



ELF Return Status Information

ACCOUNT	PRODUCT	PREPARER	RETURN ID	NAME	FEDERAL STATUS	FEDERAL DATE	STATE/OTHER	STATE STATUS	STATE DATE
139621	990	Mike Engle	14X:HOCC:V1	The Hospital of Central Connecticut	Accepted	8/13/2016			
139621	990		14X:WIND_FOUND:V1	WINDHAM HOSPITAL FOUNDATION, INC.	Accepted	8/13/2016			
139621	990	Jeanne Schuster	14X:HHCC:V1	Hartford HealthCare Corporation	Accepted	8/13/2016			
139621	990		14X:MULBERRY:V1	MULBERRY GARDENS OF SOUTHINGTON, LLC	Accepted	8/13/2016			
139621	990	MICHAEL J. ENGLE	14X:VNA:V1	Hartford HealthCare at Home, Inc.	Accepted	8/13/2016			
139621	990	Jeanne Schuster	14X:WINDHAM:V1	Windham Community Memorial Hospital	Accepted	8/13/2016			
139621	990		14X:IOL:V1	Institute of Living	Accepted	8/13/2016			
139621	990		14X:HHC_PCI:V1	HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group	Accepted	8/13/2016			
139621	990		14X:NATCHAUG:V1	Natchaug Hospital, Inc	Accepted	8/13/2016			
139621	990		14X:CCHA:V1	Central Connecticut Health Alliance	Accepted	8/13/2016			
139621	990		14X:CHS:V1	Connecticut Health System, Inc.	Accepted	8/13/2016			
139621	990		14X:SOUTHINGTON:V1	THE ORCHARDS AT SOUTHINGTON	Accepted	8/13/2016			
139621	990	Jeanne Schuster	14X:MIDSTATE:V1	Midstate Medical Center	Accepted	8/13/2016			
139621	990	Jeanne Schuster	14X:HH:V1	Hartford Hospital	Accepted	8/13/2016			
139621	990		14X:HHC_ACO:V1	Hartford HealthCare Accountable Care Organization Inc.	Accepted	8/13/2016			
139621	990		14X:MMC_AUX:V1	MidState Medical Center Auxiliary	Accepted	8/13/2016			
139621	990	Mike Engle	14X:RUSH_INC:V1	Rushford Center, Inc.	Accepted	8/13/2016			
139621	990		14X:RUSH_FDN:V1		Accepted	8/13/2016			

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1546-1879

For calendar year 2014, or tax year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

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 HealthCare Corporation

Employer identification number

22-2672834

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>297,986,138.</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 6)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 6c)	5b	

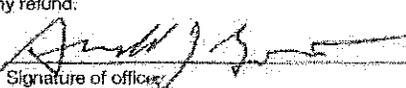
Part II Declaration of Officer

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 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here


Signature of officer

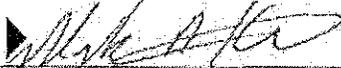
Date

8/9/16

SVP, Financial Operation
Title

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

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

ERO's Use Only	ERO's signature		Date	<u>8/9/16</u>	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<u>Hartford HealthCare Corporation</u> <u>One State Street, Suite 19</u> <u>Hartford, CT 06103</u>			EIN	<u>22-2672834</u>		Phone no.	

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<u>JEANNE SCHUSTER</u>		<u>8/12/16</u>	<input type="checkbox"/>	<u>P00743154</u>
	Firm's name	Firm's EIN			
	<u>Ernst & Young U.S. LLP</u>	<u>34-6565596</u>			
	Firm's address	Phone no.			
	<u>200 Clarendon Street, 44th Floor</u> <u>Boston, MA 02116</u>	<u>(617) 226-2000</u>			

Extended to August 15, 2016

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Hartford HealthCare Corporation**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **One State Street, Suite 19**
 City or town, state or province, country, and ZIP or foreign postal code: **Hartford, CT 06103**

D Employer identification number: **22-2672834**

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

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

G Gross receipts \$: **298,108,139.**

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

H(c) Group exemption number: _____

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

J Website: **www.hartfordhealthcare.org**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Hartford HealthCare's mission is to improve the health and healing of the people and communities it *																																								
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																								
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 15																																							
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14																																							
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 2228																																							
	6 Total number of volunteers (estimate if necessary) 6 14																																							
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 73,929,879.																																							
	7b Net unrelated business taxable income from Form 990-T, line 34 7b 1,315,047.																																							
	8 Contributions and grants (Part VII, line 1h)																																							
<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>270,989,089.</td> <td>293,217,778.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>92,255.</td> <td>-43,013.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>0.</td> <td>4,811,373.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>271,081,344.</td> <td>297,986,138.</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td>130,500.</td> <td>33,980.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td>158,045,976.</td> <td>170,302,927.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 0.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td>132,837,185.</td> <td>164,791,297.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>291,013,661.</td> <td>335,128,204.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td>-19,932,317.</td> <td>-37,142,066.</td> </tr> </tbody> </table>			Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	270,989,089.	293,217,778.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,255.	-43,013.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	4,811,373.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	271,081,344.	297,986,138.	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,500.	33,980.	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)	158,045,976.	170,302,927.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) 0.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	132,837,185.	164,791,297.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	291,013,661.	335,128,204.	19 Revenue less expenses. Subtract line 18 from line 12	-19,932,317.	-37,142,066.
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Net Assets or Fund Balances	20 Total assets (Part X, line 16)																																							
	21 Total liabilities (Part X, line 26)																																							
	22 Net assets or fund balances. Subtract line 21 from line 20																																							

