

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2013, or tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Hartford Hospital

Employer identification number

06-0646668

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

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

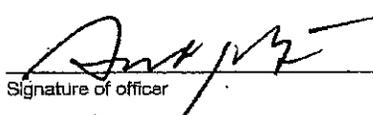
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,105,327,433.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration 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 2013 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 acknowledgment 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.

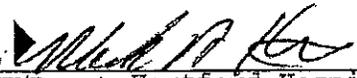
Sign Here  Signature of officer

8/12/15 Date

Vice President, Finance Title

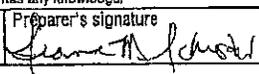
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

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

ERO's signature  Date 8/12/15 Check if also paid preparer Check if self-employed ERO's SSN or PTIN

Use Only Firm's name (or yours if self-employed), address, and ZIP code Hartford Hospital EIN 06-0646668
80 Seymour Street
Hartford, CT 06102 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 (if based on all information of which the preparer has any knowledge).

Paid Preparer Use Only Print/type preparer's name JEANNE SCHUSTER Preparer's signature  Date 8/12/15 Check if self-employed PTIN P00743154

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

Firm's address 200 Clarendon Street, 44th Floor Phone no. (617) 226-2000
Boston, MA 02116

LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2013)

328061 11-21-13

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

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

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

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

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

G Gross receipts \$: **1,105,975,062.**

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

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

J Website: **HARTHOSP.ORG**

K Form of organization: Corporation Trust Association Other

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

Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Hartford Hospital, founded in 1854, is one of the largest teaching hospitals and tertiary care		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8390
	6 Total number of volunteers (estimate if necessary)	6	1192
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,362,864.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-365,309.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	44,343,052.	44,498,631.
	9 Program service revenue (Part VIII, line 2g)	998,448,361.	1,013,757,953.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,288,577.	37,537,759.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,521,021.	9,533,090.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,175,601,011.	1,105,327,433.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	185,000.	507,510.
	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)	626,663,531.	585,582,362.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,496,513.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	438,839,660.	455,709,181.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,065,688,191.	1,041,799,053.
19 Revenue less expenses. Subtract line 18 from line 12	109,912,820.	63,528,380.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,295,534,541.	End of Year 1,282,892,831.
	21 Total liabilities (Part X, line 26)	670,075,768.	700,378,314.
	22 Net assets or fund balances. Subtract line 21 from line 20	625,458,773.	582,514,517.

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: **Gerald J. Boisvert, Vice President, Finance**
 Signature of officer: *Gerald J. Boisvert*
 Date: *8/10/15*

Paid: **Jeanne Schuster**
 Print/Type preparer's name: **Jeanne Schuster**
 Preparer's signature: *Jeanne Schuster*
 Date: **8/10/15**
 Check self-employed PTIN: **P00743154**

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

Use Only: **200 Clarendon Street, 44th Floor**
 Firm's address: **200 Clarendon Street, 44th Floor**
 Boston, MA 02116
 Phone no. (617) 226-2000

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 78,438,762. including grants of \$) (Revenue \$ 77,313,781.) At the completion of Fiscal Year (FY) 14, there were 133 medical staff members in the Division of Cardiology, comprised of 14 hospital-employed faculty cardiologists, 66 private practice cardiologists, 6 full-time employed hospitalists, 3 doctoral-level researchers, 18 cardiology fellows, 22 private and hospital employed APRNs, and 4 physician assistants. The division received \$857,641 in research funding, including \$810,546 from industrial sources and \$47,095 from foundations. The number of cardiology full-time equivalent employees in FY14 was 180. The number of medical cardiology non-ICU discharges was 4,258. The number of medical cardiology non-ICU patient days was 20,604.

4b (Code:) (Expenses \$ 73,063,526. including grants of \$) (Revenue \$ 62,583,378.) The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. Fiscal 2014 marked the second year of the "national dialogue on mental health" which began following the devastating murders at the Sandy Hook School in December of 2012. As the dialogue rolled on, America continued to face a sobering reality with regard to the prevalence and incidence of mental illness: 2.6 million adults with schizophrenia, 6.1 million adults with bipolar disorder, 14.8 million adults with major depression and 42 million adults with anxiety disorders. Of these, approximately 10% to 14% live with serious mental illness and between 19% and 25% of adults experience a mental illness in a given year. The incidence and prevalence of mental illness among children and adolescents remains

4c (Code:) (Expenses \$ 68,723,106. including grants of \$) (Revenue \$ 61,302,967.) Hartford Hospital Department of Surgery (DOS) has exhibited another year of progress for FY 14, excelling in multiple clinical and administrative areas. The attending staff consisted of the following: Active Staff 66; Courtesy 29; Consulting 6; Refer and Follow 12, and 114 Advanced Practitioners. The Department of Surgery is comprised of 12 Divisions.

Patient Care Activities - All Divisions within the Department of Surgery excelled within their clinical areas. Divisions include: Bariatric Surgery, Colorectal Surgery, Podiatric Surgery, Plastic surgery, Surgical Oncology, Thoracic Surgery, Transplant Surgery, Trauma Surgery, Vascular Surgery, and General Surgery.

4d Other program services (Describe in Schedule O.) (Expenses \$ 675,600,838. including grants of \$ 507,510.) (Revenue \$ 810,194,963.)

4e Total program service expenses 895,826,232.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 681, 8390, 0).

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeffrey A. Flaks Director, Ex-President & CEO	2.00 60.00	X						985,840.	0.	182,075.
(2) Stacy R. Nerenstone M.D. Director	2.00	X						0.	0.	0.
(3) Douglas G. Elliot Chair	3.00	X		X				0.	0.	0.
(4) Greg Deavens Director (Thru Oct. 2013)	2.00	X						0.	0.	0.
(5) Jeffry Nestler M.D. Director (Thru Nov. 2013)	2.00	X						0.	0.	0.
(6) Andrew L. Salner M.D. Director	60.00	X						541,669.	0.	91,592.
(7) Gregory M. Jones Director	2.00	X						0.	0.	0.
(8) Roger Klene Director	2.00	X						0.	0.	0.
(9) David R. McHale Director	2.00	X						0.	0.	0.
(10) Jarrod B. Post M.D. Director	2.00	X						0.	0.	0.
(11) Magdalena Rodriguez Director	2.00	X						0.	0.	0.
(12) Westley V. Thompson Director	2.00	X						0.	0.	0.
(13) James M. Loree Director	2.00	X						0.	0.	0.
(14) Stuart K. Markowitz M.D. President	60.00	X		X				572,342.	0.	119,249.
(15) Rebecca Lobo Director	2.00	X						0.	0.	0.
(16) Matthew Saidel M.D. Director	2.00	X						15,550.	0.	0.
(17) Harold I. Schwartz M.D. Vice President	40.00 20.00			X				3,018,021.	0.	118,843.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Bimal Patel Vice President	60.00			X				343,739.	0.	36,094.
(19) John F. Greene Jr. M.D. Vice President	60.00			X				137,537.	315,720.	30,356.
(20) Cheryl Ficara Vice President	60.00			X				313,267.	0.	77,249.
(21) Peter Q. Fraser Vice President	60.00			X				296,571.	0.	57,312.
(22) Gerald J. Boisvert Vice President	30.00 30.00			X				343,291.	0.	38,454.
(23) Donna Handley Vice President	60.00				X			303,600.	0.	44,002.
(24) Orlando C. Kirton M.D. Dir. Surgery	60.00				X			652,680.	0.	91,083.
(25) Paul Thompson M.D. Dir. Cardiology	60.00				X			533,134.	0.	80,555.
(26) James J. Cardon M.D. EVP Chief CIO, HHC	0.00 60.00					X		576,744.	0.	95,181.
1b Sub-total								8,633,985.	315,720.	1,062,045.
c Total from continuation sheets to Part VII, Section A								8,960,728.	0.	1,576,860.
d Total (add lines 1b and 1c)								17,594,713.	315,720.	2,638,905.

