. Outpatient Infusion Therapy continues to be very popular and highly effective in stabilizing patients with acute HF syndrome. During FY2013, a total of 1,673 encounters and 1,222 infusions were performed. The Early Discharge HF heart failure Infusion Clinic (EDHFIC) program continues to screen patients in the ED to prevent (re)admissions to the hospital. Patients with HF are screened, and if they meet criteria they are assessed for treatment in the Infusion Center rather than being admitted.

HH Heart Transplant Program (HHHTP):

In FY2013, the HHHTP performed 12 heart transplants. Approximately 115 previously transplanted heart patients are followed by the Hartford Hospital Transplant team. HH Heart Transplant program's waiting list for the United Network for Organ Sharing continues to be one of the

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northeast's shorter than average wait times. At the same time the number of organ offers from with our Organ Procurement Organization was down in comparison to previous years. Most transplants are performed on VAD patients highlighting the importance of the VAD program to the continued success of the transplant program. The HHHTP continues to use Allomap blood testing which remains an adjunct to endomyocardial biopsy to help with the surveillance and management of rejection in Heart Transplant patients.

Preventive Cardiology:

Preventive Cardiology includes cholesterol management, low-density lipoprotein (LDL) apheresis, cardiovascular sports medicine consultation and cardiac rehabilitation. LDL Apheresis was relocated to the Cardiology Department and serves patients from Connecticut and Western Massachusetts, has doubled in size over the last few years and is one of the largest programs in the country. Cardiac Rehabilitation continued to expand. There were over 17,000 Cardiac Rehabilitation visits at the three sites: Hartford, Glastonbury and Farmington.

Community Outreach:

Hartford Hospital actively supported the American Heart Association's Annual Heart Walk. Multiple heart health screenings were well attended at Big Y locations throughout Central Connecticut. Cardiac Rehab did multiple blood pressure screenings as part of Cardiac Rehab Week, and to raise awareness of their four sites across the region.

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

intervention.

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Highlights of the year included renovation of the Purple Pod which will significantly enhance the capacity and the quality of the space devoted to psychiatric patients in the Hartford Hospital Emergency Department. The Purple Initiative was multispecialty, multidisciplinary effort to plan for an expansion of psychiatric services in the Emergency Department. Programmatic developments on the IOL campus included the continuation of the growth of the Young Adult Program as we implemented a Hartford Foundation for Public Giving grant with the development of outreach services for this population, growth of our Child and Adolescent Partial Hospital Program, planning for the establishment of a partial hospital track for LGBTQ (lesbian, gay, bisexual, transgender, queer) patients and expansion of inpatient geriatric services by an additional four beds. We continued our quality and safety focus on suicide prevention and seclusion/restraint reduction.

Statistical Data

Total discharges for the year were 4,004. The number of adult day treatments was 8,084. The IOL treated 21,664 patients for eating disorder and 4,214 for Schizophrenia rehabilitation. A total of 1,536 patients received Geriatric day treatment, 4,040 received professional day treatment, 1,812 received extended day treatment, 7,190 received Child/Adolescent day treatment and 2,857 went through the Dialectical Behavioral Therapy (DBT) program. The average length of stay was 9.8 days and the average daily census was 109.1. Hartford residents accounted for 33% of admissions and 63% of admissions were from other areas within the state.

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Patient Care Activities and Program Development

Patient care activities and program development were guided by the IOL's internal goals for FY2013. Highlights included a focus on continued growth in the Young Adult and Child and Adolescent PHP/IOP Programs an increase of Inpatient capacity by four beds on the Geriatric unit and the development of an expanded space and program in the Purple Pod in HH ED. Other program highlights for this year included:

*Assessment Center: Clinicians evaluated nearly 6,500 patients in the Hartford Hospital Emergency Department 2,437 children in the Connecticut Children's Medical Center Emergency Department and averaged 4,200 telephone interventions per month.

* Adult Ambulatory Services: Provided over 73,000 services in eight specialty programs including Adult Day Treatment, Addiction Recovery Service, Dialectical Behavior Therapy, Eating Disorders, Geriatric Day Treatment, Professionals Program (including Professionals Addiction Recovery Service), Schizophrenia Rehabilitation Program and the Young Adult Program (including the POTENTIAL Program).

*Inpatient Services: Total discharges were 4,004 from three adult units, one geriatric unit, one child unit, one adolescent unit and one child/adolescent unit (CARES).

