

## ELF Return Status Information

ACCOUNT	PRODUCT	PREPARER	RETURN ID	NAME	FEDERAL STATUS	FEDERAL DATE	STATE/OTHER	STATE STATUS	STATE DATE
139621	990	MICHAEL J. ENGLE	15X:CCSHS:V1	HARTFORD HEALTHCARE SENIOR SERVICES, INC.	Accepted	8/10/2017			
139621	990	Mike Engle	15X:HOCC:V1	The Hospital of Central Connecticut	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:MIDSTATE:V1	MidState Medical Center	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:HHCC:V1	Hartford HealthCare Corporation	Accepted	8/10/2017			
139621	990	MICHAEL J. ENGLE	15X:backushospit:V1	THE WILLIAM W BACKUS HOSPITAL	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:HH:V1	Hartford Hospital	Accepted	8/10/2017			
139621	990		15X:backuscorp:V1	BACKUS CORPORATION	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:WINDHAM:V1	Windham Community Memorial Hospital	Accepted	8/10/2017			
139621	990		15X:SOUTHINGTON:V2	THE ORCHARDS AT SOUTHINGTON	Accepted	8/9/2017			
139621	990		15X:RUSH_INC:V1	Rushford Center, Inc.	Accepted	8/9/2017			
139621	990		15X:MMC_AUX:V1	MidState Medical Center Auxiliary	Accepted	8/9/2017			
139621	990		15X:VNA:V1	Hartford HealthCare at Home, Inc.	Accepted	8/9/2017			
139621	990	Jeanne Schuster	15X:HHC_PCI:V1	HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group	Accepted	8/9/2017			
139621	990	Mike Engle	15X:NATCHAUG:V1	Natchaug Hospital, Inc	Accepted	8/9/2017			
139621	990		15X:MULBERRY:V2	MULBERRY GARDENS OF SOUTHINGTON, LLC	Accepted	8/9/2017			
139621	990		15X:HHC_ACO:V1	Hartford HealthCare Accountable Care Organization Inc.	Accepted	8/9/2017			
139621	990		15X:VNA_HRI:V1	Hartford HealthCare Independence at Home Inc.	Accepted	8/9/2017			
139621	990		15X:RUSH_FDN:V1	Rushford Foundation, Inc.	Accepted	8/9/2017			

For calendar year 2015, or tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

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 2 columns (Form type, Amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,221,954,147.

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.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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 2015 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 of officer

[Handwritten Signature]

Date

8/10/17

Vice President, Finance

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.

ERO's Use Only section containing fields for ERO's signature, Date (8/8/17), Firm's name (Hartford HealthCare Corporation), EIN (22-2672834), and address (One State Street, Suite 19, Hartford, CT 06103).

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.

Paid Preparer Use Only section containing fields for Preparer's name (JEANNE M. SCHUSTER), Date (8/8/17), Firm's name (Ernst & Young U.S. LLP), Firm's EIN (34-6565596), and address (200 Clarendon Street, 44th Floor, Boston, MA 02116).

Extended to August 15, 2017

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2015**

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Hartford Hospital</b>		<b>D</b> Employer identification number <b>06-0646668</b>
	Doing business as		<b>E</b> Telephone number <b>(860)696-6200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>80 Seymour Street, P.O. Box 5037</b>		<b>G</b> Gross receipts \$ <b>1,223,053,565.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Hartford, CT 06102-5037</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: <b>Stuart K. Markowitz M.D.</b> <b>80 Seymour Street, Hartford, CT 06102</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>HARTHOSP.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1854</b> <b>M</b> State of legal domicile: <b>CT</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To improve the health and healing of the people and communities we serve.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>7688</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1049</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,581,979.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-415,982.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>35,215,389.</b>	Current Year <b>15,826,083.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>111,967,255.</b>	<b>118,866,243.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>39,294,326.</b>	<b>11,740,094.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,560,596.</b>	<b>5,725,536.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>120,074,286.</b>	<b>122,195,417.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>250,260.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>537,359,680.</b>	<b>503,694,863.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>1,353,576.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>559,546,318.</b>	<b>671,419,865.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,097,156,258.</b>	<b>1,175,226,058.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>103,586,611.</b>	<b>46,728,089.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>148,693,517.</b>	End of Year <b>154,501,577.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>825,717,922.</b>	<b>988,682,194.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>661,217,249.</b>	<b>556,333,580.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date <b>8/10/17</b>
	Gerald J. Boisvert, Vice President, Finance Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jeanne Schuster</b>	Preparer's signature 	Date <b>8/8/17</b>
	Firm's name <b>Ernst &amp; Young U.S. LLP</b>	Firm's EIN <b>34-6565596</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00743154</b>
Firm's address <b>200 Clarendon Street, 44th Floor Boston, MA 02116</b>		Phone no. <b>(617) 226-2000</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To improve the health and healing of the people and communities we serve.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 155,588,825. including grants of \$ ) (Revenue \$ 176,358,299.) At the completion of FY 16, the Division of Cardiology was comprised of 13 full time faculty cardiologists, 1 per diem cardiologist, 7 full time hospitalists, and 1 doctoral-level researcher. Cardiology division members published over 135 publications (not including abstracts) in peer-reviewed journals in 2015/2016.

Patient Care Activities

Cardiac Catheterization Laboratory: For FY16, there were 3,729 total cases performed in the Cardiac Catheterization Laboratory. Diagnostic Coronary procedures for FY16 were 3,547. The Catheterization Laboratory staff performed 162 Trans

4b (Code: ) (Expenses \$ 70,050,132. including grants of \$ ) (Revenue \$ 63,297,494.) The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. The IOL strives to address enormous behavioral healthcare needs through the variety of clinical programs and services it provides, including research programs aimed at better understanding and treating mental illness, through education of the community and through training programs aimed at producing the next generation of behavioral health clinicians.

Statistical Data

Total discharges for the year were 3,273. The number of adult day treatments was 6,062. The IOL treated 1,934 patients for Eating

4c (Code: ) (Expenses \$ 61,657,528. including grants of \$ ) (Revenue \$ 60,556,728.) The volume of patients seen at the Hartford Hospital Emergency Department (ED) has increased as the hospital continues to provide emergent care to those in need. The number of transfers from smaller hospitals to the tertiary care centers also continues to increase. FY16 had the highest patient volume ever as 108,219 patients visited the ER.

The Hospital continues to give significant attention and effort towards reducing the median time from when patient arrives at the ED and when the patient is first seen by a provider. There have also been continuous efforts towards improving the experience of our patients.

4d Other program services (Describe in Schedule O.) (Expenses \$ 795,608,880. including grants of \$ 111,330.) (Revenue \$ 888,449,913.)

4e Total program service expenses 1,082,905,365.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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?	X	
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 or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 576, 0, 7688).

