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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>Hartford HealthCare Corporation</b> <b>Doing Business As</b>		<b>D Employer identification number</b> <b>22-2672834</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 Seymour Street</b>		<b>E Telephone number</b> <b>(860) 696-6200</b>
	City or town, state or country, and ZIP + 4 <b>Hartford, CT 06102</b>		<b>G Gross receipts \$</b> <b>297652751.</b>
	<b>F Name and address of principal officer: Elliot Joseph</b> <b>80 Seymour Street, Hartford, CT 06102</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <b>www.harthosp.org</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation:</b> <b>1985</b>
<b>M State of legal domicile:</b> <b>CT</b>			

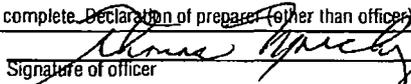
**Part I Summary**

SCANNED SEP 17 2012

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Provide support and management services to all affiliates in pursuit of their mission to provide</b>																																																									
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																									
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>15</b>																																																								
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>13</b>																																																								
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> <b>968</b>																																																								
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>19</b>																																																								
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>70442558.</b>																																																								
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>																																																								
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date
	<b>Thomas Marchozzi, Exec VP &amp; CFO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Chad D. Franks</b>	Preparer's signature 	Date <b>08/14/2012</b>	<input type="checkbox"/> Check a self-employed PTIN <b>P01071312</b>
	Firm's name <b>Ernst &amp; Young U.S. LLP</b>		Firm's EIN	
Firm's address <b>55 Ivan Allen Jr. Blvd, Suite 1000 Atlanta, GA 30308</b>			Phone no. <b>(404) 874-8300</b>	

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

920 16

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Hartford HealthCare Corporation (HHC) is a regional care network. It includes four acute care hospitals: Hartford Hospital in Hartford, Midstate Medical Center in Meriden, Windham Community Memorial Hospital in Willimantic and The Hospital of Central Connecticut in New

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  No If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 105592828. including grants of \$ 0.) (Revenue \$ 107143490.) Hartford HealthCare Corporation (HHC) is organized exclusively for public welfare, charitable, scientific, literary and educational purposes, including the furtherance of the welfare, program and activities of the HHC System which includes, Hartford Hospital, Midstate Medical Center, Hospital of Central Connecticut, Windham Community Memorial Hospital, Natchaug Hospital, Rushford Center, Inc., VNA Health Care, Inc, Clinical Laboratory Partners, Hartford Medical Group, H.H.M.O.B. Corporation, Eastern Rehabilitation Network, LLC, and other affiliates.

Functions of the HHC System include the development and implementation of programs to further the quality and accessibility of health care

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 105592828.

**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 Schedule B, Schedule of Contributors?	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>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	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," 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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		N/A
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		N/A
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
10	<b>Section 501(c)(7) organizations. Enter.</b>		
10a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations. Enter.</b>		
11a	Gross income from members or shareholders		N/A
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		N/A
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		N/A
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 VII Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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 Does the organization have local chapters, branches, or affiliates?	X	
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Carol Wardell - (860) 696-6200  
80 Seymour Street, Hartford, CT 06115