*Child/Adolescent Division: Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent Practice and the Webb Schools

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(Hartford and Cheshire). The Webb Schools continue to operate the Transitional Learning Academy and have further developed vocational programming for the high school and transitioning students.

*Geriatric Division: Expanded inpatient capacity by four beds and remained very active providing day hospital, outpatient and nursing home-services. Electroconvulsive therapy utilization remains high and Transcranial Magnetic Stimulation volumes are stable.

*Consultation/Liaison Service and Emergency Department:

Consultation/Liaison group added a new physician to better respond to continued increase in volumes. Facilities and program plans were developed for Purple Pod expansion and construction was underway by years end.

*Other specialty services included the Anxiety Disorders Center/Center for Cognitive Behavioral Therapy (which established new programs for insomnia, adult ADHD, phobias and depression); the Memory Disorders Center; the Mood Disorders Program and Transcranial Magnetic Stimulation.

Quality and Performance Measures

The Institute of Living's Executive Quality Management Committee continues to oversee quality initiatives and activities. The committee collects and analyzes data to assess quality and safety outcomes of patient care. Results of performance indicators are reported quarterly to the IOL Board of Directors, and annually to the Hartford Hospital Quality Council. Highlights of this year's quality initiatives continue

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to include suicide prevention and assessment, reduction in the use of seclusion and restraint, and fall prevention. Specific to reduction in use of seclusion and restraint, new restraint equipment was implemented on all inpatient units. This new equipment consists of a restraint chair and transboard, almost fully replacing 4 point restraints and the canvas safety suit. Events and hours of seclusion were statistically significantly reduced this year. The trend over time supports the effectiveness of the cumulative interventions and specific components introduced during FY2013. Other quality/safety initiatives included the continued focus on our computerized clinical alert system, corporate compliance, and environment of care. We continue to collect data for "Hospital-Based Inpatient Psychiatric Services Core Measures Set", better known as HBIPS. HBIPS consists of 7 core measures which focus on critical issues that affect the course of an individual's psychiatric hospitalization from the moment they enter the facility through discharge. The measures are evidence-based and have a direct impact on the quality of care received. Compliance rate is greater than 85% on all measures, with 98% compliance on measures involving continuity of care.

Research, Training and Education

Research: The research enterprise at The Institute of Living is organized in four specialized centers. The Olin Neuropsychiatry Research Center, directed by Godfrey Pearlson, M.D., focuses on studies of the major psychiatric disorders using brain imaging and electrophysiological techniques along with genetic analysis. The Anxiety Disorders Center, directed by David Tolin, Ph.D., researches treatments for Obsessive-Compulsive Disorder (OCD), Panic Disorder,

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Compulsive Hoarding and other disorders on the anxiety spectrum. The
 Braceland Center for Mental Health and Aging (Karen Blank, M.D.,
 Director) addresses issues related to memory in normal aging and in
 individuals with Alzheimer's Disease or other dementing processes.
 Finally, the Burlingame Center for Psychiatric Research and Education,
 directed by John Goethe, M.D., focuses on outcomes and best practices
 research as well as pharmacogenetics, metabolic syndrome and treatment
 resistant mood disorders.

Our research centers continued to perform well in competitive funding
 with a total of \$4.1 million awarded to IOL researchers. The success of
 our research enterprise can be measured through grants awarded, the
 dissemination of important findings and the synergy between our
 research efforts and our training and clinical programs. IOL
 researchers and scholars published 53 articles, book chapters, and
 books, made 52 presentations nationally, and received numerous awards
 and honors over the course of the year.

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

Thoracic Surgery, Transplant Surgery, and Vascular Surgery.

Trends in Frequency of Operations are depicted below. Note this
 information is based on surgical procedures and diagnostic procedures
 (IE. Colonoscopy) are excluded. Hence, surgical procedures performed by
 surgeons within their Division(s) Bariatric: 879 Colorectal: 1,451
 General Surgery: 2,626, Plastic: 2,094, Podiatry; 1,091, Surgical
 Oncology: 1,587, Transplant: 751, Trauma: 164, Vascular: 860 and
 Thoracic: 303. The department continues to grow and continues to be

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dynamic with several changes over the past year. In-patient and Ambulatory Surgeries totaled 11,806 which are 261 cases. More than 49% of the cases were performed on an out-patient basis.

With regards to Patient experience, the DOS exceeded its benchmarked Top Box Physician score of 84.4% in FY2013. To further improve patient experience scores, the Department continued to support the initiative "The Patient Experience; Building Physician and Nurse Leaders." This initiative has helped each of the DOS nursing units partner with physician leaders to identify key areas of focus to improve patient care and patient experience.