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

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent ..... 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5		X
6 Did the organization have members or stockholders? ..... 6	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? ..... 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? ..... 8a	X	
b Each committee with authority to act on behalf of the governing body? ..... 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... 9		X

**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? ..... 10a		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? ..... 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... 11a	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 ..... 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... 12b	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 ..... 12c	X	
13 Did the organization have a written whistleblower policy? ..... 13	X	
14 Did the organization have a written document retention and destruction policy? ..... 14	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 ..... 15a	X	
b Other officers or key employees of the organization ..... 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... 16a	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? ..... 16b	X	

**Section C. Disclosure**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Gregory Jones Director (Thru June 2016)	2.00	X					0.	0.	0.	
(2) Dariush Owlia M.D. Director	2.00	X					0.	0.	0.	
(3) Carol Polifroni Director	2.00	X					0.	0.	0.	
(4) Eric Zachs Director	2.00	X					0.	0.	0.	
(5) Alexia Cruz Director	2.00	X					0.	0.	0.	
(6) Magdalena Rodriguez Director	2.00	X					0.	0.	0.	
(7) Westley Thompson Director	2.00	X					0.	0.	0.	
(8) James Loree Director	2.00	X					0.	0.	0.	
(9) Matthew Saidel, M.D. Director	2.00	X					108,333.	0.	0.	
(10) David Zwiener Director	2.00	X					0.	0.	0.	
(11) Stacy Nerenstone, M.D. Director	2.00	X					0.	0.	0.	
(12) Jeffry Nestler, M.D. Director	2.00	X					0.	0.	0.	
(13) Yvette Melendez Director	60.00	X					298,695.	0.	37,713.	
(14) Douglas Elliot Chair	3.00	X		X			0.	0.	0.	
(15) David McHale Vice Chair	3.00	X		X			0.	0.	0.	
(16) Stuart Markowitz, M.D. President	50.00 10.00	X		X			0.	744,015.	151,368.	
(17) Margaret Marchak Secretary & SVP/CLO, HHC	20.00 40.00			X			0.	660,302.	141,415.	

**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) Gerald Boisvert SVP, Financial Operations, HHC	10.00 50.00			X				0.	622,517.	112,552.
(19) John Greene Jr. M.D. VP	0.00 60.00				X			0.	592,869.	77,945.
(20) Cheryl Ficara VP	0.00 60.00				X			0.	412,681.	78,030.
(21) Peter Fraser VP	0.00 60.00				X			0.	389,292.	68,793.
(22) Harold Schwartz, M.D. VP	30.00 30.00				X			0.	607,092.	87,493.
(23) Barry Kriesberg VP	0.00 60.00				X			0.	313,279.	46,255.
(24) Michael Lindberg, M.D. Dir. Medicine	60.00				X			785,920.	0.	61,189.
(25) Orlando Kirton, M.D. Dir. Surgery	60.00				X			798,885.	0.	80,244.
(26) Lenworth Jacobs, M.D. VP	60.00				X			642,494.	0.	66,318.
<b>1b Sub-total</b>								<b>2,634,327.</b>	<b>4,342,047.</b>	<b>1009315.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>1,137,725.</b>	<b>3,274,289.</b>	<b>588,987.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>3,772,052.</b>	<b>7,616,336.</b>	<b>1598302.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 977

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Gilbane Building Company, 208A New London Turnpike, Glastonbury, CT 06033	Construction	10,382,037.
University of CT Health Center 263 Farmington Avenue, Farmington, CT 06030	Medical Services	7,280,052.
FIP Construction Inc., 1536 New Britain Avenue, Farmington, CT 06032	Construction	7,084,737.
CFM Construction Corp. 150 Sycamore Street, Glastonbury, CT 06033	Construction	1,445,806.
Origin Incorporated 1800 SW 1st Suite 510, Portland, OR 97201	Staffing Services	1,119,730.

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 87

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 49,182.				
	b Membership dues	1b				
	c Fundraising events	1c 1,435,279.				
	d Related organizations	1d 843,163.				
	e Government grants (contributions)	1e 6,056,816.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,441,643.				
	g Noncash contributions included in lines 1a-1f: \$	1,302,677.				
	h Total. Add lines 1a-1f	15,826,083.				
	Program Service Revenue	2 a Patient Care	Business Code 624100	1162465789.	1162465789.	
b Pharmacy		541700	24,235,273.	23,911,167.	324,106.	
c Ref. Testing / Lab		621500	1,257,722.		1,257,722.	
d Inc. From Inv - Other		900003	703,650.	703,499.	151.	
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1188662434.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,030,596.		7,030,596.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	3,102,200.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	3,102,200.			
	d Net rental income or (loss)		3,102,200.		3,102,200.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5,145,751.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.	436,253.		
		c Gain or (loss)	5,145,751.	-436,253.		
	d Net gain or (loss)		4,709,498.		4,709,498.	
	8 a Gross income from fundraising events (not including \$ 1,435,279. of contributions reported on line 1c). See Part IV, line 18	a	270,601.			
		b Less: direct expenses	b	663,165.		
c Net income or (loss) from fundraising events			-392,564.		-392,564.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	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	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a Cafeteria Income	722210	3,015,900.		3,015,900.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		3,015,900.				
12 Total revenue. See instructions.		1221954147.	1187080455.	1,581,979.	17,465,630.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,330.	61,330.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,000.	50,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,866,867.	4,690,137.	3,176,730.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,539,064.	923,028.	1,616,036.	
7 Other salaries and wages	416,142,046.	398,242,781.	16,804,323.	1,094,942.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,592,955.	8,080,331.	432,114.	80,510.
9 Other employee benefits	38,025,934.	36,058,468.	1,928,306.	39,160.
10 Payroll taxes	30,527,997.	28,903,930.	1,545,702.	78,365.
11 Fees for services (non-employees):				
a Management				
b Legal	359,691.		359,691.	
c Accounting				
d Lobbying	90,916.		90,916.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,701,123.	1,701,123.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	88,356,682.	88,356,682.		
12 Advertising and promotion	232,149.		232,149.	
13 Office expenses	22,158,320.	18,152,109.	3,984,937.	21,274.
14 Information technology	59,698,413.	39,017,781.	20,680,632.	
15 Royalties				
16 Occupancy	33,022,827.	31,252,362.	1,770,465.	
17 Travel	1,021,547.	982,803.	38,705.	39.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	945,259.	886,090.	59,169.	
20 Interest	12,683,712.	12,361,033.	322,679.	
21 Payments to affiliates	87,072,125.	74,487,513.	12,584,612.	
22 Depreciation, depletion, and amortization	46,720,387.	39,542,447.	7,175,368.	2,572.
23 Insurance	11,432,625.	9,280,233.	2,152,392.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Medical Supplies</b>	197,522,598.	197,522,598.		
b <b>Hosp Provider/User Tax</b>	56,966,199.	56,966,199.		
c <b>Purchased Services</b>	25,248,301.	16,776,423.	8,459,076.	12,802.
d <b>Equipment &amp; Ppty Maint</b>	12,344,986.	11,778,804.	547,045.	19,137.
e All other expenses	13,842,005.	6,831,160.	7,006,070.	4,775.
25 <b>Total functional expenses. Add lines 1 through 24e</b>	1175226058.	1082905365.	90,967,117.	1,353,576.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing .....	42,274,168.	1	27,882,914.
	2	Savings and temporary cash investments .....	336,578.	2	389,712.
	3	Pledges and grants receivable, net .....	7,560,701.	3	8,122,824.
	4	Accounts receivable, net .....	152,875,255.	4	165,657,106.
	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 .....	14,407,416.	8	17,610,739.
	9	Prepaid expenses and deferred charges .....	5,518,023.	9	8,024,071.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1334373623.		
	b	Less: accumulated depreciation .....	10b 869,244,495.	10c	465,129,128.
	11	Investments - publicly traded securities .....	3,501,100.	11	1,119,344.
	12	Investments - other securities. See Part IV, line 11 .....	322,220,670.	12	692,676,241.
	13	Investments - program-related. See Part IV, line 11 .....	61,182,475.	13	763,088.
	14	Intangible assets .....	26,886,034.	14	26,288,117.
	15	Other assets. See Part IV, line 11 .....	458,916,191.	15	131,352,490.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1486935171.	16	1545015774.	
Liabilities	17	Accounts payable and accrued expenses .....	90,935,442.	17	106,466,264.
	18	Grants payable .....		18	
	19	Deferred revenue .....	285,879.	19	15,043,968.
	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 .....	25,467.	24	21,937.
	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 .....	734,471,134.	25	867,150,025.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	825,717,922.	26	988,682,194.
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 .....	306,590,779.	27	180,150,912.
	28	Temporarily restricted net assets .....	138,903,091.	28	152,538,908.
	29	Permanently restricted net assets .....	215,723,379.	29	223,643,760.
	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	<b>Total net assets or fund balances</b> .....	661,217,249.	33	556,333,580.	
34	<b>Total liabilities and net assets/fund balances</b> .....	1486935171.	34	1545015774.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,221,954,147.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,175,226,058.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,728,089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	661,217,249.
5	Net unrealized gains (losses) on investments	5	39,447,659.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-191,059,417.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	556,333,580.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)





