Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

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

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

OMB No. 1545-1879

2012

Name of exempt organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	127286566
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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

Sign Here ▶ Signature of officer | Date 7/23/14 | ▶ Title: Exec VP & CFO

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

ERO's signature ▶	Date 7/22/14	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶ Hartford Hospital 80 Seymour Street Hartford, CT 06102				EIN 06-0646668 Phone no.

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

Print/Type preparer's name: Wendy J. Clavin	Preparer's signature	Date 08/05/2014	Check [ ] if self-employed	PTIN P00870950
Firm's name ▶ Ernst & Young U.S. LLP				Firm's EIN ▶ 34-6565596
Firm's address ▶ 2005 Market St. #700 Philadelphia, PA 19103				Phone no. (215)448-5000

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **8453-EO** (2012)

223061 11-05-12

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Hartford HealthCare Corporation

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): One State Street, Suite 19 — Room/suite

City, town, or post office, state, and ZIP code: Hartford, CT 06103

D Employer identification number 22-2672834

E Telephone number (860)696-6200

G Gross receipts $ 127,286,566.

F Name and address of principal officer: Elliot T. Joseph, One State St., Ste 19, Hartford, CT 06103

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

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

J Website: ▶ www.hartfordhealthcare.org

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985 **M** State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Hartford HealthCare provides health care system support, management and governance to a

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	959
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	69,798,778.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,190,215.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	118,037,212.	125,736,756.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356,711.	98,910.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,367,813.	1,450,900.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,761,736.	127,286,566.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	266,670.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,185,428.	69,228,522.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	133,890,142.	65,759,834.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	148,075,570.	135,255,026.
	19	Revenue less expenses. Subtract line 18 from line 12	-28,313,834.	-7,968,460.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	684,868,914.	1,077,552,025.
	21	Total liabilities (Part X, line 26)	440,335,424.	454,919,548.
	22	Net assets or fund balances. Subtract line 21 from line 20	244,533,490.	622,632,477.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 7/23/14

▶ Thomas Marchozzi, Exec. VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Wendy J. Clavin	Wendy J. Clavin	8/5/2014		P00870950

Firm's name ▶ Ernst & Young U.S. LLP — Firm's EIN ▶ 34-6565596

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

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

See Schedule O for Organization Mission Statement Continuation

(Rev. 1-2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- Filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶ [X]
- Filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Hartford HealthCare Corporation	Employer identification number (EIN) or 22-2672834
	Number, street, and room or suite no. If a P.O. box, see instructions. One State Street, Suite 19	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Hartford, CT 06103	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶ 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Carol Wardell 80 Seymour Street - Hartford, CT 06115
  Telephone No. ▶ (860) 696-6200 FAX No. ▶ (860) 696-6294
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning OCT 1, 2012, and ending SEP 30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Hartford HealthCare's mission is to improve the health and healing of the people and communities we serve. Today, Hartford HealthCare is creating a better future for health care in Connecticut and beyond. Our health care system is a community of caregivers engaged in

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 131,788,895. including grants of $ 266,670.) (Revenue $ 57,487,788.)
Hartford HealthCare (HHC) is organized as a support organization to govern, manage and provide support services to its member organization subsidiaries that are organized exclusively for public welfare, charitable, scientific and educational purposes. The organization provides support and management services to further the programs and activities of its member organization subsidiaries, which include Hartford Hospital; MidState Medical Center; The William W. Backus Hospital; The Hospital of Central Connecticut; Windham Community Memorial Hospital; Natchaug Hospital; Rushford Center, Inc.; Hartford HealthCare At Home, Inc.; Clinical Laboratory Partners; Hartford HealthCare Medical Group; Hartford HealthCare Rehabilitation Network, LLC; and other subsidiaries.

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

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

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

4e **Total program service expenses** ▶ 131,788,895.

See Schedule O for Continuation(s)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	95		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	959		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ▶ Bermuda				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

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	1a	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	1b	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	X	
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 ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Carol Wardell - (860) 696-6200

One State Street, Suite 19, Hartford, CT 06103

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Elliot T. Joseph	30.00									
Director - Pres & CEO	30.00	X		X				0.	1,724,083.	386,116.
(2) Nancy Dean	2.00									
Director		X						0.	0.	0.
(3) Brian MacLean	2.00									
Director		X						0.	0.	0.
(4) John E. Dillaway	2.00									
Director		X						0.	0.	0.
(5) Elizabeth Conway	2.00									
Director		X						0.	0.	0.
(6) Greg Deavens	2.00									
Director		X						0.	0.	0.
(7) William H. Trachsel	2.00									
Director		X						0.	0.	0.
(8) David P. Hess	2.00									
Director		X						0.	0.	0.
(9) Laura R. Estes	2.00									
Director		X						0.	0.	0.
(10) Ramani Ayer	3.00									
Chair		X		X				0.	0.	0.
(11) David B. Hyman, DDS	3.00									
Vice Chair		X		X				0.	0.	0.
(12) William A. Conway, MD	2.00									
Director		X						0.	0.	0.
(13) Lawrence McGoldrick	2.00									
Director		X						0.	0.	0.
(14) Anthony Joyce	2.00									
Director		X						0.	0.	0.
(15) John J. Patrick, Jr.	2.00									
Director		X						0.	0.	0.
(16) Elsa M. Nunez (June 2013)	2.00									
Director		X						0.	0.	0.
(17) Rocco Orlando, MD	30.00									
SVP	30.00			X				0.	631,237.	157,512.

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) James E. Fantus President - CLP	60.00			X				365,365.	0.	71,549.
(19) Thomas J. Marchozzi EVP & CFO	30.00 30.00			X				0.	732,298.	139,261.
(20) James M. Blazar SVP & Chief Strategy Officer	30.00 30.00			X				0.	520,609.	120,638.
(21) Richard G. Stys SVP of Finance	30.00 30.00			X				0.	474,611.	112,551.
(22) Sonal Shah Chief Corp. Compl. Officer	10.00 50.00			X				0.	266,341.	36,499.
(23) Jeffrey A. Flaks EVP	30.00 30.00			X				0.	856,801.	160,788.
(24) Tracy A. Church SVP & Chief HR Officer	30.00 30.00			X				0.	469,838.	108,760.
(25) Luis Taveras SVP & Chief Information Officer	30.00 30.00			X				0.	509,009.	121,797.
(26) Rita Parisi VP	30.00 30.00			X				0.	333,338.	97,190.
1b Sub-total ▶								365,365.	6,518,165.	1,512,661.
c Total from continuation sheets to Part VII, Section A ▶								1,302,418.	6,119,681.	1,127,682.
d Total (add lines 1b and 1c) ▶								1,667,783.	12,637,846.	2,640,343.