Department of Surgery Research/Publications/Presentations- The Department of Surgery continues to participate in clinical and scientific research and has contributed significantly to the surgical body of knowledge. Members of the department have presented their findings at several prestigious forums and have published in a variety of referred journals.

Division of Bariatric Surgery - 2013 was a successful year for the Center for Metabolic and Bariatric Surgery at Hartford Hospital. With more than 500 procedures for the year and more than 3500 cases completed since the inception of the program in 2004, Hartford Hospital is the leading provider for metabolic and bariatric surgery services in Connecticut.

Division of Colorectal Surgery - There were 2 major initiatives of the colorectal division this year, growth and development of the robotic colorectal surgery program, and the multidisciplinary collaboration in

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the development of the pelvic floor program as detailed below.

*Robotics: The goal is to utilize advanced technology in selected colorectal procedures where potential advantages may exist over traditional laparoscopic surgery. Our future goals include further growth of the program, while being mindful of the types of procedures, where the use of robotics may be beneficial to the patient.

*Pelvic floor: The new Women's GI Health Center is working closely with varied disciplines on women's health issues. A new office procedure was introduced into practice to help treat rectal incontinence, Solesta injectable gel. In addition, the division is treating more patients with fecal incontinence with the use of interstim neural stimulator.

Division of Podiatric Surgery - As a division that works heavily within the hospital with multiple specialities, our outcomes continue to be excellent for limb salvage. With the advent of new interventional vascular procedures by our vascular colleagues and diligent work by our division, limb salvage rates seem to stay high. We are working on different type of measures to quantify these results.

Division of Plastic Surgery - The Plastic Surgery Department provides clinical services at the Connecticut Children's Medical Center and at Hartford Hospital. Our surgical volume has remained stable, and includes all types of plastic and reconstructive procedures. Our Plastic Surgeons frequently collaborate with other surgical specialists, providing state-of-the-art multidisciplinary surgical care. Common surgical procedures performed include: complex wound closures including flaps and grafts, craniofacial reconstruction, craniofacial fracture repair, cleft lip/palate reconstruction, breast

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surgery/ reconstruction, body contouring, skin/soft tissue tumor excision/repair, upper extremity/hand surgery/reconstruction, and cosmetic surgery/non-surgical cosmetic procedures.

Division of Surgical Critical Care and Trauma - The Division of Surgical Critical Care is dedicated to providing state-of-the-art, comprehensive care to critically ill and injured patients. The Division is also committed to training fellows to assume leadership roles in the field of critical care and to insure that the educational goals of surgical and non-surgical residents are met.

Patient Care - The Surgical Critical Care Division is comprised of three patient-focused intensive care units providing care in the area of General Surgery/Trauma, Cardiothoracic and Neurocritical care to over 3,100 critically ill or injured patients per year. The Division includes a total of 46 ICU beds and 12 stepdown beds to provide continuity of care throughout the patients' acute hospital course. Total SICU admissions continues to increase from 3,104 (FY2012) to 3,370 (FY2013). Average length of stay was lower in FY2013 at 4.1 days compared to 5.3 days in FY2012.

Division of Surgical Oncology - The Division of Surgical Oncology had another successful year. The number of patients and surgical procedures continues to increase. Our division members not only continue to provide cutting-edge hospital services, but also participate in local and national meetings. We have also been very active providing community education through talks and television appearances.

* Published manuscripts and abstracts - Over the past year, the

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division published articles in Surgery and Connecticut Medicine and updated three chapters on the Up to Date website for the treatment of cancer.

* Invited presentations - The division presented "The Surgical Approach to Melanoma" at the annual Mary Mulready Cancer Symposium. Members of the division also gave various talks throughout the community educating the public on ductal carcinoma in situ of the breast, melanoma, and pancreas cancer. We had a poster presented at the New England Surgical Society annual meeting on partial breast irradiation in patients treated at Hartford Hospital.

Division of Thoracic Surgery - FY2013 was marked by three new general thoracic surgeons joining the Hartford HealthCare ranks. STS General Thoracic Surgery Database shows Hartford Hospital to be in the upper 25th percentile regarding lowest morbidity and mortality for both pulmonary lobectomy and esophagectomy compared with the other 232 institutions participating in the STS General Thoracic Surgery database.

Division of Transplant Surgery - The Vascular Access cases have increased by approx 20% and the Surgeons have met frequently with Nephrologists to meet their needs of establishing quality markers. Transplants were down 3 overall for the year. Clinical volume showed an increase of 25% for new Hepatology patients and opened South Windsor, Windham, and Manchester satellites for our program.