**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<input type="checkbox"/>	a The organization satisfied the Activities Test. Complete line 2 below.	
<input type="checkbox"/>	b The organization is the parent of each of its supported organizations. Complete line 3 below.	
<input type="checkbox"/>	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
<b>2</b> Activities Test. Answer (a) and (b) below.		
	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013		
e	From 2014		
f	<b>Total of lines 3a through e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

Schedule A (Form 990 or 990-EZ) 2015



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

Name of organization 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) 2015

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532041  
10-05-15



**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on 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		90,916.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			90,916.
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

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

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

Hartford Hospital paid annual dues to Connecticut Hospital Association (CHA). CHA conducts lobbying activities on behalf of its members. CHA allocates a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA conducts lobbying activities under current Medicare

**Part IV** Supplemental Information (continued)

rules. The Organization occasionally asks its employees to volunteer their time to contact state legislators in an effort to lobby on its behalf. The total amount of dues allocated for lobbying expenses for FY16 was \$90,916.

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors 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" on 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 a 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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" on 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, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	159,801,523.	138,546,174.	131,895,671.	119,653,630.	108,251,287.
b Contributions	635,000.	27,936,085.	1,462,396.	4,719,250.	959,611.
c Net investment earnings, gains, and losses	12,775,000.	-2,385,301.	8,092,554.	11,002,959.	14,072,208.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,518,000.	4,295,435.	2,904,447.	3,480,169.	3,629,476.
f Administrative expenses					
g End of year balance	168,693,523.	159,801,523.	138,546,174.	131,895,671.	119,653,630.

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  51.00 %
- c Temporarily restricted endowment  49.00 %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,182,695.		28,182,695.
b Buildings		659,570,193.	450,718,611.	208,851,582.
c Leasehold improvements				
d Equipment		646,620,735.	418,525,884.	228,094,851.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  465,129,128.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Investment in Joint Ventures	6,890,115.	End-of-Year Market Value
(B) Investment in Endowment	548,774,495.	End-of-Year Market Value
(D) Funds Held in Trust	136,935,859.	End-of-Year Market Value
(E) Other Securities	75,772.	End-of-Year Market Value
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>692,676,241.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Other Receivables - Intercompany Bonds	87,599,641.
(2) Other Non Current Assets	7,925,214.
(3) LT Malpractice Claims	35,598,218.
(4) CSV Life Insurance	229,417.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>131,352,490.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Post Retirement Expenses	12,498,982.
(3) Accrued Asbestos Costs	343,109.
(4) Other Net Liabilities	64,705,637.
(5) Payable to HHC - Interco Bonds	412,139,901.
(6) Hospital Provider Tax	15,065,738.
(7) Accrued Post Retirement Expenses	314,252,127.
(8) Current Accrued Malpractice	11,826,705.
(9) Long Term Accrued Malpractice	35,598,218.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>867,150,025.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) 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.**

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

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.**

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 mission related programs such as those described in Part III, lines 4a-d 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, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 4% over the long term. Actual returns in any given year may vary from this amount.

**Part XIII** Supplemental Information (continued)

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

Multiple horizontal lines for supplemental information.







**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	Spring Into Action	None	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,680,207.	25,673.	1,705,880.
	2	Less: Contributions	1,410,882.	24,397.	1,435,279.
	3	Gross income (line 1 minus line 2)	269,325.	1,276.	270,601.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		200.	200.
	6	Rent/facility costs	30,951.		30,951.
	7	Food and beverages	227,654.	3,161.	230,815.
	8	Entertainment	285,827.		285,827.
	9	Other direct expenses	115,256.	116.	115,372.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			663,165.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-392,564.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct 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: \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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> %	X	
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 _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

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)			7724359.	0.	7724359.	.66%
b Medicaid (from Worksheet 3, column a)			229767310.	151402817.	78364493.	6.67%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			237491669.	151402817.	86088852.	7.33%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			3151245.	1040132.	2111113.	.18%
f Health professions education (from Worksheet 5)			60809567.	14527607.	46281960.	3.94%
g Subsidized health services (from Worksheet 6)			4010532.	1488123.	2522409.	.21%
h Research (from Worksheet 7)			1739975.	0.	1739975.	.15%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			25206637.	13122493.	12084144.	1.03%
j Total Other Benefits			94917956.	30178355.	64739601.	5.51%
k Total. Add lines 7d and 7j			332409625.	181581172.	150828453.	12.84%



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

1 Hartford Hospital
80 Seymour Street
Hartford, CT 06102
hartfordhospital.org
0046

Table with columns: Licensed hospital, Gen. 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 letter of facility reporting group Hartford Hospital

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	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 (list url): <u>See Part V</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Hartford Hospital

Did the hospital facility have in place during the tax year a written financial assistance policy that:

**13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....

	Yes	No
13	X	

If "Yes," indicate the eligibility criteria explained in the FAP:

- a  Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %
- b  Income level other than FPG (describe in Section C)
- c  Asset level
- d  Medical indigency
- e  Insurance status
- f  Underinsurance status
- g  Residency
- h  Other (describe in Section C)

**14** Explained the basis for calculating amounts charged to patients? .....

14	X	
----	---	--

**15** Explained the method for applying for financial assistance? .....

15	X	
----	---	--

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a  Described the information the hospital facility may require an individual to provide as part of his or her application
- b  Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c  Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d  Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e  Other (describe in Section C)