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 **1,022**

	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
FIP Construction Inc. 308 Farmington Avenue, Farmington, CT 06032	Construction	7,394,912.
CT Multispecialty Group PC, 8 Griffin Rd North Suite 200-B, Windsor, CT 06095	Medical	4,442,274.
CFM Construction Corp PO Box 98347, Chicago, IL 60693	Construction	3,375,996.
Integrated Physicians Mgmt Svcs, 860 North Main Street Ext, Wallingford, CT 06492	Medical	2,482,433.
Hartford Pathology Assoc PC 285 Broad Street, Hartford, CT 06106	Medical	2,164,775.

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 **102**

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Margaret Marchak SVP & CLO, HHC	0.00 60.00					X		524,428.	0.	83,044.
(28) Joel I. Sorosky M.D. Dir. OB/GYN	60.00					X		672,380.	0.	119,373.
(29) Stephen W. Larcen SVP President, BHN	0.00 60.00					X		688,539.	0.	172,380.
(30) Lenworth M. Jacobs M.D. Vice President	60.00					X		649,208.	0.	33,296.
(31) Elliot T. Joseph Former-President & CEO	0.00						X	1,847,535.	0.	347,786.
(32) Thomas J. Marchozzi Former - Exec. VP & CFO	0.00						X	778,430.	0.	157,569.
(33) Rocco Orlando Former - SVP	0.00						X	804,020.	0.	232,305.
(34) James M. Blazar Former - Vice President	0.00						X	561,172.	0.	118,973.
(35) Richard G. Stys Former - Vice President	0.00						X	522,614.	0.	108,468.
(36) Sonal Shah Former - Vice President	0.00						X	374,985.	0.	24,224.
(37) Michele B. Bush, Esq Former - Vice President	0.00						X	329,318.	0.	16,787.
(38) Gary V. Heller M.D. Former - Director	0.00						X	281,700.	0.	12,651.
(39) Tracy A. Church Former - Vice President	0.00						X	443,431.	0.	101,566.
(40) Luis Taveras Former - Vice President	0.00						X	482,968.	0.	48,438.
Total to Part VII, Section A, line 1c								8,960,728.	1,	576,860.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	1,492,556.				
	d	Related organizations	235,459.				
	e	Government grants (contributions)	36,429,490.				
	f	All other contributions, gifts, grants, and similar amounts not included above	6,341,126.				
	g	Noncash contributions included in lines 1a-1f: \$	1,270,144.				
	h	Total. Add lines 1a-1f		44,498,631.			
Program Service Revenue			Business Code				
	2 a	Patient Care	624100	998,507,441.	998,507,441.		
	b	Inc. From Inv - Other	900003	6,891,452.	6,395,257.	496,195.	
	c	Ref. Testing & Fees	621500	5,202,157.	3,528,887.	1,673,270.	
	d	Free Bed Income	621400	2,708,545.	2,708,545.		
	e	Sale of By Products	900099	254,959.	254,959.		
	f	All other program service revenue	541700	193,399.		193,399.	
g	Total. Add lines 2a-2f		1,013,757,953.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,831,433.		13,831,433.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a			(i) Real			
				(ii) Personal			
		b	Gross rents	6,894,962.			
		c	Less: rental expenses	0.			
	d	Rental income or (loss)	6,894,962.				
	e	Net rental income or (loss)		6,894,962.		6,894,962.	
	7 a			(i) Securities			
				(ii) Other			
		b	Gross amount from sales of assets other than inventory	23,691,997.	30,000.		
		c	Less: cost or other basis and sales expenses	0.	15,671.		
	d	Gain or (loss)	23,691,997.	14,329.			
	e	Net gain or (loss)		23,706,326.		23,706,326.	
8 a							
b	Gross income from fundraising events (not including \$ 1,492,556. of contributions reported on line 1c). See Part IV, line 18	a	218,750.				
c	Less: direct expenses	b	631,958.				
d	Net income or (loss) from fundraising events		-413,208.		-413,208.		
9 a							
b	Gross income from gaming activities. See Part IV, line 19	a					
c	Less: direct expenses	b					
d	Net income or (loss) from gaming activities						
10 a							
b	Gross sales of inventory, less returns and allowances	a					
c	Less: cost of goods sold	b					
d	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	Cafeteria Income	722210	3,051,336.			3,051,336.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,051,336.				
12	Total revenue. See instructions.		1,105,327,433.	1,011,395,089.	2,362,864.	47,070,849.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	437,510.	437,510.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	70,000.	70,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,400,095.	3,678,302.	2,721,793.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,210,057.	908,144.	4,301,913.	
7 Other salaries and wages	425,275,076.	396,868,328.	27,279,150.	1,127,598.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,474,778.	49,030,263.	6,444,515.	
9 Other employee benefits	62,448,245.	48,555,673.	13,892,572.	
10 Payroll taxes	30,774,111.	27,765,668.	3,008,443.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,237,584.	24,950.	1,212,634.	
c Accounting	556,087.		556,087.	
d Lobbying	124,363.		124,363.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,033,446.	2,099,945.	933,501.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	64,334,996.	63,499,396.	835,600.	
12 Advertising and promotion	2,260,711.	140,484.	2,120,227.	
13 Office expenses	24,311,740.	21,729,081.	2,483,119.	99,540.
14 Information technology	29,013,962.	18,025,657.	10,954,106.	34,199.
15 Royalties				
16 Occupancy	28,200,267.	23,664,188.	4,535,873.	206.
17 Travel	1,245,781.	1,130,928.	113,786.	1,067.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	66,196.	48,819.	17,377.	
20 Interest	8,386,516.	7,248,421.	1,138,095.	
21 Payments to affiliates	20,567,242.	5,747,349.	14,819,893.	
22 Depreciation, depletion, and amortization	49,620,880.	35,646,277.	13,957,077.	17,526.
23 Insurance	2,707,307.	47,222.	2,660,085.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Medical Supplies</u>	151,340,588.	151,340,588.		
b <u>Purchased Services</u>	41,631,021.	14,143,099.	27,276,873.	211,049.
c <u>Equipment & Ppty Maint</u>	14,167,354.	13,966,117.	201,237.	
d <u>Miscellaneous Expenses</u>	8,484,847.	7,840,333.	644,514.	
e All other expenses	4,418,293.	2,169,490.	2,243,475.	5,328.
25 Total functional expenses. Add lines 1 through 24e	1,041,799,053.	895,826,232.	144,476,308.	1,496,513.
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	19,915,933.	1 15,870,826.
	2	Savings and temporary cash investments	13,806,708.	2 12,241,154.
	3	Pledges and grants receivable, net	5,080,340.	3 5,620,567.
	4	Accounts receivable, net	173,856,997.	4 142,756,790.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	11,186,533.	8 12,834,592.
	9	Prepaid expenses and deferred charges	11,562,814.	9 6,594,835.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,125,573,776.	
	b	Less: accumulated depreciation	10b 748,837,939.	10c 376,735,837.
	11	Investments - publicly traded securities	447,048,832.	11 2,538,188.
	12	Investments - other securities. See Part IV, line 11	134,914,172.	12 139,685,804.
	13	Investments - program-related. See Part IV, line 11	52,241,424.	13 53,626,279.
	14	Intangible assets	25,811,034.	14 25,811,034.
	15	Other assets. See Part IV, line 11	11,477,061.	15 488,576,925.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,295,534,541.	16 1,282,892,831.	
Liabilities	17	Accounts payable and accrued expenses	199,745,547.	17 117,246,835.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	470,330,221.	25 583,131,479.
	26	Total liabilities. Add lines 17 through 25	670,075,768.	26 700,378,314.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	299,792,317.	27 239,990,927.
	28	Temporarily restricted net assets	116,856,893.	28 126,940,664.
	29	Permanently restricted net assets	208,809,563.	29 215,582,926.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	625,458,773.	33 582,514,517.	
34	Total liabilities and net assets/fund balances	1,295,534,541.	34 1,282,892,831.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,105,327,433.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,041,799,053.
3	Revenue less expenses. Subtract line 2 from line 1	3	63,528,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	625,458,773.
5	Net unrealized gains (losses) on investments	5	14,582,238.
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	-121,054,873.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	582,514,518.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2013)