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

Founded in 1854, Hartford Hospital is one of the largest teaching

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hospitals and tertiary care centers in New England and has a robust clinical research program. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Enfield, Glastonbury, Newington, West Hartford, Wethersfield, Windsor and South Windsor.

Hartford Hospital has New England's second-busiest surgical practice, after Massachusetts General. It is ranked among the top 10 centers in the country for experience in robotic surgery and performs more minimally invasive surgery than any hospital in the region. The hospital owns and operates LIFE STAR, the state's only critical-care air transport system, and is Hartford's only Level I trauma center.

Hartford Hospital is committed to promoting and sustaining the health and well-being of the people in our community. We treat the members of our community like family, providing our world-class clinical care to everyone, regardless of their ability to pay. According to the Office of Health Care Access 2013 Annual Report, Hartford Hospital is the second-largest provider of Medicaid services in the state.

Assessing Community Health Needs

The Hospital collaborates with numerous partners in an ongoing effort to identify the health needs of our community. In 2012, we completed a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and Medical Center, the University of Connecticut Health Center and Connecticut Children's Medical Center. We are using the findings from this newest study to be sure our programs continue to respond to the

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community's health needs. A Community Health Needs Assessment will be conducted every three year as required by law.

Charity Care and Financial Assistance

The Hospital provides free and low-cost care that respects the dignity of each patient. We offer prompt Medicaid eligibility assessments and financial assistance reviews. Financial assistance brochures are available on-site and online in both English and Spanish. Our Patient Access and Financial Assistance team has bilingual staff members who assist patients who speak Spanish, Portuguese, French, Italian and Russian. Hartford Hospital's interpreter line provides assistance with other languages, so that we can continue to meet the needs of our diverse population. Financial assistance coordinators are available in the hospital, in our Emergency Department and at our outpatient locations. When necessary, we work with patients to develop payment plans.

Hartford Hospital improves community health in many ways:

Partnerships - We partner with numerous community-based organizations to advance our shared goals, stimulate economic development, and improve both the health and quality of life of our neighbors.

Support Groups - Individuals and families can obtain support and education from our more than 30 support groups.

Outpatient Clinics - We operate several low- or no-cost outpatient clinics to provide the poorest among us with high-quality health care.

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Community Outreach - We regularly bring health education and screenings out into the community through health fairs, lectures and special events. We particularly reach out to those who are uninsured or underinsured.

Contributions - We provide financial and in-kind contributions to nonprofit organizations that serve the community.

Health Professions Education - Hartford Hospital contributes to the long-term health of our community by educating hundreds of physicians, nurses and other health care professionals every year. Since many remain to practice in the area, we help ensure that there will be enough qualified health professionals to meet the community's growing needs.

Cancer Outreach - Hartford Hospital is a national leader in providing expert, state-of-the-art cancer care. We bring that expertise to the community through:

- * Community-based screenings for prostate and colorectal cancer
- * Mobile Mammography
- * The Partnership for Breast Care, a comprehensive center that coordinates prompt evaluation and treatment of breast problems.

Emergency Services - From minor injuries to large-scale catastrophes, Hartford Hospital is the region's leading resource in an emergency.

* Our Emergency Department had approximately 101,000 visits in FY2013.

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* We are the area's only Level I Trauma Center.

* We operate LIFE STAR, the state's only critical care helicopter transport system. LIFE STAR transports emergency/critical care patients to tertiary care centers in a 150-mile radius, transporting approximately 900 patients in FY2013.

* We are the state-designated Center of Excellence for Bioterrorism and Emergency Preparedness, responsible for planning and coordinating emergency response throughout north-central and eastern Connecticut.

Research - In 2013, the Hospital supported approximately 290 community benefit research projects, expending a total of \$12,726,896. Our research helps expand the medical community's knowledge and gives our patients access to leading-edge treatments.

Expenses \$ 668,056,489. incl grants of \$ 185,000. Revenue \$ 789,362,529.

Form 990, Part VI, Section A, line 6: Hartford Hospital is organized as a non-stock not for profit entity. Hartford HealthCare Corporation is the sole member.

Form 990, Part VI, Section A, line 7a: The sole member of the organization has the authority to approve/deny members of the governing body.

Form 990, Part VI, Section A, line 7b: The sole member of the organization has the right to review, approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc.