**16** Included measures to publicize the policy within the community served by the hospital facility? .....

16	X	
----	---	--

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a  The FAP was widely available on a website (list url): See Part V, Page 7
- b  The FAP application form was widely available on a website (list url): See Part V, Page 7
- c  A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 7
- d  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g  Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
- h  Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i  Other (describe in Section C)

**Billing and Collections**

**17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? .....

17	X	
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**18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

- a  Reporting to credit agency(ies)
- b  Selling an individual's debt to another party
- c  Actions that require a legal or judicial process
- d  Other similar actions (describe in Section C)
- e  None of these actions or other similar actions were permitted

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group Hartford Hospital

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

**Policy Relating to Emergency Medical Care**

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

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

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

**Part V** Facility Information (continued)

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

Hartford Hospital:

Part V, Section B, Line 5: To solicit input from key informants and individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of this process. These individuals included physicians, public health representatives, health professionals, social service providers and a variety of other community leaders including the following:

CEO-Capital Workforce Partners

CEO-Community Health Services

CEO-Community Renewal Team

CEO-CT Association of Human Services

Local Health Director-East Hartford Health Department

Executive Director-Hartford Food System

Interim Local Health Director-Hartford Health Department

CEO-Hartford Public Library

CEO-Hispanic Health Council

Executive Director- Hockanum Valley Community Council

Local Health Director-Manchester Health Department

Vice President-Metro Hartford Alliance

CEO-United Way of Central & Northeastern CT

CEO-Urban League of Greater Hartford

Local Health Dept. Director - Windsor Health Department

Director-Windsor Social Services Department

Vice President-United Way of CT

Chief Medical Directors-Hartford Hospital

**Part V** Facility information (continued)

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

Local Health Director-Farmington Valley Health District

Executive Director-Southside Institutions Neighborhood Alliance (SINA)

Vice President-Hartford Foundation for Public Giving

Social Service Organization-Greater Hartford Legal Aid

Vice President-Saint Francis Hospital & Medical Center

CEO-Billings Forge Community Works

Director Community Relations-Connecticut Children's Medical Center

Executive Director-Hartford Gay & Lesbian Collective CEO-Intercommunity,

Inc.

Executive Director-CT Association of Directors of Health Social Service

Organization-Reach Coalition

Local Health Director-Central Connecticut Health District

Sr. Vice President-Capital Region Education Council

CEO-Charter Oak Health Center

Executive Director-Faithcare, Inc.

Social Service Organization-Legal Assistance Resource Center of CT

CEO-Jewish Federation

CEO-The Village for Families & Children

Vice President-Connecticut Health Foundation

Local Health Director-North Central Health Regional Mental Health Board

Director-North Hartford Promise Zone

CEO-Hartford Public Schools

Director-Department of Public Health, West Hartford/Bloomfield

Local Health Director-Department of Public Health, Glastonbury

Participants were chosen because of their ability to identify primary

concerns of the populations with whom they work, as well as of the overall

**Part V** Facility Information (continued)

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

community. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Key informants were asked to rate the degrees to which various health issues were a problem in the Hartford Region. Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed.

After reviewing the Community Health Needs Assessment findings, the community representatives met on June 10, 2015 to determine the health needs to be prioritized for action. During a detailed presentation of the CHNA findings, the hospital used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Area of Opportunity) and ranking identified health issues against the following established, uniform criteria: Magnitude, Impact/Seriousness/Feasibility, and Consequences of Inaction. From this exercise, the areas of opportunity were prioritized as follows by the committee: Mental Health, Nutrition, Physical Activity & Weight Status, Diabetes, Substance Abuse, Cancer, Heart Disease and Stroke.

Part V, Section B, Line 7a

<https://hartfordhospital.org/about-hh/community-outreach/community-health-needs-assessment>

Hartford Hospital:

Part V, Section B, Line 7d: The needs assessment was published in July

**Part V** Facility Information (continued)

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

2015 and is available on the hospital's website. In addition, electronic copies are available upon request.

Hartford Hospital:

Part V, Section B, Line 11: In acknowledging the wide range of priority health issues that emerged from the CHNA process, Hartford Hospital determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence:

\*Nutrition, Physical Activity & Weight

\*Diabetes

\*Mental Health

\*Heart Disease & Stroke

\*Cancer

\*Injury and Violence

Hartford Hospital is implementing initiatives that will respond to these identified needs. Additional needs identified as "Areas of Opportunities" were not deemed as significant needs and did not rank highly enough to earn a prioritized ranking. However, in some areas such as Injury Prevention and Dementia, major initiatives are never the less underway at Hartford Hospital.

Areas of Opportunity, identified but not prioritized:

\*Chronic Kidney Disease

\*Dementia, including Alzheimer's Disease

**Part V** Facility Information (continued)

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

\*HIV/AIDS

\*Infant Health and Family Planning

\*Sexually Transmitted Disease

Health Needs - Not Currently Prioritized:

Chronic Kidney Disease:

Hartford Hospital through its various departments and specialty designation as a Level 1 trauma Center and acute care hospital treats many individuals with chronic kidney disease. We are one of two regional hospitals serving as a major transplant provider. We believe we are already responding to the identified need appropriately.

HIV/Aids:

Hartford Hospital already responds to the needs of the community for those infected with HIV/Aids. We are responding to the needs of the underserved in the community and providing services through our Brownstone Clinic.

Dementia/Alzheimer's Disease:

Hartford Hospital does address this area of need through our identified gerontology services. Various strategies noted in our plan address cognitive wellness and are being addressed through our primary care efforts, including the underserved population. We believe that this approach is responding to the identified need.

Infant Health & Family Planning:

Family Planning is addressed through our Women's Health Center with



**Part V Facility Information** (continued)

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

particular focus on the underserved. Harford Hospital does not provide pediatric services. The Connecticut Children's Medical Center is on our campus and is solely dedicated to pediatric care.

Hartford Hospital:

Part V, Section B, Line 13h: Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of health care expenses.

Hartford Hospital:

Part V, Section B, Line 15e: In addition, patient may ask nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

Hartford Hospital

Part V, line 16a, FAP website:

[hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance](http://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance)

Hartford Hospital

Part V, line 16b, FAP Application website:

[hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance](http://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance)

Hartford Hospital

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

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

Part V, line 16c, FAP Plain Language Summary website:

hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance

Hartford Hospital:

Part V, Section B, Line 16i: Patients are informed directly by staff of the availability of the Financial Assistance Policy.

Hartford Hospital:

Part V, Section B, Line 22d: For uninsured patients, published rates are reduced by the percentage defined by the IRS as the amounts generally billed using a "look back" retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage is updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of the Hospital's Financial Assistance Policy.

Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.