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(iii). (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 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 Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers 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?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization Hartford Hospital Employer identification number 06-0646668

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____
 3 Volunteer hours

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$7,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$7,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$7,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$7,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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				

Schedule C (Form 990 or 990-EZ) 2013

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		124,363.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			124,363.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Explanation: Hartford Hospital paid annual dues to Connecticut Hospital Association (CHA) and American Hospital Association (AHA). CHA and AHA conduct lobbying activities on behalf of their members. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current

Part IV Supplemental Information (continued)

Medicare rules. CHA and AHA conduct lobbying activities under current Medicare rules. The total amount of dues allocated for lobbying expenses for FY14 was \$124,363.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Hartford Hospital

Employer identification number
06-0646668

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? 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	131,895,671.	119,653,630.	108,251,287.	112,783,609.	106,412,056.
b Contributions	1,462,396.	4,719,250.	959,611.	329,266.	1,357,240.
c Net investment earnings, gains, and losses	8,092,554.	11,002,959.	14,072,208.	106,788.	6,795,833.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,904,447.	3,480,169.	3,629,476.	4,968,376.	1,781,520.
f Administrative expenses					
g End of year balance	138,546,174.	131,895,671.	119,653,630.	108,251,287.	112,783,609.

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 55.00 %
 - c Temporarily restricted endowment 45.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,376,883.		20,376,883.
b Buildings		599,237,779.	406,019,946.	193,217,833.
c Leasehold improvements				
d Equipment		505,959,114.	342,817,993.	163,141,121.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				376,735,837.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Funds Held in Trust	139,685,804.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	139,685,804.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due From Affiliates	9,863,305.
(2) Other Receivables	85,311.
(3) Interest in Endowment LLC	478,628,309.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	488,576,925.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Post Retirement Expenses	254,058,658.
(3) Accrued Asbestos Costs	2,092,073.
(4) Other Net Liabilities	39,899,714.
(5) Payable to HHC - Interco Bonds	287,081,034.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	583,131,479.

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

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

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

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.

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

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

Part XIII Supplemental Information.

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

Part V, line 4:

Explanation: The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to mission related programs such as those described in Part III, lines 4a-d while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of a least 4% over the long term. Actual returns in any given year may vary from this amount.

Part XIII Supplemental Information (continued)

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

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 and the Caribbean	0	0	Investment		908,476.
3 a Sub-total	0	0			908,476.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			908,476.

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

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.

Sch F, Part I, Line 3, Column F

Explanation: The Audited Financial Statement is prepared according to US Generally Accepted Accounting Principles (GAAP).

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Black & Red Ball (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	1,711,306.		1,711,306.
	2	Less: Contributions	1,492,556.		1,492,556.
	3	Gross income (line 1 minus line 2)	218,750.		218,750.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	41,756.		41,756.
	7	Food and beverages	223,085.		223,085.
	8	Entertainment	256,412.		256,412.
	9	Other direct expenses	110,705.		110,705.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			631,958.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-413,208.

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility %
b An outside facility %

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:
Name _____
Address _____

16 Gaming manager information:
Name _____
Gaming manager compensation \$ _____
Description of services provided _____
 Director/officer Employee Independent contractor

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

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			10,044,832.		10,044,832.	.96%
b Medicaid (from Worksheet 3, column a)			188,039,233.	148,749,920.	39,289,313.	3.77%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			198,084,065.	148,749,920.	49,334,145.	4.73%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,177,407.	251,617.	3,925,790.	.38%
f Health professions education (from Worksheet 5)			54,199,246.	17,884,772.	36,314,474.	3.49%
g Subsidized health services (from Worksheet 6)			6,961,198.	3,467,821.	3,493,377.	.34%
h Research (from Worksheet 7)			7,931,644.	938,792.	6,992,852.	.67%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,835,266.	11,949,546.	4,885,720.	.47%
j Total Other Benefits			90,104,761.	34,492,548.	55,612,213.	5.35%
k Total . Add lines 7d and 7j			288,188,826.	183,242,468.	104,946,358.	10.08%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

1 Hartford Hospital
80 Seymour Street
Hartford, CT 06102

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first six columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Hartford Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

Part V Facility Information (continued) Hartford Hospital

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

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

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

21		X
-----------	--	---

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

22		X
-----------	--	---

Part V Facility Information (continued)

Section C. Supplemental information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Hartford Hospital:

Part V, Section B, Line 3: The Community Health Needs Assessment

("CHNA") process for Hartford began in October 2010 with an initial meeting of representatives from area hospitals, namely Connecticut Children's Medical Center, Hartford Hospital, Saint Francis Hospital and Medical Center, and the University of Connecticut Health Center. This consortium of health care organizations ("The Consortium"), including the City of Hartford Department of Health and Human Services ("HHS"), voluntarily came together to address this requirement and to collaborate on a community health needs assessment which would maximize resources and develop a comprehensive and useful document for agencies working in the City of Hartford. Specifically input was received in the following ways:

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

2. Hartford Survey Project: In order to better understand Hartford's human service needs and barriers to receiving services, a face to face survey by Urban Alliance, a local non profit organization, was conducted. 402 resident surveys were completed at 12 locations throughout the city to

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

promote geographical and ethnic diversity among respondents; these locations include grocery stores, pharmacies, and community events and programs. Respondents were asked to identify if they would benefit from any of 12 service areas, the possible barriers to obtaining these services, and which 3 of the 12 areas have a need for additional services. In addition they were asked to rank the top 3 service areas in Hartford that they believed were in most need. Total respondents to the survey were 57% female and 43% male. The ethnicity breakdown was 39% African American, 37% Latino, 9% White, and 8% West Indian. Age categories for respondents were 27% between 18 and 29 years old, 42% between 30 and 49, 2% between 50 and 64 and 6% were 65 and older.

Hartford Hospital:

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

Hartford Hospital:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Hartford Hospital:

Part V, Section B, Line 6i: Although a formal budget was not adopted, money was set aside for the provision of services that addressed the needs identified in the CHNA.

Hartford Hospital:

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

Hartford Hospital:

Part V, Section B, Line 14g: A public notice regarding financial

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

assistance and availability of free beds funds is posted at all of the admission sites, including admitting and emergency department. Patients are also encouraged to call the service center if they need financial assistance.

Hartford Hospital:

Part V, Section B, Line 20d: Hartford Hospital is in the process of adopting the final 501R regulations.

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

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

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

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

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 3c:

Explanation: Hartford Hospital used Federal Poverty Guidelines to determine eligibility.

Part I, Line 7:

Explanation: The organization utilized the Ratio of Cost to Charges charge (RCC), derived from the FY 2014 Medicare Cost Report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). The ratio was further reduced to incorporate the directly identified community expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

Part V Supplemental Information (Continuation)

Part I, Line 7g:

Explanation: No physician clinic costs were included in the subsidized Health Services cost calculations.

Part II, Community Building Activities:

Explanation: Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$900,000 on community building activities during fiscal year 2014 as outlined on Sch. H, Part II. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty; quality of housing; neighborhood safety; and education can be found in the following Community Building activities.