Part III Signature Block

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

Sign Here
 Signature of officer: *Gerald Boisvert* Date: **8/9/16**
 Name and title: **Gerald Boisvert, SVP, Financial Operations**

Preparer Use Only
 Print/Type preparer's name: **Jeanne Schuster** Preparer's signature: *Jeanne Schuster* Date: **8/12/16** Check self-employed PPN: **P00743154**
 Firm's name: **Ernst & Young U.S. LLP** Firm's EIN: **34-6565596**
 Firm's address: **200 Clarendon Street, 44th Floor** Boston, MA 02116 Phone no. (617) 226-2000

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

* See Schedule O for Organization Mission Statement Continuation

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: Hartford HealthCare's mission is to improve the health and healing of the people and communities it serves.

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 \$ 319,833,907. including grants of \$ 33,980.) (Revenue \$ 293,238,853.) The Corporation serves as the supporting organization of an integrated health care delivery system (the "System") that includes, but is not limited to, the following entities: Hartford Hospital, MidState Medical Center, Natchaug Hospital, Inc., Rushford Center, Inc., The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital, Inc., and The William W. Backus Hospital, each of which are Connecticut nonstock corporations that qualify as tax-exempt organizations under 501(c)(3) of the Code and as public charities under 509(a)(1) of the Code (collectively, the "Supported Organizations"). The purposes for which the Corporation is organized and operated are to promote and support, directly or indirectly, the interests and purposes of the Supported Organizations.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses 319,833,907.

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?		

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: Bermuda See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.		
	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	Carol Wardell - (860) 696-6200 One State Street, Suite 19, Hartford, CT 06103

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

Check if Schedule O contains a response 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) Ramani Ayer Director	2.00	X					0.	0.	0.	
(2) David Hyman, DDS Director	2.00	X					0.	0.	0.	
(3) William Conway, MD Director	2.00	X					0.	0.	0.	
(4) Lawrence McGoldrick Director	2.00	X					0.	0.	0.	
(5) Anthony Joyce Director	2.00	X					0.	0.	0.	
(6) John Patrick, Jr. Director	2.00	X					0.	0.	0.	
(8) James Kaskie Director	2.00	X					0.	0.	0.	
(9) Elizabeth Conway Director	2.00	X					0.	0.	0.	
(10) William Trachsel Director	2.00	X					0.	0.	0.	
(11) David Hess Director	2.00	X					0.	0.	0.	
(12) Laura Estes Director	2.00	X					0.	0.	0.	
(13) Joanne Berger-Sweeney Director	2.00	X					0.	0.	0.	
(14) Brian MacLean Chair	3.00	X		X			0.	0.	0.	
(15) Greg Deavens Vice Chair	3.00	X		X			0.	0.	0.	
(16) Elliot Joseph Director, Pres. & CEO	40.00 20.00	X		X			1,895,364.	0.	299,299.	
(17) Margaret Marchak Secretary & CLO	40.00 20.00			X			541,910.	0.	108,761.	
(18) Jeffrey Flaks EVP & COO	40.00 20.00			X			1,120,431.	0.	63,630.	

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			
(19) Charles Johnson EVP & CFO (As of 07/2015)	40.00 20.00			X				0.	0.	0.
(20) James Cardon, MD EVP	40.00 20.00			X				593,699.	0.	111,496.
(21) Stuart Markowitz, MD SVP	60.00				X			706,901.	0.	123,346.
(22) Gerald Boisvert SVP	60.00				X			547,807.	0.	51,548.
(23) Richard Shirey SVP & CIO	60.00				X			264,494.	0.	58,838.
(24) James Blazar SVP	60.00				X			741,694.	0.	54,686.
(25) Richard Stys SVP & Treasurer	60.00				X			707,912.	0.	49,266.
(26) Tracy Church SVP & CHRO	60.00				X			499,339.	0.	97,526.
(27) Rita Parisi SVP	60.00				X			401,246.	0.	78,236.
1b Sub-total								8,020,797.	0.	1,096,632.
c Total from continuation sheets to Part VII, Section A								10,513,260.	609,935.	712,680.
d Total (add lines 1b and 1c)								18,534,057.	609,935.	1,809,312.