**Part V** Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 37

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 06107	General Cardiology, Integrative Medicine
3 Hartford Hospital Wellness Center 65 Memorial Road West Hartford, CT 06107	Wellness Center
4 Helen & Harry Gray Cancer Center 80 Fisher Drive Avon, CT 06001	Center Center
5 The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Sleep Lab
6 Hartford Hospital Rehab Network 85 Seymour Street, Suite 604 Hartford, CT 06106	Rehabilitation Department
7 Hartford Hospital Rehab Network 100 Hazard Avenue Enfield, CT 06082	Rehabilitation Department
8 Hartford Hospital Rehab Network 1025 Silas Deane Highway Wethersfield, CT 06109	Rehabilitation Department
9 Hartford Hospital Rehab Network 1559 Sullivan Avenue South Windsor, CT 06074	Rehabilitation Department
10 Hartford Hospital Rehab Network 330 Western Boulevard Glastonbury, CT 06033	Rehabilitation Department

Schedule H (Form 990) 2015

**Part V** Facility Information (continued)

## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
11 Hartford Hospital Rehab Network 445 South Main Street West Hartford, CT 06110	Rehabilitation Department
12 Hartford Hospital Rehab Network 100 Simsbury Road Avon, CT 06001	Rehabilitation Department
13 Hartford Hospital Rehab Network 334 North Main Street West Hartford, CT 06117	Rehabilitation Department
14 Hartford Hospital Rehab Network 1064 East Main Street Meriden, CT 06450	Rehabilitation Department
15 Hartford Hospital Rehab Network 65 Memorial Road West Hartford, CT 06107	Rehabilitation Department
16 Family Health Center 35 Talcottville Road Vernon, CT 06066	Wellness Center
17 Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Lab
18 Enfield Family Wellness Center 100 Hazard Avenue Enfield, CT 06082	Wellness Center
19 Hartford Hospital Rehab Network 230 North Main Street Manchester, CT 06042	Rehabilitation Department
20 Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Wellness Center

Schedule H (Form 990) 2015

**Part V** Facility Information (continued)

## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
21 Hartford Hospital Rehab Network 1060 Day Hill Road Windsor, CT 06095	Rehabilitation Department
22 South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center
23 Hartford Hospital Rehab Network 85 Barnes Road, Suite 300 Wallingford, CT 06492	Rehabilitation Department
24 Glastonbury Endoscopy Center, LLC 300 Western Boulevard Glastonbury, CT 06033	Endoscopy Center, Education Center
25 Glastonbury Surgery Center 195 Eastern Boulevard Glastonbury, CT 06033	Surgery Center
26 Hartford Hospital Rehab Network 330 Western Boulevard Glastonbury, CT 06033	Rehabilitation Department
27 Hartford Hospital Rehab Network 704 Hebron Avenue Glastonbury, CT 06033	Rehabilitation Department
28 Hartford Hospital Rehab Network 18 East Granby Road Granby, CT 06035	Rehabilitation Department
29 Hartford Hospital Rehab Network 406 Farmington Avenue, 2nd Floor Farmington, CT 06030	Rehabilitation Department
30 Hartford Hospital Rehab Network 2 Northwestern Drive Bloomfield, CT 06002	Rehabilitation Department

Schedule H (Form 990) 2015

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
31 Hartford Hospital Rehab Network 35 Talcottville Road Vernon, CT 06066	Rehabilitation Department
32 Hart. Hosp. Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Education Center
33 Glastonbury Wellness Center 628 Hebron Avenue Glastonbury, CT 06033	Wellness Center
34 Hartford Hosp. Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Education Center
35 Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Nuclear Cardiology, Education Center
36 Hartford Hospital Rehab Network 335 Westbourne Parkway Hartford, CT 06112	Rehabilitation Department
37 Farmington Cardiac Rehabilitation 11 South Road, Suite 260 Farmington, CT 06032	Cardiac Rehabilitation Program

**Part VI** Supplemental information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

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**Part I, Line 3c:**

Hartford Hospital used Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status and other family eligibility criteria such as family size, employment and financial obligations.

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**Part I, Line 6a:**

The Organization submits quarterly reports to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Care Access (OHCA) annually.

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**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

**Part VI** Supplemental Information (Continuation)

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. The costs of industry funded studies 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 Subsidized Health Services cost calculations.

## Part II, Community Building Activities:

Hartford Hospital believes that Community Building activities help to address the social determinants of health. As such it provided support to Family Life Education which helps single mothers build self esteem, return, remain and graduate from school, find employment, learn positive parenting and communication skills, learn proper health care with nutrition; find affordable housing and childcare, address domestic violence and substance abuse.

Donations were made in support of "Reaching Home" program which helps to end youth and family homelessness by providing housing support in high resource school districts, employment and training opportunities, and other services to provide new opportunities for low and moderate income households. Support was also provided to the 8th Annual March and Memorial Rally for Mothers United Against Violence in order to bring awareness of gun violence in our communities; Charter Oak Cultural Center to support



**Part VI** Supplemental Information (Continuation)

visual and performing arts, including dance, theater, film, concerts, readings, gallery exhibits through free education for inner city children; to women and children of domestic violence and to provide support for urban youth to aid in their effort to finish high school, graduate from college or vocational institution, find rewarding employment and give back to the community.

## Part III, Line 3:

A pre-bad debt financial assistance screening is 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 as charity care 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 2016 would be immaterial.

## Part III, Line 4:

Please see the text of the footnote that describes bad debt expense beginning on page 20 of the Audited Financial Statement. The Footnote is also applicable Part III, Line 2.

## Part III, Line 8:

The organization's 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 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

**Part VI** Supplemental Information (Continuation)

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.

No Extraordinary Collection Actions (ECA) will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

Part VI, Line 2:

Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. and the same approach is taken in our outpatient clinics. Periodically information is surveyed to determine additional patients needs. Information is also tracked from other entities such as local area non-profits, government agencies and

**Part VI** Supplemental Information (Continuation)

public schools.

## Part VI, Line 3:

Hartford Hospital will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room and admissions areas; (iv) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HH's home page; (v) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (vi) include the tag line "Please ask about our Financial Assistance Policy" in HH written publications.

## Part VI, Line 4:

Hartford Hospital is located in the capital of the State of Connecticut. The Hartford Region encompasses 734.9 square miles and houses a total population of approximately 894,000 residents. According to latest census estimates, Hartford County is predominantly urban, with 94.6% of the population living in areas designated as urban. In Hartford County, 22.7%

**Part VI** Supplemental Information (Continuation)

of the population are infants, children or adolescents (age 0-17); another 62.6% are age 18 to 64, while 14.6% are age 65 and older. In looking at race independent of ethnicity (Hispanic or Latino origin), 73.3% of residents of Hartford County are White and 13.1% are Black. A total of 15.4% of Hartford County residents are Hispanic or Latino.

The latest census estimate shows 11.5% of the Hartford County population living below the federal poverty level. In all, 24.5% of Hartford County residents (an estimated 212,802 individuals) live below 200% of the federal poverty level. Additionally, 15.8% of Hartford County children age 0-17 live below the 200% poverty threshold. Among the Hartford County population age 25 and older, 12.3% do not have a high school education. There is one other acute care hospital in Hartford, as well as one in a suburb and two smaller acute care hospitals in nearby towns.

## 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.

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

**Part VI** Supplemental Information (Continuation)

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 health center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at most other hospitals. These services are provided regardless of a patient's ability to pay. The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Schedule O.