Advocacy for Community Health Improvement - Since the community the Hospital serves is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition Against Domestic Violence, Community Partners in Action (to assist people in the criminal justice system), Connecticut Women's Education and Legal Fund (dedicated to advancing women's rights and opportunities), and the Anti Defamation League.

Coalition Building - Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for Giving, and the Connecticut Council for Philanthropy to ensure programs to

Part VI Supplemental Information (Continuation)

improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population.

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

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

Environmental Improvements - Working with the City of Hartford, Hartford Hospital responded to serious traffic accidents on a street adjacent to the campus by installing an island, increasing visibility at crosswalks and installing a speed detector. These road safety improvement changes have helped to reduce accidents and injuries. Another example is the organizing, support and promotion of clean up projects such as the one held at the South Green Park which not only cleaned up the property, but

Part VI Supplemental Information (Continuation)

included planting flowers and shrubs to encourage community pride to keep the property in good condition.

Housing - Hartford Hospital is a member of the Southside Institutions Neighborhood Alliance (SINA), a collaborative effort of Hartford Hospital, Connecticut Children's Medical Center and Trinity College. The City of Hartford has one of the lowest percentages of home ownership in the country. Renters are often exposed to lead paint, a potentially dangerous toxin to children. SINA is currently developing a construction project of 10 new one family homes for sale to first time home buyers to address the need for safe, clean housing and to provide commitment to the community and neighborhood through home ownership.

Leadership Development - Hartford Hospital supported the National Society for Hispanic MBAs, which provided graduate management education and professional development.

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

Part III, Line 4:

Explanation: Please see the text of the footnote that describes bad debt expense on pages 16 - 19 of the Audited Financial Statement.

Part III, Line 3: In 2012 a pre-bad debt financial assistance screening

Part VI Supplemental Information (Continuation)

was put in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2014 would be immaterial.

Part III, Line 8:

Explanation: The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b:

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

Part VI, Line 2:

Explanation: Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and

Part VI Supplemental Information (Continuation)

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

Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

Part VI, Line 3:

Explanation: Hartford Hospital disseminates information about its Financial Assistance Policy as follows: (i) provides signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas: (ii) directly provides each patient with a written summary describing the Policy along with financial assistance contact information in admissions, patient registration discharge, billing and collection

Part VI Supplemental Information (Continuation)

written communications; (iii) posts the Policy on the Hospital's Home page; (iv) educates all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

Part VI, Line 4:

Explanation: Hartford Hospital is located in the capital of the State of Connecticut. The Hartford Region encompasses 734.9 square miles and houses a total population of 893,504 residents, according to latest census estimates. Hartford County is predominantly urban, with 94.6% of the population living in areas designated as urban. In Hartford County, 22.7% of the population are infants, children or adolescents (age 0-17); another 62.6% are age 18 to 64, while 14.6% are age 65 and older. In looking at race independent of ethnicity (Hispanic or Latino origin), 73.3% of residents of Hartford County are White and 13.1% are Black. A total of 15.4% of Hartford County residents are Hispanic or Latino.

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

Part VI, Line 5:

Explanation: The mission of Hartford Hospital is to improve health and

Part VI Supplemental Information (Continuation)

healing of the people of the communities it serves. The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

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

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

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

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

Part VI, Line 6:

Explanation: Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its

Part VI Supplemental Information (Continuation)

affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates including all supporting organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of health care; and provide patients with the most technically advance and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

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

The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs

Part VI Supplemental Information (Continuation)

of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. Additionally, the hospital is affiliated with several other non hospital charitable organizations.

These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.

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

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Hartford Hospital

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

Employer identification number
06-0646668

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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
Hartford Symphony 100 Pearl Street Hartford, CT 06103	06-0637319	501(c)(3)	5,000.	0.	FMV		To perform live orchestral music of the highest quality for ever-expanding audiences.
Connecticut Children's Medical Center - 282 Washington St - Hartford, CT 06106	06-0646755	501(c)(3)	5,000.	0.	FMV		To provide funding for state-of-the-art equipment and innovative
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501(c)(3)	5,000.	0.	FMV		To support science education, exhibits and programs.
Greater Hartford Arts Council 45 Pratt St Hartford, CT 06123	23-7111486	501(c)(3)	10,000.	0.	FMV		Donation provided for a nationally-recognized program for inner-city teens to participate in a
University of Connecticut Foundation - 10 Talcott North Road - Farmington, CT 06032	52-1725543	501(c)(3)	10,000.	0.	FMV		To support the UConn Health Center Bioscience educational, research and clinical programs.
Urban League 140 Woodland St Hartford, CT 06105	06-6066491	501(c)(3)	5,000.	0.	FMV		To support programs in the areas of workforce development and training, education and youth

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h) descriptions 95

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Alliance 750 Main Street Hartford, CT 06106	26-2800196	501(c)(3)	10,000.	0.	FMV		To create opportunities for people to achieve lasting change in their lives through the
Hartford Marathon 41 Seguin Drive Glastonbury, CT 06033	06-1415320	501(c)(3)	10,000.	0.	FMV		The Hartford Marathon Foundation holds events to raise health awareness in the community, as well
Journey Home 241 Main Street Hartford, CT 06106	80-0143570	501(c)(3)	10,000.	0.	FMV		Journey Home is a non-profit organization that leads the effort to end chronic homelessness
YMCA 241 Trumbull Street Hartford, CT 06103	06-0881325	501(c)(3)	10,000.	0.	FMV		The YMCA of Greater Hartford is a charitable association open to all and committed to helping
Hispanic Health Council 175 Main Street Hartford, CT 06106	06-1018979	501(c)(3)	20,000.	0.	FMV		To improve the health and social well-being of Latinos and other diverse communities.
Town of Newington 120 Cedar Street Newington, CT 06111	06-6002047	115	37,963.	0.	FMV		To support older adults and people with disabilities in the Town of Newington in

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Tapestry Awards	3	10,000.	0.		
Sons and Daughters Scholarship Awards	60	60,000.	0.		

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

Part I, Line 2:

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

Part II, line 1, Column (h):

Name of Organization or Government: Hartford Symphony

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: To perform live orchestral music of the highest quality for ever-expanding audiences, and to increase through its educational programs the understanding and enjoyment of that music by residents in Connecticut.

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

(h) Purpose of Grant or Assistance:

To provide funding for state-of-the-art equipment and innovative programs and enable the Medical Center to invest in new equipment and research initiatives.

Name of Organization or Government: Greater Hartford Arts Council

(h) Purpose of Grant or Assistance: Donation provided for a

nationally-recognized program for inner-city teens to participate in a formal arts apprenticeship program to develop valuable life-long career skills in the arts, as well as develop interviewing skills.

Name of Organization or Government: Urban League

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

Name of Organization or Government: Urban Alliance

(h) Purpose of Grant or Assistance: To create opportunities for people to achieve lasting change in their lives through the collaborative work of churches and organizations in our local community.

Part IV Supplemental Information

Name of Organization or Government: Hartford Marathon

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

Name of Organization or Government: Journey Home

(h) Purpose of Grant or Assistance: Journey Home is a non-profit organization that leads the effort to end chronic homelessness in the greater Hartford area.

Name of Organization or Government: YMCA

(h) Purpose of Grant or Assistance: The YMCA of Greater Hartford is a charitable association open to all and committed to helping people develop their fullest potential in spirit, mind and body. This commitment is reinforced by our belief in living out universal values of caring, honesty, respect and responsibility.

Name of Organization or Government: Town of Newington

(h) Purpose of Grant or Assistance: To support older adults and people with disabilities in the Town of Newington in maintaining and enriching their independence, well-being and quality of life.