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 ▶ 29

		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
Huron Consulting Group P.C. 3005 Momentum Place, Chicago, IL 60689	Consulting Services	8,563,006.
FIP Construction Inc. 10 McKee Place, Cheshire, CT 06410	Construction	3,469,847.
Pricewaterhousecoopers LLP P.O. Box 7247-8001, Philadelphia, PA 19170	Consulting Services	3,011,870.
Towers Watson Pennsylvania Inc. P.O. Box 8500 S6110, Philadelphia, PA 19178	Consulting Services	2,915,736.
Ernst & Young P.O. Box 827006, Philadelphia, PA 19182	Auditing Services	2,575,152.

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 ▶ 64

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) Lucille A. Janatka	30.00									
SVP	30.00			X				0.	681,989.	149,577.
(28) Kent I. Stahl	30.00									
VP	30.00			X				0.	435,266.	32,208.
(29) Jeffrey L. Walter	20.00									
VP	40.00			X				0.	253,008.	42,327.
(30) Clarence Silvia	20.00									
VP	40.00			X				0.	790,227.	241,617.
(31) Ellen D. Rothberg	20.00									
VP	40.00			X				0.	286,089.	59,337.
(32) Stephen W. Larcen	20.00									
VP	40.00			X				0.	605,497.	131,389.
(33) Margaret Marchak	60.00									
SVP & Chief Legal Officer				X				0.	0.	0.
(34) David Whitehead	30.00									
SVP	30.00			X				0.	1,054,517.	39,768.
(35) James Cardon	30.00									
EVP & Chief Clinical Integration Off	30.00			X				0.	0.	0.
(36) Anthony Mastroianni	60.00									
CFO - CLP					X			212,089.	0.	35,867.
(37) David J. Molusis	60.00									
CIO - CLP						X		195,077.	0.	22,710.
(38) Gregory Makowski	60.00									
Dir on Tech Ops - CLP						X		248,487.	0.	38,016.
(39) John Presto	60.00									
Sales Rep - CLP						X		226,035.	0.	37,546.
(40) Laila O. Mnayer	60.00									
Dir. Molecular Path. - CLP						X		226,011.	0.	37,837.
(41) Jaber Aslanzadeh	60.00									
Dir. Microbiology - CLP						X		194,719.	0.	16,627.
(42) Donna Handley	0.00									
Former VP-HHC	60.00						X	0.	294,225.	49,399.
(43) Stephan O'Neill	0.00									
Former VP - HHC							X	0.	222,133.	19,887.
(44) Carol S. Garlick	0.00									
Former VP - HHC	60.00						X	0.	213,808.	38,010.
(45) Paul S. Besson, ESQ	0.00									
Former VP - HHC							X	0.	144,060.	11,225.
(46) Yvette Melendez	0.00									
Former - VP-HHC	60.00						X	0.	280,265.	31,228.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(47) Michele B. Bush, ESQ Former - SVP & General Counsel	0.00						X	0.	438,245.	30,268.
(48) Jamie M. Roche, MD Former VP - HHC	0.00 60.00						X	0.	420,352.	80,160.
Total to Part VII, Section A, line 1c								1,302,418.	6,119,681	1,145,003.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f: $				
	h **Total.** Add lines 1a-1f ▶				
Program Service Revenue	Business Code				
	2a Laboratory Services 621500	95,459,151.	25,660,373.	69,798,778.	
	b System Support Fee 541900	30,277,605.	30,277,605.		
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	125,736,756.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	88,074.			88,074.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	(i) Real / (ii) Personal				
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: (ii) 10,836.				
	b Less: cost or other basis and sales expenses: (ii) 0.				
	c Gain or (loss): (ii) 10,836.				
	d Net gain or (loss) ▶	10,836.			10,836.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue / Business Code				
	11a Income - Pass Thru Ent. 900003	1,450,900.	1,450,900.		
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	1,450,900.			
	12 **Total revenue.** See instructions. ▶	127,286,566.	57,388,878.	69,798,778.	98,910.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	266,670.	266,670.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,678,405.	1,080,878.	597,527.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,865,717.	53,865,717.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,394,314.	1,389,626.	4,688.	
9 Other employee benefits	8,881,019.	8,859,741.	21,278.	
10 Payroll taxes	3,409,067.	3,399,166.	9,901.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,049,771.		2,049,771.	
c Accounting	391,198.		391,198.	
d Lobbying	391,768.		391,768.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,591,356.	16,591,356.		
12 Advertising and promotion	1,220,599.	1,220,599.		
13 Office expenses	3,986,949.	3,986,949.		
14 Information technology	2,558,788.	2,558,788.		
15 Royalties				
16 Occupancy	4,124,404.	4,124,404.		
17 Travel	596,013.	596,013.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	320,903.	320,903.		
20 Interest	606,510.	606,510.		
21 Payments to affiliates	1,273,168.	1,273,168.		
22 Depreciation, depletion, and amortization	5,119,384.	5,119,384.		
23 Insurance	263,847.	263,847.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	14,610,542.	14,610,542.		
b Purchased Services	7,280,242.	7,280,242.		
c Federal Income Tax	1,470,000.	1,470,000.		
d Repairs & Maintenance	1,179,777.	1,179,777.		
e All other expenses	1,724,615.	1,724,615.		
25 **Total functional expenses.** Add lines 1 through 24e	135,255,026.	131,788,895.	3,466,131.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	18,525.	1	11,334,377.
	2	Savings and temporary cash investments	8,373,399.	2	8,647,707.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,245,789.	4	9,574,192.
	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	8,546,298.	7	38,842,356.
	8	Inventories for sale or use	1,237,145.	8	1,473,384.
	9	Prepaid expenses and deferred charges	1,585,735.	9	1,768,901.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 66,905,372.			
	b	Less: accumulated depreciation — 10b 20,177,419.	30,867,033.	10c	46,727,953.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	31,519,526.	12	7,671,569.
	13	Investments - program-related. See Part IV, line 11	243,209,801.	13	569,816,439.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	353,265,663.	15	381,695,147.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	684,868,914.	16	1,077,552,025.
Liabilities	17	Accounts payable and accrued expenses	22,882,727.	17	53,434,906.
	18	Grants payable		18	
	19	Deferred revenue	817,376.	19	
	20	Tax-exempt bond liabilities	330,790,655.	20	327,920,287.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	85,844,666.	25	73,564,355.
	26	**Total liabilities.** Add lines 17 through 25	440,335,424.	26	454,919,548.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	205,302,490.	27	572,276,477.
	28	Temporarily restricted net assets	17,816,000.	28	20,916,000.
	29	Permanently restricted net assets	21,415,000.	29	29,440,000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	244,533,490.	33	622,632,477.
	34	Total liabilities and net assets/fund balances	684,868,914.	34	1,077,552,025.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	127,286,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,255,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,968,460.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	244,533,490.
5	Net unrealized gains (losses) on investments	5	
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	386,067,447.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	622,632,477.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [X] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated

e [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
Hartford Hospital	06-0646668	3	X		X		X		0.
Midstate Medical Cent	06-0646715	3	X		X		X		0.
Windham Community Me	06-0646966	3	X		X		X		0.
Natchaug Hospital	06-0966963	3	X		X		X		0.
Hartford HealthCare a	06-0646938	7	X		X		X		0.
Total 9									0.

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

Schedule A (Form 990 or 990-EZ) 2012

See Part IV for Line 11 Continuation

232021
12-04-12

10010621 139621 HHCC 2012.05090 Hartford HealthCare Corpora HHCC1

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Hartford HealthCare (HHC) is organized as a support organization to govern, manage and provide support services to its member organization subsidiaries that are organized exclusively for public welfare, charitable, scientific and educational purposes. The organization provides support and management services to further the programs and activities of its member organization subsidiaries, which include Hartford Hospital; MidState Medical Center; The William W. Backus Hospital; The Hospital of Central Connecticut; Windham Community Memorial Hospital; Natchaug Hospital; Rushford Center, Inc.; Hartford HealthCare At Home, Inc.; Clinical Laboratory Partners; Hartford HealthCare Medical Group; Hartford HealthCare Rehabilitation Network, LLC; and other subsidiaries.

HHC in conjunction with its member organization subsidiaries develops and implements programs to further the quality and accessibility of health care services; create efficiency in the utilization of health care facilities and services; and provide high-quality, coordinated care to the public through initiatives that are designed to transform care delivery.

Examples of these initiatives include:

* The HHC Cancer Institute - Our Cancer Institute was established to deliver comprehensive, coordinated care for more than 6,000 new patients each year, no matter where at each of our cancer centers patients need us. In recognition of our multidisciplinary approach and excellence, Memorial Sloan Kettering (MSK) selected the Hartford HealthCare Cancer Institute as its charter member of its Cancer Alliance in 2013. This partnership - unique in cancer care - means HHC Cancer Institute patients will have unprecedented access to MSK clinical trials conducted by HHC physicians in

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

HHC communities where they live.

* CESI - The Center for Education, Simulation and Innovation (CESI) at Hartford Hospital is the region's leading site for advance simulation training and biotechnology evaluation. CESI provides skill-based training to clinicians and emergency responders from across the U.S. and around the world. It is one of only 78 Level-I Comprehensive Accredited Education Institutes certified by the American College of Surgeons. CESI also works in collaboration with industry leaders to assess emerging medical technologies and training techniques.

* LIFE STAR - Hartford Hospital operates Connecticut's only critical air helicopter service, which responds to and provides air transport for patients who require advanced care due to trauma or a severe accident around the clock. LIFE STAR matters when seconds count: the aircraft can be airborne within minutes of a request for service, and can travel at 155 miles per hour. Each year, about 900 patients are transported on LIFE STAR's two specially equipped aircraft. More than 20,000 patients have been served since the program was established.

* ICP - Integrated Care Partners (ICP) is Hartford HealthCare's physician-led organization dedicated to delivering personalized, comprehensive and coordinated care to patients. It is a community of both employed and private-practice physicians that defines shared performance objectives, quality standards and evidence-based medicine protocols. ICP forges partnerships with health plans, employers and providers. Its mission is to be a high-performing network of integrated providers, successfully delivering value-based population health.

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

HHC member organizations subsidiaries serve as crucial community safety nets, provide charity care to our most vulnerable neighbors and are active corporate citizens in their regions.

In FY2012, Hartford HealthCare member organization subsidiaries provided $170 million in community benefits, $86 million of which was charity care. Other innovative and outcomes-oriented community benefits programs include:

* Hartford Hospital's Black Men's Health Project, a comprehensive approach to addressing the health prospects of black men and the disparities relative to the rate at which they suffer from chronic diseases like hypertension, diabetes, cancers and other health challenges.

* The Hospital of Central Connecticut's M.O.M.S. (Mothers Offering Mothers Support) program, which provides mentors to help women 21 and under become successful and confident mothers.

* Backus Hospital's Healthy Community program, which effectively integrates community benefits and services, community health education, and sustainability efforts to improve health care access in Eastern Connecticut's areas of greatest health care need.

Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Hosp. Of Central CT.	06-0646768	3	X		X		X		0.
Rushford Center Inc.	06-0932875	3	X		X		X		0.
William W. Backus Hospi	06-0250773	3	X		X		X		0.
Hartford HealthCare P	45-4456939	9	X		X		X		0.
Continuation Total									

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
Hartford HealthCare Corporation	22-2672834

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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		1,000.
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		390,768.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			391,768.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Part II-B, Line 1, Lobbying Activities:

Hartford HealthCare Corp. paid Kenneth Przybysz LLC, Gaffney Bennett & Associates, Baker Donelson Bearman Caldwell & Berkowitz and Kozak & Salina for their lobbying efforts on behalf of the organization during the fiscal year. These vendors were paid $15,940, $158,250, $201,078 and $15,500 respectively. Their efforts mainly include the lobbying of

Part IV **Supplemental Information** *(continued)*

Connecticut State Legislators in the interest of a group of affiliated hospitals in the State of Connecticut.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶ _____ %
c Temporarily restricted endowment ▶ _____ %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		20,698,499.	3,574,535.	17,123,964.
c Leasehold improvements		6,198,020.	2,951,464.	3,246,556.
d Equipment		39,466,313.	13,651,420.	25,814,893.
e Other		542,540.		542,540.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				46,727,953.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in HHMOB	13,906,801.	Cost
(2) Investment in CCHA	229,303,000.	Cost
(3) Investment in Ambulance		
(4) of Manchester	5,615,971.	Cost
(5) Investment in William T.		
(6) Backus Hospital	320,699,000.	Cost
(7) Investment in CT		
(8) Physicians Svcs. LLC	291,667.	Cost
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	569,816,439.	