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 369

	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
Epic Systems Corpotaion P.O. Box 88314, Milwaukee, WI 53288	Software Support Services	26,665,766.
Huron Consulting Services LLC 3005 Momentum Place, Chicago, IL 60689	Consulting Services	21,667,429.
Allscripts Healthcare LLC 24630 Network Place, Chicago, IL 60673	Software Support Services	11,757,564.
Towers Watson Pennsylvania Inc. P.O. Box 8500, Philadelphia, PA 19178	Consulting Services	4,997,346.
Quest Diagnostics Nichols Institute, 12436 Collections Center Dr., Chicago, IL 60693	Laboratory Testing Services	4,093,474.

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 138

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	System Support Svcs	Business Code 541900	183,045,794.	183,045,794.			
	b	Laboratory Services	621500	108,888,134.	34,958,255.	73,929,879.		
	c	Income From JV's	900003	1,283,850.	1,283,850.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		293,217,778.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		78,988.	21,075.		57,913.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses		122,001.				
		Gain or (loss)		-122,001.				
		Net gain or (loss)			-122,001.			-122,001.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances	a					
Less: cost of goods sold		b						
Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
11 a	Other Income	621110		4,811,373.			4,811,373.	
	All other revenue							
e	Total. Add lines 11a-11d			4,811,373.				
12	Total revenue. See instructions.			297,986,138.	219,308,974.	73,929,879.	4,747,285.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,980.	33,980.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,064,344.	5,628,177.	10,436,167.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	29,436.		29,436.	
7 Other salaries and wages	115,272,521.	115,272,521.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,126,012.	8,296,943.	1,829,069.	
9 Other employee benefits	16,885,212.	15,987,668.	897,544.	
10 Payroll taxes	11,925,402.	11,671,736.	253,666.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,052,130.		1,052,130.	
c Accounting	549,089.		549,089.	
d Lobbying	247,196.		247,196.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,411,542.	9,411,542.		
12 Advertising and promotion	8,897,370.	8,897,370.		
13 Office expenses	9,947,231.	9,947,231.		
14 Information technology	32,044,088.	32,044,088.		
15 Royalties				
16 Occupancy	5,832,829.	5,832,829.		
17 Travel	899,149.	899,149.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	483,741.	483,741.		
20 Interest	2,581,530.	2,581,530.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,355,224.	17,355,224.		
23 Insurance	907,384.	907,384.		
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 Purchased Services	43,674,579.	43,674,579.		
b Medical Supplies	18,661,329.	18,661,329.		
c Repairs & Maintenance	6,408,243.	6,408,243.		
d Dues & Licenses	2,959,763.	2,959,763.		
e All other expenses	2,878,880.	2,878,880.		
25 Total functional expenses. Add lines 1 through 24e	335,128,204.	319,833,907.	15,294,297.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,686,488.	1	2,491,834.
	2 Savings and temporary cash investments	59,760,892.	2	59,590,021.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,821,674.	4	15,430,954.
	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	18,599,788.	7	
	8 Inventories for sale or use	1,473,332.	8	1,440,905.
	9 Prepaid expenses and deferred charges	6,952,414.	9	9,190,428.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 258,631,384.		
	b Less: accumulated depreciation	10b 46,931,585.	10c	211,699,799.
	11 Investments - publicly traded securities		11	0.
	12 Investments - other securities. See Part IV, line 11	15,666,963.	12	7,729,651.
	13 Investments - program-related. See Part IV, line 11	569,657,045.	13	563,908,801.
	14 Intangible assets		14	2,302,100.
	15 Other assets. See Part IV, line 11	609,865,794.	15	730,833,475.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,411,840,739.	16	1,604,617,968.	
Liabilities	17 Accounts payable and accrued expenses	75,209,360.	17	77,412,610.
	18 Grants payable		18	
	19 Deferred revenue	1,304,211.	19	
	20 Tax-exempt bond liabilities	573,791,873.	20	750,362,109.
	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	70,712,882.
	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	112,699,159.	25	64,732,144.
	26 Total liabilities. Add lines 17 through 25	763,004,603.	26	963,219,745.
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	598,480,136.	27	591,042,223.
	28 Temporarily restricted net assets	20,916,000.	28	20,916,000.
	29 Permanently restricted net assets	29,440,000.	29	29,440,000.
	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	648,836,136.	33	641,398,223.	
34 Total liabilities and net assets/fund balances	1,411,840,739.	34	1,604,617,968.	

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	297,986,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	335,128,204.
3	Revenue less expenses. Subtract line 2 from line 1	3	-37,142,066.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	648,836,136.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29,704,153.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	641,398,223.