Schedule I, Part III

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

Required qualifications

The Sons and Daughters/Tapestry Scholarships are available to children

Part IV Supplemental Information

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

Applicants are chosen on 3 criteria.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Jeffrey A. Flaks Director, Ex-President & CEO	662,390.	248,669.	74,781.	149,116.	32,959.	1,167,915.	0.
(2) Andrew L. Salner M.D. Director	538,105.	0.	3,564.	55,904.	35,688.	633,261.	0.
(3) Stuart K. Markowitz M.D. President	491,310.	73,673.	7,359.	89,087.	30,162.	691,591.	0.
(4) Harold I. Schwartz M.D. Vice President	448,920.	59,867.	2,509,234.	54,158.	64,685.	3,136,864.	2,484,743.
(5) Bimal Patel Vice President	293,576.	43,997.	6,166.	24,061.	12,033.	379,833.	0.
(6) John F. Greene Jr. M.D. Vice President	104,075.	6,311.	27,151.	15,285.	15,071.	167,893.	0.
(7) Cheryl Ficara Vice President	300,720.	15,000.	0.	0.	0.	315,720.	0.
(8) Peter Q. Fraser Vice President	270,676.	40,459.	2,132.	45,050.	32,199.	390,516.	0.
(9) Gerald J. Boisvert Vice President	0.	0.	0.	0.	0.	0.	0.
(10) Donna Handley Vice President	253,200.	40,950.	2,421.	25,361.	31,951.	353,883.	0.
(11) Orlando C. Kirton M.D. Dir. Surgery	0.	0.	0.	0.	0.	0.	0.
(12) Paul Thompson M.D. Dir. Cardiology	308,749.	33,286.	1,256.	15,906.	22,548.	381,745.	0.
(13) James J. Cardon M.D. EVP Chief CIO, HHC	0.	0.	0.	0.	0.	0.	0.
(14) Margaret Marchak SVP & CLO, HHC	260,046.	37,835.	5,719.	21,521.	22,481.	347,602.	0.
(15) Joel I. Sorosky M.D. Dir. OB/GYN	0.	0.	0.	0.	0.	0.	0.
(16) Stephen W. Jarcon SVP President, BHN	630,464.	0.	22,216.	59,565.	31,518.	743,763.	0.
	528,943.	0.	4,191.	54,204.	26,351.	613,689.	0.
	420,929.	155,815.	0.	68,739.	26,442.	671,925.	0.
	378,004.	144,915.	1,509.	60,362.	22,682.	607,472.	0.
	0.	0.	0.	0.	0.	0.	0.
	541,768.	124,905.	5,707.	81,708.	37,665.	791,753.	0.
	0.	0.	0.	0.	0.	0.	0.
	462,804.	161,233.	64,502.	145,581.	26,799.	860,919.	0.
	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

Part I, Line 1b:

Explanation: Tax indemnification and gross-up payments to individuals for benefits were included as taxable income on their 2013 Form W-2. Starting in 2013, the Organization implemented a written Tax Gross-Up policy which restricts the use of future gross-up.

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

Part I, Line 3:

Part III Supplemental Information

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

Explanation: The Independent Executive Compensation Committee (Committee)

of the Board of Directors of Hartford HealthCare on behalf of Hartford

Hospital, hires an outside consultant, Integrated Healthcare Strategies, to

determine best practices in governing executive compensation. Please refer

to compensation narrative reported on schedule O.

Part I, Lines 4a-b:

Explanation: Michele B. Bush, Esq (former Officer) Severance payments

began in May 2012 and ended September 2013. Total severance payment in 2013

was \$324,450.

Hartford Healthcare Corporation, a related organization, maintains a 457(f)

plan. Participants include certain officers and key employees at the

President, Executive Vice President, Senior Vice President and Vice

President levels that are reported by Hartford Hospital on Form 990, Part

VII. Contributions are made by Hartford Healthcare Corporation to the plan

based on a percentage of the participant's compensation. Participants vest

in the plan at the earlier of reaching age 55 and having 5 years of

service, death, disability, involuntary separation without reasonable cause

Hartford Hospital

Part II Supplemental Information

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

or upon reaching age 65. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service.

Dr. Harold I. Schwartz was paid a lump sum amount of \$2,484,743 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Schwartz including the SERP payment was \$3,018,021.

2013 Serp Accruals made on behalf of the following individuals:

Mr. Flaks \$72,683.71

Mr. Joseph \$248,953.04

Dr. Orlando \$62,491.20

Mr. Larcen \$51,981.90

Mr. Marchozzi \$71,294.00

Part III Supplemental Information

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

Part I, Line 7:

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Schedule L, Part IV

(a) Name of Person: Douglas Elliot

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

(c) Amount of Transactions: \$370,000

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

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Greg Deavens

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

(c) Amount of Transactions: \$505,005

(d) Description of Transaction: Mr. Greg Deavens is a board member of Hartford Hospital and a member of the Hartford HealthCare Corporation's

Part V Supplemental Information

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

Finance Committee. Mr. Deavens is also an executive at Mass Mutual Life Insurance Company. Mass Mutual provided certain insurance coverages to Hartford Hospital and other member entities. Mr. Deavens has no personal involvement in any of these transactions.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: James Loree

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

(c) Amount of Transactions: \$441,964

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

Total payments received from Hartford HealthCare member entities were \$441,964.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Jarrod Post, M.D.

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

(c) Amount of Transactions: \$2,150,725

(d) Description of Transaction: Jarrod Post, MD is a board member of Hartford Hospital. Dr. Post is currently CEO of Connecticut Multispecialty Group P.C. The P.C. provides services to Hartford HealthCare member entities. Total transactions between the P.C. and HHC member entities were \$2,150,725 during the year.

(e) Sharing of Organization's Revenue? No

Part V Supplemental Information

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

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

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

(c) Amount of Transactions: \$1,095,000

(d) Description of Transaction: Dr. Jeffry Nestler is a board member of Hartford Hospital and the President of the Medical Staff of the Hospital through November 2013. Dr. Nestler is also the President of Connecticut GI PC. The PC provides services to Hartford Hospital. For calendar year 2013, total transactions between the PC and Hartford Hospital were approximately \$1,095,000. Of this amount, approximately \$150,000 was for Dr. Nestler's services as President of the Hospital's Medical Staff.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Stacy R. Nerenstone, M.D.

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

(c) Amount of Transactions: \$212,000

(d) Description of Transaction: Dr. Stacy Nerenstone is a board member of Hartford Hospital and the President of the Medical Staff of the Hospital. Dr. Nerenstone is also the President of Oncology Associates, PC. The PC provides services to Hartford Hospital. For calendar year 2013, total transactions between the PC and Hartford Hospital were approximately \$212,000. Of this amount, approximately \$100,000 was for Dr. Nerenstone's services as President of the Hospital's Medical Staff.

(e) Sharing of Organization's Revenue? No

Part V Supplemental Information

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

(a) Name of Person: David R. McHale

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

(c) Amount of Transactions: \$5,062,707

(d) Description of Transaction: Mr. David McHale is a board member of Hartford Hospital. Mr. McHale is also an executive at Eversource Energy. Eversource Energy provided certain utility services to Hartford Hospital and other member entities. Mr. McHale has no personal involvement in any of these transactions.

(e) Sharing of Organization's Revenue? No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	1,270,144.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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Form 990, Part I, Line 1, Description of Organization Mission:

centers in New England. The hospital is home to a particularly extensive surgical practice. It has been training physicians for over 130 years, primarily in collaboration with the University of Connecticut School Of Medicine. It is a member of Hartford HealthCare Corporation, a large, diversified health care system. The hospital is an 867-bed regional referral center that provides high-quality care in all clinical disciplines, enhanced by robust research endeavors. Among its divisions are the Institute of Living, a 154-bed mental health facility, and Jefferson House, a 104-bed long-term care facility. In FY 2014, the hospital had 42,755 discharges and 103,389 emergency department visits. The Hospital also owns and operates the State's only Air Ambulance System (LifeStar).