## Part VI, Line 6:

Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates, including all supported organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of health care; and provide patients with the most technically advanced and compassionate coordinated care. 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,

**Part VI** Supplemental Information (Continuation)

coordinated care".

The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area.

This allows small communities easy and expedient access to the more extensive and specialized services that Hartford Hospital is 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 affiliation further enhances the affiliates' 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

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**2015**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

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

**Part I** General Information on Grants and Assistance

- 1 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
- 2 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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
Greater Hartford Arts Council 100 Pearl Street Hartford, CT 06123	23-7111486	501(c)(3)	10,000.	0.	FMV		Annual membership to the Greater Hartford Arts Council provides support for their
Boys & Girls Club of Hartford 170 Sigourney Street Hartford, CT 06105	06-6026005	501(c)(3)	10,000.	0.	FMV		Grant was awarded to the Boys & Girls Club of Hartford. The Club strives to improve the
Intercommunity, Inc. 281 Main Street East Hartford, CT 06118	06-0954809	501(c)(3)	10,000.	0.	FMV		Grant was awarded to Intercommunity, Inc., an organization that provides primary care and
Compass 55 Airport Road, Suite 201 Hartford, CT 06114	31-1768549	501(c)(3)	10,000.	0.	FMV		Grant was awarded to Compass, an organization that works to reengage youth in their school,
Charter Oak Health Center 21 Grand Street Hartford, CT 06106	06-0986747	501(c)(3)	10,000.	0.	FMV		Grant was awarded to the Charter Oak Health Center who promotes healthier communities by providing

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

See Part IV for Column (h) descriptions

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
Hazel Vail Awards	4	20,000.	0.		
Sons and Daughters Scholarship Awards	30	30,000.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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: Greater Hartford Arts Council



**Part IV** Supplemental Information

(h) Purpose of Grant or Assistance: Annual membership to the Greater Hartford Arts Council provides support for their 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.

Name of Organization or Government: Boys & Girls Club of Hartford

(h) Purpose of Grant or Assistance: Grant was awarded to the Boys & Girls Club of Hartford. The Club strives to improve the lives of youth and teens in the Hartford community through the programs offered. As the specific needs of Hartford's children have changed over time, these Clubs continue to inspire and enable young people to reach their full potential as productive, caring and responsible citizens.

Name of Organization or Government: Intercommunity, Inc.

(h) Purpose of Grant or Assistance: Grant was awarded to Intercommunity, Inc., an organization that provides primary care and behavioral health services to individuals, families, and communities within the state of Connecticut.

Name of Organization or Government: Compass

(h) Purpose of Grant or Assistance: Grant was awarded to Compass, an organization that works to reengage youth in their school, family and community, help youth and their families navigate challenging social and economic obstacles. Partners in promoting the safety, wellness and academic success of youth, inspires and empower youth to pursue and contribute to a brighter future.

**Part IV** Supplemental Information

Name of Organization or Government: Charter Oak Health Center

(h) Purpose of Grant or Assistance: Grant was awarded to the Charter Oak Health Center who promotes healthier communities by providing quality, safe, patient-centered health care services in medically underserved areas, regardless of ability to pay.

## 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/Hazel Vail 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. 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 24 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 24 hours per week at Hartford Hospital. Applicant must have a verifiable GPA of 3.0 or higher to apply.

Applicants are chosen on 1 criteria.

1. GPA (must be at least a 3.0 or higher to apply)

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

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 on 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 type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- |  |  |
|--|--|
| <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

**5** For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Yvette Melendez Director	(i)	249,345.	45,823.	3,527.	20,527.	17,186.	336,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Stuart Markowitz, M.D. President	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	559,531.	162,445.	22,039.	102,732.	48,636.	895,383.	0.
(3) Margaret Marchak Secretary & SVP/CLO, HHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	463,399.	166,749.	30,154.	93,339.	48,076.	801,717.	0.
(4) Gerald Boisvert SVP, Financial Operations, HHC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	433,267.	175,942.	13,308.	66,772.	45,780.	735,069.	0.
(5) John Greene Jr. M.D. VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	470,432.	87,091.	35,346.	39,200.	38,745.	670,814.	0.
(6) Cheryl Ficara VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	343,691.	67,251.	1,739.	39,200.	38,830.	490,711.	0.
(7) Peter Fraser VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	303,835.	82,555.	2,902.	27,244.	41,549.	458,085.	0.
(8) Harold Schwartz, M.D. VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	460,289.	113,781.	33,022.	33,125.	54,368.	694,585.	0.
(9) Barry Kriesberg VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	270,819.	39,043.	3,417.	18,550.	27,705.	359,534.	0.
(10) Michael Lindberg, M.D. Dir. Medicine	(i)	318,250.	43,973.	423,697.	25,908.	35,281.	847,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Orlando Kirton, M.D. Dir. Surgery	(i)	777,956.	0.	20,929.	39,200.	41,044.	879,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Lenworth Jacobs, M.D. VP	(i)	505,527.	122,298.	14,669.	33,125.	33,193.	708,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Andrew Salner, M.D. Chair Cancer Institute	(i)	584,280.	0.	5,082.	36,550.	32,002.	657,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Paul Thompson, M.D. Dir. Cardiology	(i)	546,641.	0.	1,722.	33,125.	34,337.	615,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Tracy Church Former - VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	426,540.	166,636.	3,286.	89,380.	35,863.	721,705.	0.
(16) Thomas Marchozzi Former - Exec. VP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	466,051.	0.	14,105.	480,156.	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Rocco Orlando Former - SVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	566,368.	203,507.	128,404.	56,425.	50,458.	1,005,162.	0.
(18) James Blazar Former - VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	468,254.	171,418.	12,548.	92,690.	43,197.	788,107.	0.
(19) Richard Stys Former - VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	444,537.	157,324.	59,416.	36,551.	34,304.	732,132.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

## Part I, Line 1b:

Tax indemnification and gross-up payments to individuals for benefits were included as taxable income on their 2015 Form W-2.

## Part I, Line 3:

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, a division of Gallagher Benefit Services, Inc., to determine best practices in governing executive compensation. Please refer to compensation narrative reported on Schedule O.

## Part I, Lines 4a-b:

In 2015, Thomas Marchozzi (former Officer) received a Severance payment in the amount of \$450,000.

In 2015, Dr. Michael Lindberg received a Severance payment in the amount of \$414,527.

Part III Supplemental Information

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

Hartford Healthcare Corporation, a related organization, maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels that are reported by Hartford Hospital on Form 990, Part VII. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause or upon reaching age 65. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service.

2015 SERP Accruals were made on behalf of the following individuals:

Mr. Markowitz \$66,182

**Part III** Supplemental Information

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

Mr. Blazar \$56,140

Ms. Marchak \$56,789

Mr. Boisvert \$30,222

Ms. Church \$52,830

2015 SERP Payouts were made on behalf of the following individuals:

Dr. Orlando \$68,545 \*

Mr. Stys \$52,938 \*

\*For these individuals, vesting occurred, causing taxable income. A portion of the vested amount was used to pay the associated tax liability. The remaining balance stayed in the SERP account.

Part I, Line 7:

Hartford HealthCare Corporation, a related organization, has a Compensation 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



**Part III** Supplemental Information

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

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 performance and individual contribution to results.