Part XII Financial Statements and Reporting

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

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

Form 990 (2014)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization Hartford HealthCare Corporation	Employer identification number 22-2672834
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,000.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		116,196.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		130,000.
j Total. Add lines 1c through 1i			247,196.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Hartford HealthCare Corporation incurred \$247,196 of lobbying expenditures for FY 15. The following vendors provided lobbying services on behalf of the organization during the fiscal year: Kenneth Przybysz, LLC, and Gaffney Bennett & Associates. Their efforts mainly include the lobbying of Connecticut State Legislators in the interest

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?
- 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) Revenue 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 Revenue 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:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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				
b Buildings		9,816,156.	2,966,778.	6,849,378.
c Leasehold improvements		13,028,980.	11,028,787.	2,000,193.
d Equipment		73,709,205.	30,152,331.	43,556,874.
e Other		162,077,043.	2,783,689.	159,293,354.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 211,699,799.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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) Longterm Investments in		
(2) Affiliates	563,908,801.	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	563,908,801.	

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) Other Assets	10,255,622.
(2) Intercompany Allocation - Bond Debt	676,478,992.
(3) Due From/To Affiliates	43,951,699.
(4) Security Deposits	97,442.
(5) Deffered Liability	49,720.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	730,833,475.

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) Program Related Liability	32,075,428.
(3) SERP Liability	2,091,254.
(4) Payments to Affiliates	30,565,462.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	64,732,144.

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

**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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization Hartford HealthCare Corporation	Employer identification number 22-2672834
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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/Caribbean	1	2	Program Service - Captive Insurance	Insurance Premiums	22,955,771.
Central America/Caribbean	1	2	Investment In Captive		63,191,858.
3 a Sub-total	2	4			86,147,629.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	4			86,147,629.

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; do not file with Form 990)* 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; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

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

The Audited Financial Statements for the Investment in Captive were prepared according to US Generally Accepted Accounting Principles (GAAP). Insurance Premiums are being reported on an cash basis.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Hartford HealthCare Corporation

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

Employer identification number
22-2672834

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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
Hockanum Valley Community Council, Inc. - 29 Nack Road, Suite 5A - Vernon, CT 06066	06-0864311	501(c)(3)	12,500.	0.	FMV		Sponsorship to assist in the organization's mission to provide food to the HVCC Food Pantry
New Britain Museum of American Art 56 Lexington Street New Britain, CT 06052	06-1422234	501(c)(3)	8,100.	0.	FMV		Sponsorship to assist in the organization's mission, New Britain Museum of American Art is
Hartford Symphony Orchestra Inc. 166 Capitol Avenue Hartford, CT 06106	06-0637319	501(c)(3)	13,380.	0.	FMV		Sponsorship for the Talcott Mountain Festival to assist the organization's mission to

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

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

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2014)

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

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

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

Part I, Line 2:
 Upon distribution of the grant, the organization includes a letter that restricts the use of funds to a specific project. The organization conducts periodic reviews with the grantee to evaluate project status.

Part II, line 1, Column (h):
 Name of Organization or Government:
 Hockanum Valley Community Council, Inc.

(h) Purpose of Grant or Assistance: Sponsorship to assist in the

Part IV Supplemental Information

organization's mission to provide food to the HVCC Food Pantry and to provide mental health counseling to those who may be suffering from emotional disorders.

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

(h) Purpose of Grant or Assistance: Sponsorship to assist in the organization's mission. New Britain Museum of American Art is dedicated to serving all people by pursuing excellence in art through collections, exhibitions, and education.

Name of Organization or Government: Hartford Symphony Orchestra Inc.

(h) Purpose of Grant or Assistance: Sponsorship for the Talcott Mountain Festival to assist the organization's mission to provide live symphonic music to culturally enrich and inspire it's community.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Hartford HealthCare Corporation

Employer identification number

22-2672834

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		X
2		X
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