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

Cardiology division members published 96 publications (not including abstracts) in peer-reviewed journals in 2013/2014. Some of these articles were published in the top medical journals. For example, Dr. Paul Thompson published "How to Train for a Marathon" in the September 2014 Circulation and Dr. Parker published "Comparison of the Diagnostic Accuracy of PET and SPECT for Coronary Artery Disease" in the 2014 Current Cardiovascular Imaging Reports.

Division of Cardiology Patient Care Activities:

Cardiac Catheterization Laboratory

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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For FY14 there were 3,870 Total Cases; 3,441 were coronary, 429 Peripheral. Total cases were up approximately 1% from the previous year. For Coronary Procedures, 2,182 were Diagnostic, 1130 were Angioplasties and 103 were Structural Heart Interventions. 363 Percutaneous Coronary Intervention (PCI) were done on an Outpatient basis, up from 112 in FY13.

Cardiac Surgery

917 cases were done in FY2014, a 9% increase from FY13. According to the STS, Hartford Hospital continues to be in the top tier of hospitals performing Cardiac Surgery in terms of volume. There were 407 isolated CABG surgeries, 123 CABG/Valve, 305 Valves and 82 others. This represents an 11% increase in CAB surgery and a 33% increase in valve surgery. 73 of the Valve Replacements in FY13 were Trans Aortic Valve Replacements (TAVR). Of these 73, 58 replacements were with CoreValves and 15 with Edwards Sapien. 11 Heart Transplants were done at Hartford Hospital in FY14 compared to 11 the previous year.

Advanced Heart Failure and Transplant Center

The Advanced Heart Failure (HF) Infusion Center continues to provide successful outpatient therapy for decompensated HF patients reducing length of stay, preventing re-admission and allowing patients to stay in the comfort of their own homes. Outpatient Infusion Therapy continues to be very popular and highly effective in stabilizing patients with acute HF syndrome. During FY14, a total of 1,930 patient encounters and 1,064 infusions were performed. The Emergency Department Heart Failure Infusion Clinic (EDHFIC) program continues to screen patients in the ED to prevent (re)admissions to the hospital. Patients

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with HF are screened, and if they meet criteria are assessed for treatment in the Infusion Center rather than being admitted.

The Hartford Hospital Mechanical Circulatory Support or VAD Program has shown stable volume with about 20 implants in FY14. Approximately 40 VAD patients are currently managed in the outpatient setting, of which 50% are Destination Therapy (DT) with excellent quality of life and functional capacity. This DT Program continues to have significant potential for further growth considering that many end-stage HF patients are not eligible for heart transplantation. The Heartware device, a smaller durable VAD approved for bridge to transplant was introduced in 2014 allowing for intra-pericardial implantation by both the traditional and the minimally invasive/lateral thoracotomy approach.

Nuclear Cardiology / Exercise Stress Test Laboratories

There were a total of 2,549 studies performed in the Non-Invasive Stress Laboratory at Hartford Hospital in FY14, which is stable from FY13 (down 45 studies or 1.7%). This consisted of 33 cardiopulmonary stress tests, 380 exercise treadmill tests, 1,938 Single-photon Emission Computed Tomography (SPECT) myocardial perfusion imaging studies, 177 cardiac Positron Emission Tomography (PET) studies, and 21 gated blood pool scans. Among the outpatient satellite nuclear cardiology programs, a total of 876 SPECT myocardial perfusion imaging studies were performed in FY14, with 168 scans performed in Avon; 153 scans performed in Glastonbury; 239 performed at Retreat Avenue; 114 performed at Blue Back Square, West Hartford, and 202 performed in Farmington. Overall, FY14 nuclear cardiology volume for the satellites

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was down 31.3% compared to FY13 due to planned closures of the outpatient sites.

Echocardiography:

In FY14, the Hartford Hospital Echocardiography Lab performed 12,230 transthoracic studies. These totals represent a 4% increase over budget and 2013 volume. Approximately 48% of transthoracic studies were performed at the bedside and 17.8% of studies were performed on outpatients.

Cardiac Intensive Care Unit:

The Cardiac Intensive Care Unit (CICU) at Hartford Hospital is a 12-bed, open unit that provides care to patients presenting with acute coronary syndromes, advanced heart failure, advanced atrioventricular block, and post-cardiac arrest. The post-resuscitation hypothermia program has helped hundreds of patients improve their neurologic outcome after cardiac arrest. The program is one of the largest intravascular hypothermia programs in the region. This therapy is offered exclusively in the Cardiac Intensive Care Unit. There were a total of 3,862 CICU visits during the fiscal year 2014. Of those, 51 underwent hypothermia therapy, 6 had an Impella device, and 2 underwent Aquapheresis. More recently we have cared for the first few patients post-mitral clip implantation.

The CICU is also one of the major teaching sites for the UCONN Internal Medicine residency. Last year, a total of 67 residents rotated through our CICU. CICU also developed a core lecture series for residents, fellows and staff. The ratings of the rotation amongst residents

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averaged 4.33 out of a possible 5 on accomplishing its learning objectives and 4.64/5 on the quality of teaching by faculty/staff attendings.

HH Heart Transplant Program (HHHTP):

In FY14, the HH Heart Transplant Program (HHHTP) performed 11 heart transplant operations. Approximately 130 previously transplanted heart patients continue to be followed by the Hartford Hospital transplant team. In calendar year 2014, 14 transplants have been performed as compared to calendar year 2013 when 10 were performed. Overall, the program size is stable and remains limited by available organ donations. This is a nationwide trend with the total number of transplants performed in the U.S. remarkably stable over the past 20 years. The Ventricular Assist Device (VAD) program continues to remain strong and is certified, and remains an integral part of the Heart Transplant Program success and stability. The HHHTP continues to use AlloMap immunologic blood testing which remains an adjunct to reducing the need for endomyocardial biopsy to help with surveillance and management of rejection.

Preventive Cardiology:

Preventive Cardiology includes cholesterol management, Low-Density Lipoprotein (LDL) Apheresis, cardiovascular sports medicine consultation and cardiac rehabilitation. The LDL Apheresis Program treats patients' lipid disorders not responsive to traditional medical therapy. To qualify, patients must have diagnosed vascular disease and an LDL > 200 mg/dl or no known disease and an LDL > 300 mg/dl. Other medical patients, such as those with diabetes and persistently high LDL

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levels not reaching the above and patients with elevated Lp(a) levels are rarely, but occasionally, allowed to be treated by their insurance carriers. The program serves patients from Connecticut, Western Massachusetts, and Vermont and has doubled in size over the last few years to where 20 patients are presently being treated. Treatment is usually once per 2 weeks. Hartford's LDL Apheresis program is one of the largest programs in the country. There were 251 LDL Apheresis procedures performed in FY14, a 4% increase from FY13. Cardiac Rehabilitation continued to expand with an automatic referral system for patients being discharged with cardiac diagnoses. There were over 13,000 Cardiac Rehabilitation visits at the three sites.

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

high and reported rates of depression among adolescents continue to climb. Rates of opioid abuse, particularly of prescription opioids have climbed alarmingly. While the rates of mental illness in Connecticut are slightly lower than the national average, they remain high and the rates of major depressive episodes, among adolescents in Connecticut continues to grow. Suicide rates, while stable for adolescents in the last year are growing in other groups, alarmingly so for the baby boomer generation.

The Institute of Living strives to address these issues through a broad array of programs addressed to individuals of all ages and special needs. Challenges this year included fiscal (the threatened downsizing of the Schizophrenia Rehabilitation Program, which was ultimately avoided, reductions in research support from the National Institute of Health (NIH), etc.) and access (nearly overwhelming demand for

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child/adolescent emergency and inpatient services). In each of these areas, and others, we have consistently advocated for our patients. New programs and services included the establishment of an LGBTQ track in our Young Adult Program, a pilot school program with the town of Avon, a psychosis track for adolescents in our partial hospital program, and the Access - CT program which connects pediatricians with 24/7 psychiatric consultation and services. Our research and training programs remain strong and, as this report demonstrates, extremely productive.