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

(a) Description	(b) Book value
(1) Other Assets	13,860,492.
(2) Intercompany Allocation - Bond Debt	366,622,243.
(3) Due to Affiliates	1,212,412.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	381,695,147.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Program Related Liability	14,978,505.
(3) Taxable Bond Liability	50,000,000.
(4) Long Term Lease	8,585,850.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	73,564,355.

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

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

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

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

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

Part XIII Supplemental Information

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean	1	2	Investment In Captive		46,309,504.
3 a Sub-total	1	2			46,309,504.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	1	2			46,309,504.

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

Schedule F (Form 990) 2012

232071
12-10-12

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

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

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

3 Enter total number of other organizations or entities ..... ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V **Supplemental Information**

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Women's Hall of Fame 320 Fitch Street New Haven, CT 06515	06-1492895	501(C)(3)	10,000.	0.	FMV		Sponsorship for the 19th Annual Induction Ceremony and Celebration. Proceeds from the sponsorship are
New Britain Museum of American Art 56 Lexington Street New Britain, CT 06052	06-1422234	501(C)(3)	10,000.	0.	FMV		Sponsorship of the 2013 Art Party of the Year Event. The proceeds from the party are used to
Travelers Championship 90 State House Hartford, CT 06103	42-1684133	501(C)(3)	85,000.	0.	FMV		The Greater Hartford Community Foundation, Inc. was formed on October 21, 2005 as a
Hartford Business Improvement District - 31 Pratt St., Fl 5 - Hartford, CT 06103	41-2229120	501(C)(3)	22,300.	0.	FMV		2013 Hartford Has It Street Banner Sponsorship. The proceeds from sponsorship are used
Connecticut Science Center 250 Columbus Boulevard Hartford, CT 06103	06-1538101	501(C)(3)	5,000.	0.	FMV		Reef Sponsorship. The proceeds from the sponsorship are used to assist the organization
Leadership Greater Hartford Inc. 30 Laurel Street Hartford, CT 06106	06-1167174	501(C)(3)	7,500.	0.	FMV		The proceeds from the sponsorship are used to assist the organization in accomplishing its

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.

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.**

See Part IV for Column (h) descriptions

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Juvenile Diabetes Sponsoship 26 Broadway Fl 14 New York, NY 10004	23-1907729	501(C)(3)	5,000.	0.	FMV		HHC donated $5,000 to an event. Poceeds from the sponsorship were used to assist the organization

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

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

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

Part II, line 1, Column (h):

Name of Organization or Government: Connecticut Women's Hall of Fame

(h) Purpose of Grant or Assistance: Sponsorship for the 19th Annual Induction Ceremony and Celebration. Proceeds from the sponsorship are used to further the mission to honor publicly the achievements of Connecticut women and preserve their stories, educate the public and inspire the continued achievements of women.

Name of Organization or Government: New Britain Museum of American Art

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: Sponsorship of the 2013 Art Party of the Year Event. The proceeds from the party are used to support the organization's mission which is to educate and engage thousands of visitors.

Name of Organization or Government: Travelers Championship

(h) Purpose of Grant or Assistance: The Greater Hartford Community Foundation, Inc. was formed on October 21, 2005 as a nonprofit organization to promote community based fundraising activities and events, including sporting, cultural, educational and other charitable fundraising activities and events, The Foundation's primary fundraising activity is the Travelers Championship, Connecticut's annual PGA TOUR golf tournaments. The net proceeds realized by the tournament and other such activities and events are for the benefit of the citizens, social welfare organizations and other institutions of the community.

Name of Organization or Government:

Hartford Business Improvement District

(h) Purpose of Grant or Assistance: 2013 Hartford Has It Street Banner Sponsorship. The proceeds from sponsorship are used to assist the organization in completing its mission: To bring about positive and lasting change by enhancing the economic vitality and quality of life within the district.

Name of Organization or Government: Connecticut Science Center

(h) Purpose of Grant or Assistance: Reef Sponsorship. The proceeds from the sponsorship are used to assist the organization in accomplishing its mission to inspire life-long learning through the operation of a

Part IV Supplemental Information

statewide science center.

Name of Organization or Government: Leadership Greater Hartford Inc.

(h) Purpose of Grant or Assistance: The proceeds from the sponsorship are used to assist the organization in accomplishing its mission to develop, connect and inspire diverse leaders to build strong and vibrant communities throughout Greater Hartford.

Name of Organization or Government: Juvenile Diabetes Sponsoship

(h) Purpose of Grant or Assistance: HHC donated $5,000 to an event. Poceeds from the sponsorship were used to assist the organization to accomplish its mission to find a cure for Type I diabetes and its complications through the support of research.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