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

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

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

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

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

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

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

5 For persons listed 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)?

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Elliot Joseph Director, Pres. & CEO	(i) 1,152,379. (ii) 0. (iii) 0.	513,373.	229,612.	239,138.	60,161.	2,194,663.	0.
(2) Margaret Marchak Secretary & CLO	(i) 432,566. (ii) 0. (iii) 0.	101,007.	8,337.	72,165.	36,596.	650,671.	0.
(3) Jeffrey Flaks EVP & COO	(i) 704,958. (ii) 0. (iii) 0.	270,040.	145,433.	20,800.	42,830.	1,184,061.	0.
(4) James Cardon, MD EVP	(i) 442,633. (ii) 0. (iii) 0.	144,696.	6,370.	77,862.	33,634.	705,195.	0.
(5) Stuart Markowitz, MD SVP	(i) 504,504. (ii) 0. (iii) 0.	148,639.	53,758.	83,450.	39,896.	830,247.	0.
(6) Gerald Boisvert SVP	(i) 433,657. (ii) 0. (iii) 0.	110,067.	4,083.	18,200.	33,348.	599,355.	0.
(7) Richard Shirey SVP & CIO	(i) 206,998. (ii) 0. (iii) 0.	50,000.	7,496.	39,258.	19,580.	323,332.	0.
(8) James Biazar SVP	(i) 443,197. (ii) 0. (iii) 0.	118,137.	180,360.	18,200.	36,486.	796,380.	0.
(9) Richard Stys SVP & Treasurer	(i) 430,889. (ii) 0. (iii) 0.	103,104.	173,919.	18,200.	31,066.	757,178.	0.
(10) Tracy Church SVP & CHRO	(i) 405,521. (ii) 0. (iii) 0.	90,726.	3,092.	66,854.	30,672.	596,865.	0.
(11) Rita Parisi SVP	(i) 294,087. (ii) 0. (iii) 0.	69,978.	37,181.	37,700.	40,536.	479,482.	0.
(12) Lucille Janatka SVP	(i) 560,112. (ii) 0. (iii) 0.	128,700.	2,607,033.	20,800.	87,140.	3,403,785.	2,575,769.
(13) Stephen Larcen SVP	(i) 477,855. (ii) 0. (iii) 0.	105,563.	124,707.	37,700.	31,879.	777,704.	0.
(14) David Whitehead SVP	(i) 539,164. (ii) 0. (iii) 0.	140,531.	126,311.	14,040.	36,492.	856,538.	108,000.
(15) Bimal Patel SVP	(i) 313,284. (ii) 0. (iii) 0.	79,671.	1,050.	18,200.	16,123.	428,328.	0.
(16) Rocco Orlando III, MD SVP & CMO	(i) 547,918. (ii) 0. (iii) 0.	101,743.	146,819.	37,700.	43,508.	877,688.	0.

Part III Supplemental Information

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

Part I, Line 1a:

Starting in 2013, the organization implemented a written Tax Gross Up policy which restricts the use of future gross ups.

Part I, Line 3:

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

Part I, Lines 4a-b:

Thomas J. Marchozzi (former Officer) received severance payment in 2014 in the amount of \$880,225

Hartford Healthcare Corporation 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. 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,

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.

disability, involuntary separation without reasonable cause or upon reaching age 65. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service.

2014 SERP accruals made on behalf of the following individuals:

Mr. Elliot Joseph	\$210,538
Ms. Margaret Marchak	\$53,965
Dr. James Cardon	\$59,662
Ms. Tracy Church	\$48,654
Dr. Stuart Markowitz	\$65,250
Mr. Richard Shirey	\$21,058
Dr. Harold Schwartz	\$39,734

2014 SERP Payments were made to the following individuals:

Mr. Daniel Lohr	\$74,000
Mr. Steven Hanks	\$595,590

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.

Ms. Lucille Janatka \$2,575,769

Mr. Thomas Marchozzi \$160,661

Mr. Peter Shea \$73,000

Mr. Jeffrey Flaks \$97,014*

Mr. James Blazar \$165,921*

Dr. Rocco Orlando \$63,924*

Mr. David Whitehead \$108,000

Mr. Stephen Larcen \$57,140*

Ms. Rita Parisi \$34,592*

Mr. Richard Stys \$167,700*

Mr. Elliot Joseph \$132,336*

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

Part I, Line 7:

Hartford HealthCare Corp. has an At Risk Plan that provides at-risk award opportunities to motivate eligible executives to put forth maximum effort

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.

to accomplish specified annual goals. The payment of an award to any senior executive is contingent on the System achieving pre-established performance goals and maintaining financial stability, participants achieving pre-established performance goals, and on approval of the Executive Compensation Committee of the Board of Directors.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I Bond Issues

See Part VI for Columns (a) and (f) Continuations

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
State of Connecticut A Health & Education Facility	06-080618620774YCZ8	09/29/11	330,863,039	Refund portions of existing debt		X		X		X	
State of Connecticut B Health & Education Facility	06-080618620774YQK6	03/26/14	85,958,709	Refund portions of existing debt		X		X		X	
State of Connecticut C Health & Education Facility	06-080618620774YVKO	05/12/15	126,868,188	Funding for future capital ne		X		X		X	

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		331,655,419.		85,906,272.		126,871,517.		
4 Gross proceeds in reserve funds		19,572,000.						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		4,652,264.		1,438,989.		1,868,188.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		1,314,091.						
11 Other spent proceeds		301,839,337.		70,742,963.				
12 Other unspent proceeds		3,485,324.		13,776,758.				
13 Year of substantial completion		2012		2014		2015		
14 Were the bonds issued as part of a current refunding issue?		X		X		X		
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		

Part III Private Business Use

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

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10-15-14 LHA

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2.00	%						%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	2.00	%						%
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?	X		X		X			
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X			
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%						%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part I, Bond Issues:

(a) Issuer Name:

State of Connecticut Health & Education Facilities Authority.

(f) Description of Purpose:

Refund portions of existing debt and obtain funds for future capital needs.