**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**

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

Schedule L, Part IV

(a) Name of Person: Gregory Jones

(b) Relationship Between Interested Person and Organization: Board

Member

(c) Amount of Transactions: \$62,500

(d) Description of Transaction: Mr. Gregory Jones was a board member of Hartford Hospital until June, 2016. Mr. Jones owns Corporate Development Group, LLC. The LLC provided consulting and business advisory services to Hartford HealthCare Corporation (Parent) relating to Managed Care Contract Negotiations.

(e) Sharing of Organization's Revenue? No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **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	38	1,290,577.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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		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) (2015)



**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.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

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

Aortic Valve Replacements. For FY16, 47% of all Cardiac Lab cases were  
elective, 37% Urgent, and 15% Emergent.

Cardiac Surgery:

The Department of Surgery, through its divisions and broad-based  
exemplary programs endeavors to deliver state of the art,  
compassionate, patient-centered, high-quality surgical services. For  
FY16, 1,033 total cases were done. The department completed 437 Valve  
surgeries, 366 isolated Coronary Artery Bypass Surgery (CABG)  
surgeries, and 112 CABG/Valve cases as well as other procedures.

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 homes. Outpatient Infusion Therapy  
continues to be very popular and highly effective in stabilizing  
patients with acute HF syndrome. During FY16, the infusion center had a  
total of 1,802 patient encounters and 1,106 infusions were performed.  
The Emergency Department 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 are  
assessed for treatment in the Infusion Center rather than being  
admitted.

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Echocardiography:

Hartford Hospital Echocardiography Lab performed 11,459 total studies/procedures during the year. The lab continues to provide robust support to the structural heart program and the Electrophysiology Lab.

HH Heart Transplant Program (HHHTP):

In FY16, the HH Heart Transplant Program (HHHTP) performed 12 heart transplant operations. Overall, the program size is stable and remains limited by available organ donations. The HHHTP continues to have one of the longest living transplant patients in the world, some 32+ years of quality post-transplant life.

Preventive Cardiology:

Preventive Cardiology includes cholesterol management, low-density lipoprotein (LDL) apheresis, cardiovascular sports medicine consultation and cardiac rehabilitation. The LDL Apheresis Cardiology Program continues to serve patients from Connecticut and Western Massachusetts, and there were 68 LDL apheresis procedures performed in FY16. There were 12,675 Cardiac Rehabilitation visits at all sites.

Cardiac Intensive Care Unit:

The Cardiac Intensive Care Unit (CICU) at Hartford Hospital is a 12-bed, open unit that provides care to patients presenting with acute coronary syndromes, advanced heart failure, advanced atrioventricular block, and post-cardiac arrest. Our post-resuscitation hypothermia program has helped hundreds of patients improve their neurologic outcome after cardiac arrest. We are one of the largest intravascular hypothermia programs in the region. This therapy is offered exclusively

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

in the Cardiac Intensive Care Unit.

The Department has a total of 32 Registered Nurses and 8 full time Advanced Nurse Practitioners. The CICU is also one of the major teaching sites for the University of Connecticut Internal Medicine residency.

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

Disorder and 5,451 for Schizophrenia rehabilitation. A total of 845 patients received Geriatric day treatment, 3,834 received Professional Day Treatment, 2,660 received Extended Day Treatment, 6,839 received Child/Adolescent day treatment and 1,785 went through the Dialectical Behavioral Therapy (DBT) program. The average length of stay was 10.3 days and the average daily census was 103.1. Hartford residents accounted for 48% of admissions and 50% of admissions were from other areas within the state; 2% were from other states.

Patient Care Activities and Program Development:

Patient care activities and program developments were guided by the Hartford Hospital Community Needs Assessment. Highlights included a focus on continued growth in the Young Adult and Child and Adolescent Programs, growth and development of an outpatient Peripartum Mood Disorders Program and continued expansion of other initiatives.

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



Name of the organization

Hartford Hospital

Employer identification number

06-0646668

semi-annually to the Hartford Hospital Quality Council and the Behavioral Health Network Quality Council as well as the Board of Directors. Highlights of this year's quality initiatives continue to include suicide prevention and assessment, reduction in the use of seclusion and restraint, elopement prevention and fall prevention.

The IOL remains distinctive for its focus on training the mental health workforce of the future with three psychiatric residency programs, psychology internships and post-doctoral programs and training and education programs for virtually all other mental health specialists. The Department's translational research centers have generated over 75 million dollars in research funding over the past 15 years, supporting publications in the leading journals and presentation around the world.

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

**Emergency Medicine Residency:** The Hospital ED residency program has 54 residents. As the number of residents increased over time, the ED has been able to pursue new educational opportunities. During FY16, the Department recruited physicians trained in Simulation, Toxicology, and Emergency Ultrasound. The Department continues to recruit additional physicians to meet its needs for specialization.

**LIFE STAR Program:** The LIFE STAR helicopter program delivers ICU level care to both adults and pediatric patients requiring scene evacuation or inter-facility transport. In addition, LIFE STAR flight crews provide specialty transport for patients needing intra-aortic balloon pump therapy, ventricular assist devices and Extracorporeal membrane oxygenation. During the fiscal year, LIFE STAR completed 974 patient

Name of the organization <b>Hartford Hospital</b>	Employer identification number <b>06-0646668</b>
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transports. LIFE STAR is available to all emergency/critical care patients within a 150-mile radius surrounding our bases.

Emergency Medicine Research Program: The Research Program provides support for the EM Department faculty to conduct clinical research and quality improvement projects. The EM Research Council provides a forum for faculty and residents to present their research ideas and receive guidance on study design and methods. The Clinical Research Program participated in industry-funded clinical trials.

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

Founded in 1854, Hartford Hospital is one of the largest teaching 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, Meriden, Manchester, Vernon, Bloomfield, Windsor and South Windsor.

In addition to the programs referred to above, the hospital provides services/programs included but not limited to the following:

- Bone & Joint Institute
- Cancer Care
- Cedar Mountain Commons
- Critical Care
- Dental
- Diabetes
- Cystic Fibrosis Center

Name of the organization <b>Hartford Hospital</b>	Employer identification number <b>06-0646668</b>
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Eye Care

Eye Surgery

Gastroenterology

Headache Center

Hearing &amp; Balance

Hernias

Imaging Services

Integrative Medicine

Jefferson House

LIFE STAR

Liver &amp; Hepatology

Lung &amp; Pulmonary

Minimally Invasive Surgery

Movement Disorders Center

Neurosciences

Palliative Care

Pain Treatment

Pediatrics

Physical Rehabilitation

Primary Care &amp; Family Medicine

Robotic Surgery

Senior Services

Sleep Disorders

Spine Care

Stroke

Surgical Weight Loss

Thoracic Surgery

Transplant Services

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

Urology & Kidney

Vascular

Women's Health Services

Wound Care

Expenses \$ 795,608,880. incl grants of \$ 111,330. Revenue \$ 888,449,913.

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/remove 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.