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Form 990, Part VI, Section B, line 11: The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the VP of Finance for review. The final form was forwarded to the entire Board for review. Once the review process was completed, the form was signed by the VP of Finance and then filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC). HHC's Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP). All employee disclosures are reviewed by OCAP to determine if there is a potential conflict. Legal counsel will review all cases where the individual has a significant financial interest and these cases are forwarded to the System Executive Compliance Steering Committee. The System Executive Compliance Steering Committee will assess and may recommend 1) the conflict be eliminated, 2) the proposed activity be prohibited, or 3) a Conflict of Interest management plan be implemented. Results of the survey of board members is reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management

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of them, where applicable.

Form 990, Part VI, Section B, Line 15: The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation.

The following steps were taken:

- Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, established and regularly reviews Executive Compensation Philosophy
- Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"
- National peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors
- Analysis of current total compensation versus market performed by independent third party compensation consulting firm, reviewed by the committee
- Recommendations made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy
- CEO compensation determined by Committee based on comparative market information and organizational performance
- All changes reviewed and approved by Executive Compensation Committee

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

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.

Form 990, Part VI, Section C, Line 19: Form 990, 990T and Form 1023 and its attachments are available upon request. Hartford Hospital's governing documents, financial statements and Conflict of Interest statements are also made available upon request.