(a) Issuer Name:

State of Connecticut Health & Education Facilities Authority.

(f) Description of Purpose:

Refund portions of existing debt and obtain funds for future capital needs.

(a) Issuer Name:

State of Connecticut Health & Education Facilities Authority.

(f) Description of Purpose: Funding for future capital needs

Form 990, Schedule K

On September 29, 2011 Hartford HealthCare Corporation (Corporation) issued approximately \$330,863,000 of CHEFA Revenue Bonds Series A & B. In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and Midstate Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a

Part VII Supplemental information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations.

Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, the Corporation issued approximately \$83,790,000 of CHEFA Revenue Bonds Series E. The 2011 and 2014 Bonds were issued to refund portions of existing debt under Corporation and to obtain funds for future capital needs.

Effective May 12, 2015 the Corporation issued approximately \$126,860,000 of CHEFA Revenue Bonds Series F & G. The 2015 Bonds were issued to obtain funding for future capital needs.

Schedule K, Part III, Line 4
HHC monitors and calculates percent of private business use on an annual basis or if a significant event occurs during the year.

SCHEDULE 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

2014

Open to Public
Inspection

Name of the organization

Hartford HealthCare Corporation

Employer identification number

22-2672834

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

serves.

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

The Corporation collaborates with its Supported Organizations to develop and implement programs to improve the future of health care in southern New England. This includes initiatives to improve the quality and accessibility of health care; create efficiency in internal operations; and provide patients with the most technically advanced and compassionate, coordinated care. Through its supported organizations (hospitals), the Corporation was designed to provide patients with more convenience to healthcare access in their local communities. The hospitals provide these needed medical services to all patients regardless of their abilities to pay.

In addition, the Corporation continues to advise and assist its Supported Organizations with certain initiatives. Examples of these initiatives include:

* The HHC Cancer Institute - In recognition of our multidisciplinary approach and excellence, Memorial Sloan Kettering (MSK) has selected the Hartford HealthCare Cancer Institute as a charter member of its Cancer Alliance. Our cancer institute delivers comprehensive, coordinated care at several convenient locations. With MSK as our partner, our patients have unprecedented access to world-class MSK clinical trials conducted by their trusted HHC physicians in the

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

Hartford HealthCare Corporation

Employer identification number

22-2672834

communities where they live.

*Hartford HealthCare's Behavioral Health Network provides the full spectrum of behavioral health (psychiatric and substance abuse treatment) services including emergency and acute care treatment, inpatient and residential programs, partial hospital, intensive outpatient and traditional outpatient services. The network has established processes and support systems for the coordination and integration of care. Inpatient and residential services are available at six locations and ambulatory services are provided at 19 locations across the service area

* The Center for Education, Simulation and Innovation (CESI) at Hartford Hospital - Before medical providers can deliver the best care; they must develop, practice and test their skills. CESI is the region's leading site for advanced simulation training and biotechnology evaluation. The center provides skill-based training to clinicians and emergency responders from across the U.S. It is one of only 78 Level-I Comprehensive Accredited Education Institutes certified by the American College of Surgeons. CESI also works in collaboration with industry leaders to assess emerging medical technologies and training techniques.

* LIFE STAR - Hartford Hospital operates Connecticut's only critical air helicopter service. Life Star provides air transport around the clock for patients who require advanced care for critical injuries, often caused by accidents. The aircraft can be airborne within minutes and can travel at 150 miles per hour. Each year, about 1,200 patients are transported on two specially equipped Life Star helicopters. LIFE STAR has transported in excess of 20,000 patients since the program was established in 1985.

Name of the organization Hartford HealthCare Corporation	Employer identification number 22-2672834
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For fiscal year ended September 30, 2014, the Supported Organizations (hospitals) reported a combined total of \$206M in Community Benefits costs on their respective Form 990. Of that amount, \$128M related to Charity Care and Unreimbursed Medicaid costs. Health Professions Education, Subsidized Health Services and Research accounted for \$50M, \$8M and \$7M respectively.

Form 990, Part VI, Section A, line 4:

On June 23, 2015, the Board of Directors of Hartford HealthCare Corporation (the "Corporation") approved an amendment and restatement of the Corporation's Certificate of Incorporation, (the "Restated Certificate"). The Restated Certificate includes the following substantive amendments:

1. The Section relating to the Corporation's purpose has been revised.
2. The Section relating to the indemnification of directors, officers, and committee members of the corporation has been revised.

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

The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the SVP of Financial Operations for review. The final Form was provided to the entire Board prior to submission to the Internal Revenue Services (IRS). Once the entire review process was completed, the Form was signed by the SVP of Financial Operations and then filed with the IRS.