As a component of the Hartford Healthcare Behavioral Health Network (the BHN), we have continued to develop a system approach to the rationalization of services, quality, financial management and the electronic health record.

Statistical Data

Total discharges for the year were 4,280. The number of adult day treatments was 8,239. The IOL treated 1,814 patients for eating disorder and 4,501 for Schizophrenia rehabilitation. A total of 1,098 patients received Geriatric day treatment, 3,584 received professional day treatment, 1,657 received extended day treatment, 7,645 received Child/Adolescent day treatment and 2,531 went through the Dialectical Behavioral Therapy (DBT) program. The average length of stay was 9.4 days and the average daily census was 109.5. Hartford residents accounted for 33% of admissions and 63% of admissions were from other areas within the state.

Patient Care Activities and Program Development

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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Patient care activities and program development were guided by the IOL's internal goals for FY2014. Highlights included a focus on continued growth in the Young Adult and Child and Adolescent PHP/IOP Programs an increase of Inpatient capacity by four beds on the Geriatric unit and the development of an expanded space and program in the Purple Pod in HH ED. Other program highlights for this year included:

*Assessment Center: Clinicians evaluated nearly 6,200 patients in the Hartford Hospital Emergency Department 2,474 children in the Connecticut Children's Medical Center Emergency Department and averaged 4,200 telephone interventions per month.

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

*Inpatient Services: Total discharges were 4,280 from three adult units, one geriatric unit, one child unit, one adolescent unit and one child/adolescent unit (CARES).

*Child/Adolescent Division: Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent Practice and the Webb Schools (Hartford and Cheshire). The Webb Schools continue to operate the Transitional Learning Academy and collaborated with the Avon school district for a pilot program in that town.

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

*Consultation/Liaison Service and Emergency Department:

Consultation/Liaison group collaborated with the Medical groups in the hospital and the ED to develop criteria and a smoother process for transfers. The Purple Pod expansion and construction was completed and opened.

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

The Institute of Living's Executive Quality Management Committee continues to oversee quality initiatives and activities. The committee collects and analyzes data to assess quality and safety outcomes of patient care. Results of performance indicators are reported quarterly to the IOL Board of Directors, and annually to the Hartford Hospital Quality Council. Highlights of this year's quality initiatives continue to include suicide prevention and assessment, reduction in the use of seclusion and restraint, and fall prevention. Specific to reduction in use of seclusion and restraint, we continue to have success with the new restraint equipment implemented on all inpatient units in FY 2013.

Both hours of seclusion and restraint per event were statistically

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significantly reduced this year. The trend over time supports the effectiveness of the cumulative interventions and specific components introduced over the last 4 years.

Other quality/safety initiatives included the continued focus on our computerized clinical "alert" system, corporate compliance, and environment of care.

Research: The research enterprise at The Institute of Living is organized in four specialized centers. The Olin Neuropsychiatry Research Center, directed by Godfrey Pearlson, M.D., focuses on studies of the major psychiatric disorders using brain imaging and electrophysiological techniques along with genetic analysis. The Anxiety Disorders Center, directed by David Tolin, Ph.D., researches treatments for Obsessive-Compulsive Disorder (OCD), Panic Disorder, Compulsive Hoarding and other disorders on the anxiety spectrum. The Braceland Center for Mental Health and Aging (Karen Blank, M.D., Director) addresses issues related to memory in normal aging and in individuals with Alzheimer's Disease or other dementing processes. Finally, the Burlingame Center for Psychiatric Research and Education, directed by John Goethe, M.D., focuses on outcomes and best practices research as well as pharmacogenetics, metabolic syndrome and treatment resistant mood disorders.

Our research centers continued to perform well in competitive funding with a total of \$2.7 million in new grants awarded to IOL researchers.

The success of our research enterprise can be measured through grants

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awarded, the dissemination of important findings and the synergy between our research efforts and our training and clinical programs. IOL researchers and scholars published 88 articles, book chapters, and books, made 63 presentations nationally and internationally, and received numerous awards and honors over the course of the year.

Training: The IOL's three psychiatry residency programs are complemented by psychology internship and post-doctoral programs as well as training opportunities in psychiatric social work, nursing and occupational/vocational therapies. Our training programs remain extremely competitive.

Continuing Education: The mission of the Institute's Continuing Medical Education program is to support the hospital's quality care goals by promoting continuous improvement in clinical practice through education.

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

The DOS performed a total of 11,879 surgical procedures in FY 14, a 9% increase over the prior year. These surgical procedures do not include diagnostic procedures (eg. Colonoscopy). The surgeries referred to above include the following: 1,333 Colorectal, 3,189 General Surgery, 2,065 Plastic, 1092 Podiatry, 906 Surgical Oncology, 902 Transplant, 185 Trauma, 955 Vascular, 812 Bariatric and 440 Thoracic.

With regards to patient experience, the overall score for the DOS as it relates to Communication with Doctors was 84.1%. To further improve

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patient experience scores, the Department continued to support the initiative "The Patient Experience; Building Physician and Nurse Leaders." This initiative has helped each of the DOS nursing units partner with physician leaders to identify key areas of focus to improve patient care and patient experience.

Department of Surgery Research/Publications/Presentations - The DOS continues to participate in clinical and scientific research and has contributed significantly to the surgical body of knowledge. The Department has 31 Hartford Hospital active Institutional Review Boards (IRBs), participated in 18 invited regional and national presentations and 20 peer-review abstract presentations. The faculty had 10 peer-review publications and 7 book chapters published or in press.

Metabolic and Bariatric Surgery - More than 500 cases were performed this year with an increase in sleeve Gastrectomy. The bariatric research program has continued to be very productive, with nationally prominent peer-reviewed presentations and publications. The collaboration with the Olin Center for Neuropsychiatry (under the direction of Dr. Godfrey Pearlson) is now in the third year of its novel Functional Magnetic Resonance Imaging (fMRI) study investigating the neuropsychiatric basis of obesity and bariatric surgery.

Division of Plastic Surgery - Dr. Brian Allen, a graduate of the UConn General Surgery residency program who spent 3 years training in Plastic Surgery at Emory University in Atlanta, joined the active staff of Hartford Hospital. The Division is very active in the state and New England plastics societies, and members have served in various

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leadership positions for many years. Moreover, members of the Plastic Surgery Division continue to be involved in global surgery mission trips. The Division is presently exploring the possibility of developing a Deep Inferior Epigastric Perforator (DIEP) flap program for breast reconstruction.

Vascular Surgery - Vascular Surgery and Cardiothoracic Surgery has established and expanded protocols for repair of complex thoracic and thoracoabdominal aneurysms and dissections. The program is now fully functional and includes a call schedule of alternating night responsibilities and close joint division operative interventions. Many of these cases were previously referred to the Massachusetts General Hospital (MGH) in Boston and most are now being evaluated and treated here at Hartford Hospital.

Transplantation Surgery - Transplant program achievements include 60 kidney transplants this year (first time since 2005). The Division joined the National Kidney Registry (NKR) that improves our ability to transplant highly sensitized patients. The Division has been approved for the live liver donor program, and passed the United Network for Organ Sharing (UNOS) audit with excellent scores. The Division is prepared for the new kidney allocation process.

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

Founded in 1854, Hartford Hospital is one of the largest teaching hospitals and tertiary care centers in New England and has a robust clinical research program. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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in Avon, Enfield, Glastonbury, Newington, West Hartford, Wethersfield, Windsor and South Windsor.