232111
12-10-12

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Elliot T. Joseph	(i)	0.	0.	0.	0.	0.	0.	0.
Director - Pres & CEO	(ii)	1,113,869.	498,420.	111,794.	335,604.	50,512.	2,110,199.	0.
(2) Rocco Orlando, MD	(i)	0.	0.	0.	0.	0.	0.	0.
SVP	(ii)	468,271.	139,077.	23,889.	120,976.	36,536.	788,749.	0.
(3) James E. Fantus	(i)	291,324.	73,317.	724.	44,159.	27,390.	436,914.	0.
President - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Thomas J. Marchozzi	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & CFO	(ii)	546,278.	165,018.	21,002.	108,509.	30,752.	871,559.	0.
(5) James M. Blazar	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & Chief Strategy Officer	(ii)	410,711.	103,809.	6,089.	90,359.	30,279.	641,247.	0.
(6) Richard G. Stys	(i)	0.	0.	0.	0.	0.	0.	0.
SVP of Finance	(ii)	367,600.	105,300.	1,711.	81,582.	30,969.	587,162.	0.
(7) Sonal Shah	(i)	0.	0.	0.	0.	0.	0.	0.
Chief Corp. Compl. Officer	(ii)	219,533.	44,770.	2,038.	17,901.	18,598.	302,840.	0.
(8) Jeffrey A. Flaks	(i)	0.	0.	0.	0.	0.	0.	0.
EVP	(ii)	628,837.	208,912.	19,052.	120,981.	39,807.	1,017,589.	0.
(9) Tracy A. Church	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & Chief HR Officer	(ii)	339,398.	103,020.	27,420.	77,971.	30,789.	578,598.	0.
(10) Luis Taveras	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & Chief Information Officer	(ii)	423,134.	84,840.	1,035.	93,061.	28,736.	630,806.	0.
(11) Rita Parisi	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	248,026.	72,611.	12,701.	70,173.	27,017.	430,528.	0.
(12) Lucille A. Janatka	(i)	0.	0.	0.	0.	0.	0.	0.
SVP	(ii)	521,480.	130,374.	30,135.	112,758.	36,819.	831,566.	0.
(13) Kent I. Stahl	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	344,475.	88,546.	2,245.	17,321.	14,887.	467,474.	0.
(14) Jeffrey L. Walter	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	233,226.	0.	19,782.	30,100.	12,227.	295,335.	0.
(15) Clarence Silvia	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	621,708.	142,744.	25,775.	222,100.	19,517.	1,031,844.	0.
(16) Ellen D. Rothberg	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	239,356.	46,733.	0.	33,833.	25,504.	345,426.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Stephen W. Larcen	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	396,648.	161,500.	47,349.	102,350.	29,039.	736,886.	0.
(18) David Whitehead	(i)	0.	0.	0.	0.	0.	0.	0.
SVP	(ii)	664,686.	0.	389,831.	22,000.	17,768.	1,094,285.	0.
(19) Anthony Mastroianni	(i)	172,518.	39,391.	180.	4,688.	31,179.	247,956.	0.
CFO - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) David J. Molusis	(i)	159,312.	35,585.	180.	4,843.	17,867.	217,787.	0.
CIO - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) Gregory Makowski	(i)	201,660.	46,311.	516.	6,190.	31,826.	286,503.	0.
Dir on Tech Ops - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) John Presto	(i)	121,797.	103,335.	903.	6,371.	31,175.	263,581.	0.
Sales Rep - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) Laila O. Mnayer	(i)	204,635.	21,100.	276.	6,325.	31,512.	263,848.	0.
Dir. Molecular Path. - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) Jaber Aslanzadeh	(i)	176,280.	17,923.	516.	5,254.	11,373.	211,346.	0.
Dir. Microbiology - CLP	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) Donna Handley	(i)	0.	0.	0.	0.	0.	0.	0.
Former VP-HHC	(ii)	250,443.	41,408.	2,374.	19,873.	29,526.	343,624.	0.
(26) Stephan O'Neill	(i)	0.	0.	0.	0.	0.	0.	0.
Former VP - HHC	(ii)	0.	0.	222,133.	113.	19,774.	242,020.	0.
(27) Carol S. Garlick	(i)	0.	0.	0.	0.	0.	0.	0.
Former VP - HHC	(ii)	175,463.	37,177.	1,168.	20,585.	17,425.	251,818.	0.
(28) Paul S. Besson, ESQ	(i)	0.	0.	0.	0.	0.	0.	0.
Former VP - HHC	(ii)	0.	0.	144,060.	0.	11,225.	155,285.	0.
(29) Yvette Melendez	(i)	0.	0.	0.	0.	0.	0.	0.
Former - VP-HHC	(ii)	230,501.	47,648.	2,116.	19,624.	11,604.	311,493.	0.
(30) Michele B. Bush, ESQ	(i)	0.	0.	0.	0.	0.	0.	0.
Former - SVP & General Counsel	(ii)	107,319.	0.	330,926.	10,948.	19,320.	468,513.	0.
(31) Jamie M. Roche, MD	(i)	0.	0.	0.	0.	0.	0.	0.
Former VP - HHC	(ii)	328,465.	73,416.	18,471.	47,000.	33,160.	500,512.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a: Please see Sch O, Part VI, Section B, Line 15 for comments regarding compensation.

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

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

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

2012 SERP accruals made on behalf of the following individual:

Mr. Elliot Joseph $294,854

Mr. Thomas Marchozzi $71,508

Mr. James Fantus $36,659

Mr. Stephen Larcen $55,350

Part III Supplemental Information

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

Mr. Jeffrey Walter	$23,339
Mr. James Blazar	$51,905
Ms. Tracy Church	$44,642
Mr. Jeffrey Flaks	$83,981
Dr. Rocco Orlando	$60,226
Ms. Rita Parisi	$29,820
Mr. Richard Stys	$51,030
Mr. Luis Taveras	$50,904

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

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Part I Bond Issues See Part VI for Columns (a) and (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	State of Connecticut Health & Education Facil	06-0806186	20774YCZ8	09/29/11	330,863,039.	Refund portions of existing debt		X		X	X	
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	331,293,047.			
4	Gross proceeds in reserve funds	19,572,000.			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	4,652,264.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	43,371,997.			
11	Other spent proceeds	254,544,730.			
12	Other unspent proceeds	8,722,025.			
13	Year of substantial completion	2012			

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.49 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		%		%		%	
6 Total of lines 4 and 5	1.49 %		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

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

Schedule K, Part I, Bond Issues:
(a) Issuer Name:
State of Connecticut Health & Education Facilities Authority.
(f) Description of Purpose:
Refund portions of existing debt and obtain funds for future capital needs.

Form 990, Schedule K
On September 29, 2011 Hartford HealthCare Corporation (Corporation) issued approximately $330,863,000 of CHEFA Revenue Bonds Series A & B. In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and Midstate Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of

See Part VI Supplemental Information Sheet

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations.