Name of the organization Hartford HealthCare Corporation	Employer identification number 22-2672834
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Form 990, Part VI, Section B, Line 12c:

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

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

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

Name of the organization

Hartford HealthCare Corporation

Employer identification number

22-2672834

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

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

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

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

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

Name of the organization Hartford HealthCare Corporation	Employer identification number 22-2672834
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Form 990, Part VI, Section C, Line 19:

The Organization'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:

Transfer to Affiliates	30,641,046.
True Up of K-1 Income	-2,443.
HHC ACO Expense Reclass	-934,450.
Total to Form 990, Part XI, Line 9	29,704,153.

Form 990, Part XII, Line 3a & b

The Organization itself is not required to undergo the audit, however, the Organization is a parent to several acute care hospitals. The individual hospitals were required to undergo OMB Circular A-133 Audit. The audit itself was performed on a parent level with consolidation of affiliated hospitals and subsidiaries.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Hartford HealthCare Corporation

Employer identification number
22-2672834

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Clinical Laboratory Partners, LLC - 06-1525596, 129 Patricia M Genova Drive, Newington, CT 06111	Laboratory Services	Connecticut	2,958,000.	25,538,811.	Hartford HealthCare Corporation
Practice Central LLC - 36-4692507 85 Seymour Street Hartford, CT 06102	Health Care & Health Delivery	Connecticut	-2,777,000.	1,569,000.	Hartford HealthCare Corporation
Integrated Care Partners, LLC - 37-1740267 One State Street, Suite 19 Hartford, CT 06103	Integration of Electronic Health System & Data Sharing Services	Connecticut	-4,755,000.	10,733,000.	Hartford HealthCare Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Hartford Hospital - 06-0646668 80 Seymour Street Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Windham Community Memorial Hospital Inc. - 06-0646966, 112 Mansfield Ave., Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Ave., Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital		X
Connecticut Health System Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Delivery	Connecticut	501(C)(3)	11(c)	Hartford HealthCare Corporation		X

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

Schedule R (Form 990) 2014

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
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Ctr, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hy, Suite 4B, Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06115	Fundraising	Connecticut	501(C)(3)	11(c)	Hartford Hospital Hartford HealthCare at Home, Inc.		X
VNA Health Resources Inc. - 06-1161422 1290 Silas Deane Hy, Suite 4B Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare at Home, Inc.		X
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Ave. Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital		X
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Ave. Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital		X
The Hospital of Central CT and Bradley Memorial - 06-0646768, 100 Grand Street, New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Central CT Senior Health Svc d.b.a. Southington Care Center - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation		X
Bradley Health Services, Inc. - 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 THOCC and Affiliates	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Citizens	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	11(a)	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 ACO, Inc. - 46-0886367 1290 Silas Deane Highway, 2nd Floor Wethersfield, CT 06109	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	To Provide Medical Benefits to Employees	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation		X
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support 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
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support Organization	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.		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
Eva Stearns Faulkner Foundation - 06-6065398 435 Lewis Avenue Meriden, CT 06451	Support Organization	Connecticut	501(C)(3)	3	Midstate Medical Center		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 K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
New Britain MRI Limited											
Partnership - 06-1271349, 100 Grand Street, New Britain, CT 06050	Magnetic Resonance Imaging	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Hartford HealthCare											
Endowment, LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Ambulance Service of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450	Ambulatory Service	CT	N/A	Related	1,268,896.	4,248,206.		X	N/A	X	50.00%
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 06033	Surgery services	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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.R.M.O.B. Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	Hartford HealthCare Corporation	C CORP	33,194,000.	32,967,000.	100.00%		X
Windham Family Medical Services, PC - Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Hartford HealthCare Indemnity Services, Ltd 40 Church Street Hamilton, BERMUDA	Captive Insurance	Bermuda	Hartford HealthCare Corporation	C CORP	39,865,000.	247,991,000.	100.00%		X
Windham Health Services Inc. - 06-1461101 112 Mansfield Avenue Willimantic, CT 06226	Home Healthcare	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Physician Hospital Organization - 06-1441614, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GenConn 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 Street 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	N/A	N/A	N/A		X
Aetna Ambulance Service, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	6,414,638.	2,564,666.	50.00%		X
Metro Wheelchair Service, Inc. - 06-0878432 P.O. Box 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	62,762.	21,654.	50.00%		X
WWE Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Health Care Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Professional Office Condominium Association, Inc. - 06-1090041, 112 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X