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

Sch K-1 Reconciling Items	-352,229.
Pension Adjustment	153,353,962.
Transfer to Affiliates	-151,527,317.
Total to Form 990, Part XI, Line 9	1,474,416.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11 (a)	Windham Community Memorial Hospital		X
Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X
Hartford HealthCare At Home, Inc. - 06-0646938, 103 Woodland Street, Hartford, CT 06105	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corp.		X
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corp.		X
VNA Health Resources Inc. - 06-1161422 103 Woodland Street Hartford, CT 06105	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare At Home, Inc.		X
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06115	Fundraising	Connecticut	501(C)(3)	11 (c)	Hartford Hospital		X
The Hospital of Central CT and Bradley Memorial - 06-0646768, 100 Grand Street, New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X
Central CT Senior Health Svc d.b.a. Southington Care - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.		X
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.		X
Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050	Support & Management Svcs. to TOCC and Affiliates - Shell	Connecticut	501(C)(3)	11 (b)	Hartford HealthCare Corp.		X
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Care	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Supporting Organization	Connecticut	501(C)(3)	11 (a)	Rushford Center Inc.		X
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital		X
Windham Community Memorial Hospital Women's Auxiliary Inc. - 06-0677728, 112 Mansfield Avenue, Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11 (a)	Windham Community Memorial Hospital		X
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	3	Midstate Medical Center		X
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Practice Medicine and Provide Health Care Services to the Public	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.		X
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 200 Retreat Avenue, Fl 9, Hartford, CT 06102	To Manage and Coordinate Care for Medicare Beneficiaries	Connecticut	501(C)(3)		HHC PhysiciansCare Inc.		X
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corp.		X
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11 (b)	Hartford HealthCare Corporation		X
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Hospital	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11 (a)	Hartford HealthCare Corporation		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
New Britain MRI Limited Partnership - 06-1271349, 100 Magnetic Grand Street, New Britain, CT 06050		CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Omni Home Health Services E, CT, LLC d/b/a - 06-1458837, 12 Case Street - #317, Norwich, CT 06360	Backus Home Health Care	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance Service of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450	Ambulatory Services	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut Imaging Partners LIC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Service	CT	N/A	Unrelated	351,478.	1,447,487.	X	X	N/A	X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
H.M.O.B. Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	N/A	C CORP	N/A	N/A	N/A		X
CHS Insurance LTD FB Perry Bld., 40 Church St. , Hamilton, BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
Windham Health Services Inc. - 06-1461101 112 Mansfield Avenue Willimantic, CT 06226	Home Healthcare	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Physician Hospital Organization - 06-1441614, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Family Medical Services - 06-1491649 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Glastonbury Endoscopy Center, LLC - 26-1721234, 300 Western Boulevard, Glastonbury, CT 06033	Endoscopy Services	CT	N/A	Related	664,069.	127,621.		X	N/A		X	50.00%
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 06033	Surgery Services	CT	N/A	Related	4,919,949.	516,628.		X	N/A		X	51.00%
Hartford - Middlesex Clinical System LLC - 06-1543605, 80 Seymour Street, Hartford, CT 06110	Affiliate Support Services	CT	N/A	Unrelated	-135.			X	N/A		X	50.00%
Med-East Assoc., LLC - 06-1469575, 1703 West Main Street, Willimantic, CT 06226	Outpatient Care Clinic	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	Excluded Under 512	14,783,902.	501,056,685.		X	N/A		X	70.92%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
Grand Indemnity Co. LTD - 98-0609499 40 Church Street , Hamilton, BERMUDA	Professional Liability	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
Hartford Physician Services PC - 06-1254082 80 Seymour Street Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Meriden Imaging Center - 06-1541468 101 North Plains Industrial Road Meriden, CT 06429	Imaging	CT	N/A	S CORP	N/A	N/A	N/A		X
Hartford Physician Hospital Organization, Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	-253,281.	2,444,211.	50.00%		X
Aetna Ambulance Service, Inc. - 06-0795431 P.O.BOX 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Metro Wheelchair Service, Inc. - 06-0878432 P.O.BOX 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	N/A	N/A	N/A		X
WWB Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Health Care Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Professional Office Condominium Association, Inc. - 06-1090041, 1120 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Select Physicians Network - 06-1426901 112 Mansfield Avenue willimantic, CT 06226	Managing offices of physicians and surgeons.	CT	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHS Insurance Ltd	O	1,915,931.FMV	
(2)	CHS Insurance Ltd	P	227,321.FMV	
(3)	CHS Insurance Ltd	S	31,895,118.FMV	
(4)	CHS Insurance Ltd	R	10,286,455.FMV	
(5)	Eastern Rehabilitation Network	O	15,408,402.FMV	
(6)	Eastern Rehabilitation Network	Q	381,736.FMV	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Eastern Rehabilitation Network	E	300,000.FMV	
(8) Eastern Rehabilitation Network	A	100,350.FMV	
(9) H.H.M.O.B	E	1,155,841.FMV	
(10) H.H.M.O.B	O	469,406.FMV	
(11) H.H.M.O.B	Q	784,624.FMV	
(12) H.H.M.O.B	J	131,251.FMV	
(13) H.H.M.O.B	L	342,458.FMV	
(14) H.H.M.O.B	K	996,073.FMV	
(15) H.H.M.O.B	A	908,048.FMV	
(16) H.H.M.O.B	S	3,323,450.FMV	
(17) Immediate Medical Care Center	Q	110,793.FMV	
(18) Immediate Medical Care Center	L	283,165.FMV	
(19) Immediate Medical Care Center	A	63,878.FMV	
(20) Immediate Medical Care Center	O	131,490.FMV	
(21) Immediate Medical Care Center	M	199,547.FMV	
(22) Immediate Medical Care Center	P	114,768.FMV	
(23) Immediate Medical Care Center	S	73,402.FMV	
(24) Midstate Medical Center	O	2,261,309.FMV	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Midstate Medical Center	R	3,268,815.FMV	
(8)Midstate Medical Center	L	9,744,663.FMV	
(9)Rushford Center Inc.	O	217,622.FMV	
(10)Rushford Center Inc.	L	713,763.FMV	
(11)Rushford Center Inc.	A	8,218.FMV	
(12)The Hospital of Central Connecticut	O	473,168.FMV	
(13)The Hospital of Central Connecticut	L	6,499,739.FMV	
(14)The Hospital of Central Connecticut	P	68,100.FMV	
(15)Institute Of Living	Q	37,929.FMV	
(16)Institute Of Living	A	254,910.FMV	
(17)Windham Hospital	L	4,039,182.FMV	
(18)Windham Hospital	O	967,382.FMV	
(19)Windham Hospital	R	7,324,652.FMV	
(20)Hartford Hospital Auxiliary	C	207,096.FMV	
(21)Natchaug Hospital Inc.	O	630,387.FMV	
(22)Natchaug Hospital Inc.	L	810,458.FMV	
(23)Hartford HealthCare At Home, Inc.	L	1,468,009.FMV	
(24)Hartford HealthCare At Home, Inc.	O	109,185.FMV	

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	Hartford HealthCare PhysicianCare Inc.	M	2,145,985.FMV	
(8)	Hartford HealthCare PhysicianCare Inc.	A	329,439.FMV	
(9)	Hartford HealthCare PhysicianCare Inc.	Q	75,846.FMV	
(10)	Hartford HealthCare PhysicianCare Inc.	R	3,429,722.FMV	
(11)	Hartford HealthCare PhysicianCare Inc.	O	2,567,597.FMV	
(12)	Hartford HealthCare PhysicianCare Inc.	L	2,673,105.FMV	
(13)	Hartford HealthCare At Home, Inc.	Q	90,694.FMV	
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