The HHC 2011 Bonds were issued to refund portions of existing debt under the Corporation, and to obtain funds for future capital needs. The total refunded amount of debt was $189,706,774. This consisted of various types of bonds held by the obligated group. These Series A, B & C Bonds were issued on the following dates: 8/1/1996, 12/22/1997, 8/3/2000, 5/16/2002, 11/15/2007, 3/29/2007, 8/2/2008, 6/18/2008. An amount of $95,450,067 was set aside for future construction and equipment purchase. The construction cost of approximately $60,450,000 was designated for a parking garage, an emergency department construction and various other construction projects. The balance of the $95M was designated for the purchase of medical equipment.

Schedule K, Part III, Line 4

HHC monitors and calculates percent of private business use on an annual basis or if a significant event occurs during the year.

Schedule K, Part III, Line & Part V

HHC is aware of the bond requirements and although a written policy is not yet in place, HHC would evaluate remediation and any violation of federal tax requirements as necessary. The organization is currently drafting such policies and expect the policies to be in place by the end of fiscal year 2014.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2012

232131
12-03-12

10010621 139621 HHCC 2012.05090 Hartford HealthCare Corpora HHCC1

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
See Part V	See Part V	0.	See Part V		X

Part V Supplemental Information

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

Business Transaction Involving Interested Persons

(a) Name of Interested Person: Gregory Makowski, MD

(b) Relationship between Interested Person and Organization: Key Employee, CLP

(c) Amount of Transactions: $40,911

(d) Description of Transaction: Dr. Makowski's spouse, Dr. Melinda L. Ramsby of Farmington Arthritis and Rheumatology, has an in-office phlebotomist provided by Clinical Laboratory Partners (CLP). CLP is single member LLC owned by Hartford HealthCare Corporation. The phlebotomist services represent a cost of $40,911 to CLP. This cost is incurred for the convenience of the patients as outlined in a formal technical agreement between CLP and Dr. Ramsby. This arrangement is mutually beneficial to both parties.

(e) Sharing of Organization Revenues? = No

(a) Name of Interested Person: Brian MacLean

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: $6,368,136

(d) Description of Transaction: Mr. Brian MacLean is a board member of Hartford HealthCare Corporation. Mr. MacLean is also an Executive

Part V Supplemental Information

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

Officer of the Travelers Insurance Company. The company provides certain insurance coverages for Hartford HealthCare and subsidiaries. A substantial portion of the transactions between HHC and Travelers relates to self insurance reimbursement. Mr. MacLean has no personal involvement in any of these transactions which are not material to the financial position of Travelers.

(e) Sharing of Organization Revenues? = No

(a) Name of Interested Person: Greg Deavens

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: $443,116

(d) Description of Transaction: Mr. Greg Deavens is a board member of Hartford HealthCare Corporation. Mr. Deavens is also an Executive at Mass Mutual Life Insurance Company. Mass Mutual provided certain insurance coverage to Hartford HealthCare and subsidiaries. Mr. Deavens has no personal involvement in any of these transactions which are not material to the financial position of Mass Mutual.

(e) Sharing of Organization Revenues? = No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Form 990, Part I, Line 1, Description of Organization Mission:
fully integrated health care system including a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals, the state's most extensive behavioral health services network, a statewide clinical laboratory operation, a Medical Foundation , a regional home care system, an array of senior care services, and a physical therapy rehabilitation network.

Form 990, Part III, Line 1, Description of Organization Mission:
developing a coordinated, consistent high standard of care. We use research and education as partners in care delivery. We create and engage in meaningful connections to enhance access to services. We invest in technology and develop new pathways to improve the timeliness, efficiency and accuracy of our services. HHC is guided by its values of Caring, Safety, Excellence and Integrity. The values guide our vision to be nationally respected for excellence in patient care and most trusted for personalized coordinated care.

Form 990, Part III, Line 2, New Program Services:
On August 1, 2013 (the Acquisition Date), Hartford HealthCare Corporation (the Corporation) acquired Backus Corporation, a system of health care affiliates that provides services throughout the eastern region of Connecticut including The William W. Backus Hospital (Backus), Backus Health Care, Inc., WWB Corporation, Omni Home Health Services of Eastern Connecticut LLC dba Backus Home Health Services,

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

and Backus Physician Services, LLC. The Corporation became the sole corporate member of Backus Corporation and a full corporate affiliation was completed.

Pursuant to the acquisition agreement, the Corporation acquired Backus Corporation by means of an inherent contribution where no consideration was transferred by the Corporation. The Corporation accounted for this business combination by applying the acquisition method, and accordingly, the inherent contribution received was valued as the excess of assets acquired over liabilities assumed. In determining the inherent contribution received all assets acquired and liabilities assumed were measured at fair value as of the Acquisition Date.

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

HHC in conjunction with its member organization subsidiaries develops and implements programs to further the quality and accessibility of health care services; create efficiency in the utilization of health care facilities and services; and provide high-quality, coordinated care to the public through initiatives that are designed to transform care delivery.

Examples of these initiatives include:

* The HHC Cancer Institute - Our Cancer Institute was established to deliver comprehensive, coordinated care for more than 6,000 new patients each year, no matter where at each of our cancer centers patients need us. In recognition of our multidisciplinary approach and

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

excellence, Memorial Sloan Kettering (MSK) selected the Hartford HealthCare Cancer Institute as its charter member of its Cancer Alliance in 2013. This partnership - unique in cancer care - means HHC Cancer Institute patients will have unprecedented access to MSK clinical trials conducted by HHC physicians in HHC communities where they live.

* CESI - The Center for Education, Simulation and Innovation (CESI) at Hartford Hospital is the region's leading site for advance simulation training and biotechnology evaluation. CESI provides skill-based training to clinicians and emergency responders from across the U.S. and around the world. It is one of only 78 Level-I Comprehensive Accredited Education Institutes certified by the American College of Surgeons. CESI also works in collaboration with industry leaders to assess emerging medical technologies and training techniques.

* LIFE STAR - Hartford Hospital operates Connecticut's only critical air helicopter service, which responds to and provides air transport for patients who require advanced care due to trauma or a severe accident around the clock. LIFE STAR matters when seconds count: the aircraft can be airborne within minutes of a request for service, and can travel at 155 miles per hour. Each year, about 900 patients are transported on LIFE STAR's two specially equipped aircraft. More than 20,000 patients have been served since the program was established.