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

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) Hartford Hospital	O	7,995,781.FMV	
(2) Hartford Hospital	S	25,132,784.FMV	
(3) Hartford Hospital	D	44,740,314.FMV	
(4) Hartford Hospital	R	213,986,287.FMV	
(5) HHC Rehabilitation Network, LLC	E	93,709.FMV	
(6) HHC Rehabilitation Network, LLC	Q	571,173.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)HHC Rehabilitation Network, LLC	S	265,278.	FMV
(8)H.H.M.O.B.	A	81,213.	FMV
(9)H.H.M.O.B.	D	363,824.	FMV
(10)H.H.M.O.B.	M	112,011.	FMV
(11)H.H.M.O.B.	O	51,865.	FMV
(12)H.H.M.O.B.	P	72,459.	FMV
(13)H.H.M.O.B.	Q	1,640,568.	FMV
(14)H.H.M.O.B.	S	150,220.	FMV
(15)William W. Backus Hospital	A	2,871,432.	FMV
(16)William W. Backus Hospital	M	6,540,861.	FMV
(17)William W. Backus Hospital	O	2,075,316.	FMV
(18)William W. Backus Hospital	Q	6,081,038.	FMV
(19)William W. Backus Hospital	S	7,905,554.	FMV
(20)Midstate Medical Center	A	3,972,321.	FMV
(21)Midstate Medical Center	M	14,171,589.	FMV
(22)Midstate Medical Center	O	2,341,581.	FMV
(23)Midstate Medical Center	Q	13,700,583.	FMV
(24)Midstate Medical Center	S	5,015,247.	FMV

Hartford HealthCare Corporation

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) Natchaug Hospital	O	807,591.FMV	FMV
(8) Natchaug Hospital	M	1,705,095.FMV	FMV
(9) Natchaug Hospital	Q	4,781,152.FMV	FMV
(10) Natchaug Hospital	S	1,100,010.FMV	FMV
(11) Rushford Center, Inc.	E	600,000.FMV	FMV
(12) Rushford Center, Inc.	M	1,358,781.FMV	FMV
(13) Rushford Center, Inc.	O	469,839.FMV	FMV
(14) Rushford Center, Inc.	Q	3,398,851.FMV	FMV
(15) Rushford Center, Inc.	S	665,782.FMV	FMV
(16) The Hospital of Central Connecticut	A	2,820,173.FMV	FMV
(17) The Hospital of Central Connecticut	M	19,887,645.FMV	FMV
(18) The Hospital of Central Connecticut	O	4,138,802.FMV	FMV
(19) The Hospital of Central Connecticut	Q	4,541,042.FMV	FMV
(20) The Hospital of Central Connecticut Hartford HealthCare Senior Services	S	12,496,696.FMV	FMV
(21) D.B.A. Southington Care Center Hartford HealthCare Senior Services	A	2,566.FMV	FMV
(22) D.B.A. Southington Care Center Hartford HealthCare Senior Services	O	1,051,359.FMV	FMV
(23) D.B.A. Southington Care Center Hartford HealthCare Senior Services	S	678,740.FMV	FMV
(24) D.B.A. Southington Care Center Hartford HealthCare Senior Services	Q	858,273.FMV	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.	A	16,205.FMV	
(8)Hartford HealthCare At Home, Inc.	D	2,800,000.FMV	
(9)Hartford HealthCare At Home, Inc.	E	3,378,355.FMV	
(10)Hartford HealthCare At Home, Inc.	M	2,024,577.FMV	
(11)Hartford HealthCare At Home, Inc.	O	1,086,500.FMV	
(12)Hartford HealthCare At Home, Inc.	Q	1,452,554.FMV	
(13)Hartford HealthCare At Home, Inc.	S	1,775,297.FMV	
(14)Windham Community Memorial Hospital	A	1,631,079.FMV	
(15)Windham Community Memorial Hospital	D	3,000,000.FMV	
(16)Windham Community Memorial Hospital	L	1,266,406.FMV	
(17)Windham Community Memorial Hospital	M	5,191,935.FMV	
(18)Windham Community Memorial Hospital	O	605,241.FMV	
(19)Windham Community Memorial Hospital	Q	8,231,595.FMV	
(20)Windham Community Memorial Hospital	S	7,376,615.FMV	
Hartford HealthCare Inc. D.B.A. Hartford			
(21)HealthCare Medical Group	A	28,839.FMV	
Hartford HealthCare Inc. D.B.A. Hartford			
(22)HealthCare Medical Group	M	4,757,985.FMV	
Hartford HealthCare Inc. D.B.A. Hartford			
(23)HealthCare Medical Group	O	3,416,289.FMV	
Hartford HealthCare Inc. D.B.A. Hartford			
(24)HealthCare Medical Group	Q	9,043,171.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
Hartford HealthCare Inc. D.B.A. Hartford	R	43,039,276.	FMV
(7)HealthCare Medical Group			
Hartford HealthCare Inc. D.B.A. Hartford	S	3,316,454.	FMV
(8)HealthCare Medical Group			
(9)The Orchards at Southington	Q	89,542.	FMV
(10)HHC Indemnity Services, Limited	M	59,589.	FMV
(11)Jefferson House	M	295,675.	FMV
(12)Mulberry Gardens at Southington	A	2,370.	FMV
(13)ConnCare, Inc.	S	188,847.	FMV
(14)HHMOB	R	80,605.	FMV
(15)Midstate Medical Center	R	70,196.	FMV
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