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 provided to the entire Board prior to submission to the Internal Revenue Services (IRS). Once the entire review process was completed, the Form was signed by the VP of Finance and then filed with the IRS.

Name of the organization

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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 and Integrity (OCI). Employee disclosures are reviewed by OCI in collaboration with the Covered Individuals' supervisor when deemed appropriate, to determine if there is a potential conflict. Oversight review of employee disclosures is provided by the HHC Conflict of Interest Committee (the Committee) which includes representation from the Medical Staff, the Legal Department, Human Resources, Supply Chain Management and Compliance. The Committee assesses and may recommend the conflicting interest either be (a) eliminated for a continued relationship with HHC/HH, or (b) managed through a management plan. Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management 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, a division of Gallagher Benefit Services, Inc., to determine best practices in governing

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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executive compensation.

The following steps were taken:

- The use of an 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
- The 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 is performed by independent third party compensation consulting firm and is then reviewed by the committee;
- Recommendations are made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy;
- The CEO compensation is reviewed by the Committee and is based on comparative market information and organizational performance;
- All changes are reviewed and approved by the Executive Compensation Committee;

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

All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and

Name of the organization <b>Hartford Hospital</b>	Employer identification number <b>06-0646668</b>
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accountability.

Form 990, Part VI, Section C, Line 18:

The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request.

Form 990, Part VI, Section C, Line 19:

The Hospital's Financial Statements, Governing Documents and the Conflict of Interest Policy are available for inspection upon request at the Organization's address.

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

Additional K-I Income (Pass thru entities)	151.
Transfer to affiliated entity	-75,070,000.
Change in pension and post-retirement funding obligation	-122,767,000.
Change in unrealized gains/losses on investments	42,000.
Change in unrealized gains/losses on funds held in trust by others	6,734,000.
Rounding	1,432.
Total to Form 990, Part XI, Line 9	-191,059,417.

**Related Organizations and Unrelated Partnerships**

**2015**

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Hartford Hospital

Employer identification number  
06-0646668

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Connecticut Health System, Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Care Delivery	Connecticut	501(C)(3)	11 (c)	N/A	X	
Hartford HealthCare Corporation - 22-2672834 One State Street, Suite 19 Hartford, CT 06103	Support and Management Services to Hartford Hospital and Affiliates	Connecticut	501(C)(3)	11 (c)	N/A		X
Windham Community Memorial Hospital - 06-0646966, 112 Mansfield Avenue, Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
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	

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

Schedule R (Form 990) 2015



**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
MidState Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hwy, Suite 4B, Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
HHC Independence at Home, Inc. - 06-1161422 1290 Silas Deane Hwy, Suite 4B Wethersfield, CT 06109	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 Corporation	X	
Hartford HealthCare Senior Services, Inc. - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Care	Connecticut	501(C)(3)	9	Hartford HealthCare Senior Services, Inc.	X	
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support 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	Hartford HealthCare Senior 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
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)	11 (a)	MidState Medical Center	X	
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Medical Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 1290 Silas Deane Hwy, Wethersfield, CT 06109	Government Contracts	Connecticut	501(C)(3)	7	HHC PhysiciansCare Inc.	X	
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	Medical Benefits Trust	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation	X	
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support Organization	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 Organization	Connecticut	501(C)(3)	11 (a)	Hartford HealthCare Corporation	X	
Caring for Colleagues Employee Crisis Fund - 26-4469178, 100 Grand Street, New Britain, CT 06052	Employee Fund	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Hartford Healthcare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
New Britain MRI Limited Partnership - 06-1271349, 100 Grand Street, New Britain, CT 06050	Magnetic Resonance Imaging	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Omni Home Health Services E, CT, LLC - 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
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
Connecticut Imaging Partners LLC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Service	CT	N/A	Unrelated	663,710.	1,565,005.	X		N/A	X		51.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
H.E.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	
Hartford HealthCare Indemnity Services, 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) Disproportion- ate 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	850,143.	286,113.	X		N/A	X		50.00%
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 06033	Surgery Services	CT	Hartford Hospital	Related	5,992,568.	1,549,806.	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.	0.	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
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	Hartford Hospital	Investment	0.	0.	X		N/A	X		.00%
HHC Southington Surgery Center - 46-5500829, 100 Avon Meadow Lane, Avon, CT 06001	Surgery Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**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	
Midstate Medical Group PC - 20-4327968 435 Lewis Avenue Meriden, CT 06450	Medical Services	CT	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	1,467,255.	1,093,966.	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 - 06-1094838 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	

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HHC Rehabilitation Network, LLC	O	22,526,969	FMV
(2) HHC Rehabilitation Network, LLC	M	1,776,210	FMV
(3) HHC Rehabilitation Network, LLC	D	2,796,321	FMV
(4) HHC Rehabilitation Network, LLC	A	127,326	FMV
(5) H.H.M.O.B.	Q	172,220	FMV
(6) H.H.M.O.B.	S	151,937	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)H.H.M.O.B.	A	1,887,850.	FMV
(8)William W. Backus Hospital	L	1,538,118.	FMV
(9)William W. Backus Hospital	O	768,068.	FMV
(10)William W. Backus Hospital	P	138,708.	FMV
(11)MidState Medical Center	L	538,090.	FMV
(12)MidState Medical Center	O	207,315.	FMV
(13)MidState Medical Center	S	595,062.	FMV
(14)MidState Medical Center	Q	315,078.	FMV
(15)MidState Medical Center	A	3,266.	FMV
(16)Natchaug Hospital	O	210,535.	FMV
(17)Natchaug Hospital	L	56,682.	FMV
(18)Natchaug Hospital	Q	65,093.	FMV
(19)Natchaug Hospital	M	104,299.	FMV
(20)Rushford Center, Inc.	O	99,288.	FMV
(21)Rushford Center, Inc.	A	8,550.	FMV
(22)The Hospital of Central Connecticut	O	921,118.	FMV
(23)The Hospital of Central Connecticut	L	1,965,783.	FMV
(24)The Hospital of Central Connecticut	S	152,015.	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 At Home, Inc.	P	449,501.	FMV
(8)Hartford HealthCare At Home, Inc.	S	84,738.	FMV
(9)Windham Community Memorial Hospital	L	358,715.	FMV
(10)Windham Community Memorial Hospital	Q	197,986.	FMV
(11)Windham Community Memorial Hospital	S	143,633.	FMV
(12)HHC PhysicianCare Inc.	L	354,976.	FMV
(13)HHC PhysicianCare Inc.	M	6,760,320.	FMV
(14)HHC PhysicianCare Inc.	A	1,162,602.	FMV
(15)HHC PhysicianCare Inc.	O	2,101,504.	FMV
(16)HHC PhysicianCare Inc.	S	215,810.	FMV
(17)Hartford Hospital Auxiliary	C	794,663.	FMV
(18)Hartford HealthCare Senior Services	P	105,945.	FMV
(19)Hartford HealthCare Senior Services	O	390,780.	FMV
(20)HHC Indemnity Services, Limited	M	50,539.	FMV
(21)HHC Rehabilitation Network, LLC	L	1,135,420.	FMV
(22)HHC Rehabilitation Network, LLC	Q	172,038.	FMV
(23)			
(24)			