* ICP - Integrated Care Partners (ICP) is Hartford HealthCare's physician-led organization dedicated to delivering personalized, comprehensive and coordinated care to patients. It is a community of

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

both employed and private-practice physicians that defines shared performance objectives, quality standards and evidence-based medicine protocols. ICP forges partnerships with health plans, employers and providers. Its mission is to be a high-performing network of integrated providers, successfully delivering value-based population health.

HHC member organizations subsidiaries serve as crucial community safety nets, provide charity care to our most vulnerable neighbors and are active corporate citizens in their regions.

In FY2012, Hartford HealthCare member organization subsidiaries provided $170 million in community benefits, $86 million of which was charity care. Other innovative and outcomes-oriented community benefits programs include:

* Hartford Hospital's Black Men's Health Project, a comprehensive approach to addressing the health prospects of black men and the disparities relative to the rate at which they suffer from chronic diseases like hypertension, diabetes, cancers and other health challenges.

* The Hospital of Central Connecticut's M.O.M.S. (Mothers Offering Mothers Support) program, which provides mentors to help women 21 and under become successful and confident mothers.

* Backus Hospital's Healthy Community program, which effectively integrates community benefits and services, community health education, and sustainability efforts to improve health care access in Eastern

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Connecticut's areas of greatest health care need.

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 CFO for review. The Form was also reviewed by the Finance Committee prior to submission to the Board. The final Form was provided to the entire Board and reviewed by the Board and the Compensation Committee. Once the entire review process was completed, the Form was signed by the CFO and then filed with the Internal Revenue Service.

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

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

and Governance Committee for determinations of conflicts and the management of them, where applicable.

Form 990, Part VI, Section B, Line 15: Compensation reported on Hartford HealthCare Corporation's tax return is paid through its subsidiaries.

The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation for the CEO and Senior Executives of Hartford HealthCare Corporation.

All compensation reported on this tax return follows Hartford Hospital's compensation policy as outlined below:

The following steps were taken:

-Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare established and regularly reviews Executive Compensation Philosophy

- Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"

- National peer groups are selected for comparison based on organizational size, operating revenue, geography and other relevant factors

- Analysis of current total compensation versus market performed by independent third party compensation consulting firm, reviewed by the committee

- Recommendations made based on data analysis to ensure appropriate

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

competitive positioning within parameters of compensation philosophy

- CEO compensation determined by Committee based on comparative market information and organizational performance

- All changes reviewed and approved by Executive Compensation Committee

The compensation determination process for the CEO and other Senior Executives is reviewed on an annual basis.

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

Form 990, Part IX, Line 11g, Other Fees:

Medical Professional Fees:

Program service expenses	16,591,356.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	16,591,356.
Total Other Fees on Form 990, Part IX, line 11g, Col A	16,591,356.

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

Transfers to Affiliates	66,417,000.
True Up of K-1 Income	66.
Misc	-601.
Transfer of Expenses - Related Organization	-1,048,018.
Backus Contribution	320,699,000.
Total to Form 990, Part XI, Line 9	386,067,447.

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Form 990, Part IV, Line 12 and Part XII, line 2

The organization's financial statements are included in the consolidated financial statement which was audited by an independent accounting firm. In addition, the organization has a committee that assumes responsibility for oversight of the audit of its financial statements.

Form 990, Part VII and Part IX, line 7

Other Salaries & Wages

The organization itself does not pay salaries or provide fringe benefits. A majority of the salaries and fringe benefits are allocated from related organizations. The remaining salaries and fringe benefits are from Clinical Laboratory Partners which is a wholly owned Limited Liability Company.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
Clinical Laboratory Partners, LLC - 06-1525596, 129 Patricia M Genova Drive, Newington, CT 06111	Medical Laboratories	Connecticut	4,422,000.	24,237,000.	Hartford HealthCare Corporation
Practice Central LLC - 36-4692507 85 Seymour Street Hartford, CT 06102	Health Care & Health Delivery	Connecticut	-2,677,000.	669,000.	Hartford HealthCare Corporation
Integrated Care Partners, LLC - 37-1740267 One State Street, Suite 19 Hartford, CT 06103	Electronic Health System Data Sharing Services	Connecticut	0.	0.	Hartford HealthCare Corporation

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
Hartford Hospital - 06-0646668 80 Seymour Street Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Windham Community Memorial Hospital Inc. - 06-0646966, 112 Mansfield Ave., Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Ave., Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital	X	
Connecticut Health System Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Delivery	Connecticut	501(C)(3)	11(c)	N/A	X	

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

Schedule R (Form 990) 2012

232161
12-10-12 LHA

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
Institute of Living - 06-0646683 200 Retreat Avenue Hartford, CT 06106	Supporting Organization to Hartford Hospital	Connecticut	501(C)(3)	11(c)	Hartford Hospital	X	
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Ctr, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hy, 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	
Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	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	
VNA Health Resources Inc. - 06-1161422 1290 Silas Deane Hy, Suite 4B Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare at Home, Inc.	X	
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Ave. Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital	X	
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Ave. Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial 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	
Central CT Senior Health Svc d.b.a. Southington Care Center - 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	