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

Hartford Hospital is committed to promoting and sustaining the health and well-being of the people in our community. We treat the members of our community like family, providing our world-class clinical care to everyone, regardless of their ability to pay. According to the Office of Health Care Access 2014 Annual Report, Hartford Hospital continues to be the second-largest provider of Medicaid services in the state. Expenses \$ 675,600,838. incl grants of \$ 507,510. Revenue \$ 810,194,963.

Form 990, Part VI, Section A, line 6:

Explanation: Hartford Hospital is organized as a non-stock not for profit entity. Hartford HealthCare Corporation is the sole member.

Form 990, Part VI, Section A, line 7a:

Explanation: The sole member of the organization has the authority to approve/deny members of the governing body.

Form 990, Part VI, Section A, line 7b:

Explanation: The sole member of the organization has the right to review,

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approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc.

Form 990, Part VI, Section B, line 11:

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

Form 990, Part VI, Section B, Line 12c:

Explanation: The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC). HHC's Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP). All employee disclosures are reviewed by OCAP to determine if there is a potential conflict. Legal counsel reviews 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 assess and may recommend whether 1) the conflict be eliminated, 2) the proposed activity be prohibited, or 3) a Conflict of Interest management

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plan be implemented. Results of the survey of board members are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.

Form 990, Part VI, Section B, Lines 13 & 14

The organization does have a written Document Retention and Destruction policy as well as a written Whistleblower policy. Although the policies were not formally approved by the Board, they were in effect for the entire tax year.

Form 990, Part VI, Section B, Line 15:

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

The following steps were taken:

- * Use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, established and regularly reviews Executive Compensation Philosophy
- * The Committee regularly reviews the scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"
- * Benchmark peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors
- * Analysis of current total compensation versus market is performed by an independent third party compensation consulting firm, and is then reviewed

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by the committee

* Recommendations are based on data analysis to ensure appropriate competitive positioning within parameters of the compensation philosophy

* CEO compensation is determined by the Committee based on comparative market information and organizational performance

* All changes are reviewed and approved by the Executive Compensation Committee

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

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

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

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

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

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

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

K-1 Income (Pass Thru Entities)	-496,195.
Pension Adjustment	-34,732,865.
Transfer to Affiliates	-85,270,564.
Change in Valuation on Inv. at FMV	22,462.

Part I Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11 (a)	Windham Community Memorial Hospital		X
Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Natchaug Hospital Inc. - 06-09566963 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hwy, Suite 4B, Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
VNA Health Resources Inc. - 06-1161422 1290 Silas Deane Hwy, Suite 4B Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare At Home, Inc.		X
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06115	Fundraising	Connecticut	501(C)(3)	11 (c)	Hartford Hospital		X
The Hospital of Central CT and Bradley Memorial - 06-0646768, 100 Grand Street, New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Central CT Senior Health Svc d.b.a. Southington Care - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare 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
Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050	Support & Management Svcs. to WCCC and Affiliates - Shell	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 Care	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X

Part I Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support Organization	Connecticut	501(C)(3)	11 (a)	Rushford Center Inc.		X
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Piantaville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital		X
Windham Community Memorial Hospital Women's Auxiliary Inc. - 06-0677728, 112 Mansfield Avenue, Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11 (a)	Windham Community Memorial Hospital		X
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	7	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 Beneficiaries	Connecticut	501(C)(3)	7	HHC PhysiciansCare Inc.		X
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation		X
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support Organization	Connecticut	501(C)(3)	11 (b)	Hartford HealthCare Corporation		X
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Hospital	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Support Organization	Connecticut	501(C)(3)	11 (a)	Hartford HealthCare Corporation		X
Caring for Colleagues Employee Crisis Fund - 26-4469178, 100 Grand Street, New Britain, CT 06052	Employee Fund	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
New Britain MRI Limited												
Partnership - 06-1271349, 100 Magnetic												
Grand Street, New Britain, CT 06050	Imaging	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Omni Home Health Services E, CT, LLC - 06-1458837, 12												
Case Street - #317, Norwich, CT 06360	Backus Home Health Care	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Ambulance Service of Manchester, LLC - 06-1557358,												
P.O. Box 300, Manchester, CT 06450	Ambulatory Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Connecticut Imaging Partners LLC - 13-4298940, 111												
Founders Plaza, East Hartford, CT 06108	Imaging Service	CT	N/A	Unrelated	495,688.	1,527,332.		X	N/A		X	50.00%

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
Midstate Medical Group PC - 20-4327968 435 Lewis Avenue Meriden, CT 06450	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Hartford Physician Services PC - 06-1254082 80 Seymour Street Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Meriden Imaging Center - 06-1541468 101 North Plains Industrial Road Meriden, CT 06429	Imaging	CT	N/A	S CORP	N/A	N/A	N/A		X
Hartford Physician Hospital Organization, Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	1,117,688.	1,801,721.	50.00%		X
Aetna Ambulance Service, Inc. - 06-0795431 P.O.BOX 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Metro Wheelchair Service, Inc. - 06-0878432 P.O.BOX 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	N/A	N/A	N/A		X
WVB Corporation - 06-1094838 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Health Care Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Backus Medical Center Condo Assoc, Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Professional Office Condominium Association, Inc. - 06-1090041, 1120 Mansfield Avenue, Willimantic, CT 06226	Condo Association Managing offices of physicians and surgeons.	CT	N/A	C CORP	N/A	N/A	N/A		X
Select Physicians Network - 06-1426901 112 Mansfield Avenue Willimantic, CT 06226		CT	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HHC Rehabilitation Network, LLC	O	16,522,951.FMV	
(2) HHC Rehabilitation Network, LLC	Q	122,276.FMV	
(3) HHC Rehabilitation Network, LLC	M	1,768,226.FMV	
(4) HHC Rehabilitation Network, LLC	A	176,227.FMV	
(5) H.H.M.O.B	O	457,362.FMV	
(6) H.H.M.O.B	Q	110,306.FMV	

Hartford Hospital

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	J	1,038,266.FMV	
(8)H.H.M.O.B	L	240,262.FMV	
(9)H.H.M.O.B	K	133,064.FMV	
(10)H.H.M.O.B	A	919,143.FMV	
(11)William W. Backus Hospital	L	619,345.FMV	
(12)William W. Backus Hospital	A	1,782.FMV	
(13)Midstate Medical Center	L	5,036,260.FMV	
(14)Midstate Medical Center	O	2,259,034.FMV	
(15)Midstate Medical Center	M	96,327.FMV	
(16)Natchaug Hospital Inc.	O	298,948.FMV	
(17)Natchaug Hospital Inc.	L	155,419.FMV	
(18)Rushford Center Inc.	O	114,681.FMV	
(19)Rushford Center Inc.	L	84,456.FMV	
(20)Rushford Center Inc.	A	8,826.FMV	
(21)The Hospital of Central Connecticut	O	496,166.FMV	
(22)The Hospital of Central Connecticut	L	3,317,625.FMV	
(23)Institute Of Living	A	266,825.FMV	
(24)Hartford HealthCare At Home, Inc.	Q	73,697.FMV	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Hartford HealthCare At Home, Inc.	O	126,443.FMV	
(8)Windham Hospital	L	828,930.FMV	
(9)Windham Hospital	O	286,043.FMV	
(10)Hartford HealthCare PhysicianCare Inc.	L	4,337,680.FMV	
(11)Hartford HealthCare PhysicianCare Inc.	M	5,962,088.FMV	
(12)Hartford HealthCare PhysicianCare Inc.	A	973,301.FMV	
(13)Hartford HealthCare PhysicianCare Inc.	Q	3,708,878.FMV	
(14)Hartford HealthCare PhysicianCare Inc.	O	885,307.FMV	
(15)Hartford Hospital Auxiliary	C	235,459.FMV	
(16)Hartford HealthCare PhysicianCare Inc.	D	3,647,000.FMV	
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