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
Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050	Support & Management Svcs. to THOCC and Affiliates	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Citizens	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.	X	
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.	X	
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	3	Midstate Medical Center	X	
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Practice Medicine and Provide Health Care Services to the Public	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 200 Retreat Avenue, Fl 9, Hartford, CT 06102	To Manage and Coordinate Care for Medicare Beneficiares	Connecticut	501(C)(3)		HHC PhysicansCare, Inc	X	
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	To Provide Medical Benefits to Employees	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation	X	
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Hospital	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation	X	
Rushford Foundation Inc, - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support Organization	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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
Hartford HealthCare Endowment, LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	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 Service	CT	N/A	Related	1,577,289.	3,702,856.		X	N/A		X	50.00%
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 06033	Surgery Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
H.H.M.O.B. Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	Hartford HealthCare Corporation	C CORP	-4,688,000.	3,234,200.	100.00%	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	
CHS Insurance LTD 40 Church Street , Hamilton, BERMUDA	Captive Insurance	Bermuda	Hartford HealthCare Corporation	C CORP	11,535,078.	184,767,121.	100.00%	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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
Hartford - Middlesex Clinical System LLC - 06-1543605, 80 Seymour Street, Hartford, CT 06110	Affiliate Support Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Med East Association 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
Connecticut Imaging Partners, LLC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Glastonbury Endoscopy Center, LLC - 26-1721234, 300 Western Blvd, Suite B, Glastonbury, CT 06033	Endoscopy Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Omni Home Health Services E. CT, LLC d/b/a Backus Home Health Care - 06-1458, 12 Case Street - #317, Norwich,	Home Health Care 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	
Grand Indemnity Co. LTD - 98-0609499 40 Church Street , Hamilton, BERMUDA	Professional Liability	Bermuda	N/A	C CORP	N/A	N/A	N/A	X	
Hartford Physician Services PC - 06-1254082 80 Seymour Street Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Meriden Imaging Center - 06-1541468 101 North Plains Industrial Road Meriden, CT 06429	Imaging	CT	N/A	S CORP	N/A	N/A	N/A	X	
Hartford Physician Hospital Organization, Inc - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	N/A	N/A	N/A	X	
Aetna Ambulance Service, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	445,268.	2,232,968.	50.00%	X	
Metro Wheelchair Service, Inc. - 06-0878432 P.O. Box 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	-29,678.	118,100.	50.00%	X	
WWB Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A	X	
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Health Care Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A	X	
Windham Professional Office Condominium Association, Inc. - 06-1090041, 112 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A	X	
Select Physicians Network - 06-1426901 112 Mansfield Avenue Willimantic, CT 06226	Managing offices of physicians and surgeons	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Hartford Hospital	M	21,858,010.	FMV
(2) Hartford Hospital	S	14,538,603.	FMV
(3) Hartford Hospital	Q	2,984,996.	FMV
(4) Hartford Hospital	D	22,010,772.	FMV
(5) Hartford Hospital	A	6,664,502.	FMV
(6) Hartford Hospital	L	17,301,322.	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 Hospital	R	164,855.	FMV
(8)Hartford Hospital	O	772,665.	FMV
(9)Hartford Hospital	P	827,281.	FMV
(10)Hartford Hospital	S	236,131.	FMV
(11)Hartford Hospital	Q	87,709.	FMV
(12)Hartford Hospital	M	44,085.	FMV
(13)HHC PhysiciansCare Inc.	M	103,166.	FMV
(14)HHC PhysiciansCare Inc.	R	48,892,106.	FMV
(15)HHC PhysiciansCare Inc.	O	50,749.	FMV
(16)HHC PhysiciansCare Inc.	P	163,750.	FMV
(17)Central Connecticut Health Alliance	Q	245,379.	FMV
(18)CHS Insurance Ltd	P	227,725.	FMV
(19)H.H.M.O.B.	D	3,220,000.	FMV
(20)H.H.M.O.B.	R	4,245,752.	FMV
(21)H.H.M.O.B.	A	191,924.	FMV
(22)H.H.M.O.B.	Q	710,878.	FMV
(23)H.H.M.O.B.	M	979,164.	FMV
(24)H.H.M.O.B.	O	258,516.	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.	E	53,203.	FMV
(8)H.H.M.O.B.	S	308,744.	FMV
(9)H.H.M.O.B.	Q	111,781.	FMV
(10)Midstate Medical Center	S	3,021,907.	FMV
(11)Midstate Medical Center	Q	3,149,333.	FMV
(12)Midstate Medical Center	A	4,088,189.	FMV
(13)Midstate Medical Center	O	3,664,855.	FMV
(14)Midstate Medical Center	R	6,409,206.	FMV
(15)Natchaug Hospital	M	54,069.	FMV
(16)Natchaug Hospital	O	536,011.	FMV
(17)Natchaug Hospital	A	1,270.	FMV
(18)Natchaug Hospital	E	175,000.	FMV
(19)Natchaug Hospital	S	683,846.	FMV
(20)Natchaug Hospital	Q	270,610.	FMV
(21)Rushford Center Inc.	M	51,908.	FMV
(22)Rushford Center Inc.	D	2,350,000.	FMV
(23)Rushford Center Inc.	S	423,344.	FMV
(24)Rushford Center Inc.	O	135,419.	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)Rushford Center Inc.	A	3,632.	FMV
(8)Rushford Center Inc.	E	2,351,979.	FMV
(9)Rushford Center Inc.	Q	140,688.	FMV
(10)Hartford HealthCare at Home Inc.	A	10,089.	FMV
(11)Hartford HealthCare at Home Inc.	E	10,060.	FMV
(12)Hartford HealthCare at Home Inc.	S	731,995.	FMV
(13)Hartford HealthCare at Home Inc.	O	134,600.	FMV
(14)Windham Hospital	M	226,929.	FMV
(15)Windham Hospital	S	1,360,155.	FMV
(16)Windham Hospital	O	712,088.	FMV
(17)Windham Hospital	Q	1,690,708.	FMV
(18)Windham Hospital	A	914,304.	FMV
(19)The Hospital of Central Connecticut	S	5,244,510.	FMV
(20)The Hospital of Central Connecticut	P	93,907.	FMV
(21)The Hospital of Central Connecticut	O	417,530.	FMV
(22)The Hospital of Central Connecticut	Q	1,597,503.	FMV
(23)The Hospital of Central Connecticut	A	1,599,601.	FMV
(24)The Hospital of Central Connecticut	E	1,756,246.	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) The Hospital of Central Connecticut	R	2,472,263.	FMV
(8) Central CT Senior Health Services	Q	190,308.	FMV
(9) Central CT Senior Health Services	A	43,608.	FMV
(10) Hartford HealthCare PhysicianCare Inc.	Q	10,541,128.	FMV
(11) Hartford HealthCare PhysicianCare Inc.	S	1,506,087.	FMV
(12) Hartford HealthCare Rehabilitation Network	S	225,362.	FMV
(13) Hartford HealthCare Rehabilitation Network	E	300,000.	FMV
(14) Hartford HealthCare Rehabilitation Network	M	61,364.	FMV
(15) Midstate Medical Center	M	4,667,884.	FMV
(16) Hartford HealthCare at Home Inc.	Q	821,805.	FMV
(17) Central CT Senior Health Services	S	374,823.	FMV
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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