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew L. Salner, MD Dir., Dir of Cancer Prgm.	3.00	X						0.	194879.	0.
Martin Wolman, ESQ Director	2.00	X						0.	0.	0.
Elliot T. Joseph Director - Pres & CEO	26.00	X		X				0.	1516592.	195323.
Marcia L. Hincks Director	2.00	X						0.	0.	0.
Laura R. Estes Director	3.00	X						0.	0.	0.
Donald R. Frahm Director	2.00	X						0.	0.	0.
Roger Gelfenbien Director	2.00	X						0.	0.	0.
Arthur C. Marquardt Director	2.00	X						0.	0.	0.
Joseph D. Sargent Chairman	2.00	X						0.	0.	0.
Nancy Dean Director	2.00	X						0.	0.	0.
David B. Hyman DDS Vice Chair	2.00	X		X				0.	0.	0.
Ramani Ayer Chairman	2.00	X		X				0.	0.	0.
William A. Conway Director	2.00	X						0.	0.	0.
John E. Dillaway Director	2.00	X						0.	0.	0.
Brian MacLean Director	2.00	X						0.	0.	0.
John S. Manning Director	2.00	X						0.	0.	0.
Lawrence McGoldrick Director	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Didier Michaud-Daniel Director	2.00	X						0.	0.	0.
Elsa M. Nunez Director	2.00	X						0.	0.	0.
Steven C. Preston Director	2.00	X						0.	0.	0.
William H. Trachsel Director	2.00	X						0.	0.	0.
Jennifer Smith Turner Director	2.00	X						0.	0.	0.
Rocco Orlando MD SVP	10.00			X				0.	454287.	84261.
James E. Fantus President - CLP	40.00			X				363683.	0.	27960.
Thomas J. Marchozzi EVP & CFO	20.00			X				0.	615663.	47824.
James M. Blazar SVP & CSO	20.00			X				0.	513860.	59931.
<b>1b Sub-total</b>								363683.	3295281.	415299.
<b>c Total from continuation sheets to Part VII, Section A</b>								1261511.	10655084.	1484021.
<b>d Total (add lines 1b and 1c)</b>								1625194.	13950365.	1899320.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Quest Diagnostics Nichols Institute, 12436 Collections Ctr Dr., Chicago, IL 60693	Medical Services	2164925.
Accenture One Financial Plaza, Hartford, CT 06103	Consulting	1213976.
Epstein, Becker & Green PC, 1227 25th Street NW Suite 700, Washington, DC 20037	Legal	863379.
Genomas 67 Jefferson Street, Hartford, CT 06106	Laboratory Svcs	695050.
Tatum LLC P.O. Box 847872, Dallas, TX 75284	Consulting	689742.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **32**

See Part VII, Section A Continuation sheets



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Richard G. Stys VP & Treasurer	20.00			X				0.	367232.	46078.
Sonal Shah Chief Corp. Compl. Officer	10.00			X				0.	156664.	19235.
Yvette Melendez VP	5.00			X				0.	190166.	14569.
Michele B. Bush, ESQ SVP & General Counsel	20.00			X				0.	529800.	31738.
Jeffrey A. Flaks EVP	20.00			X				0.	715723.	62126.
Tracy Church SVP	20.00			X				0.	0.	0.
Luis Taveras SVP	20.00			X				0.	0.	0.
Rita Parisi VP	20.00			X				0.	297723.	39074.
Lucile A. Janatka SVP	20.00			X				0.	622904.	133652.
Kent Stahl VP	20.00			X				0.	375745.	12733.
Jeff Walter VP	10.00			X				0.	292323.	7431.
Clarence Silvia VP	10.00			X				0.	2370745.	409121.
Ellen D. Rothberg VP	10.00			X				0.	240862.	51336.
Stephen W. Larcen VP	10.00			X				0.	466881.	70456.
Anthony Mastroianni CFO - CLP	40.00				X			210084.	0.	31663.
David J. Molusis CIO - CLP	40.00					X		182982.	0.	22776.
Gregory Makowski Dir on Tech Ops - CLP	40.00					X		236110.	0.	31969.
John Presto Sales Rep - CLP	40.00					X		211672.	0.	33241.
Laila O. Mnayer Dir., Molecular Path. - CLP	40.00					X		210514.	0.	33151.
Karen C. Paoletta VP - CLP	40.00					X		210149.	0.	20700.
Total to Part VII, Section A, line 1c										



Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns						
	1 b	Membership dues						
	1 c	Fundraising events						
	1 d	Related organizations	190132000.					
	1 e	Government grants (contributions)						
	1 f	All other contributions, gifts, grants, and similar amounts not included above						
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		190132000.				
Program Service Revenue	2 a	Laboratory Services	Business Code 621500	93066368.	22623810.	70442558.		
	b	Mgmt Fee Allocation	541900	12984879.	12984879.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		106051247.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		332008.		332008.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	45253.				
			b	Less: cost or other basis and sales expenses	309969.	40179.		
			c	Gain or (loss)	-309969.	5074.		
	d	Net gain or (loss)		-304895.		-304895.		
	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				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	Income - Pass Thru Ent	900003	1092243.	1092243.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1092243.					
12	Total revenue. See instructions		297302603.	36700932.	70442558.	27113.		

**Part X Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	760635.	713647.	46988.	
9 Other employee benefits	7114361.	7029804.	84557.	
10 Payroll taxes	3326835.	3256918.	69917.	
11 Fees for services (non-employees):				
a Management	606910.	606910.		
b Legal	1505554.		1505554.	
c Accounting	345180.		345180.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3523939.	3523939.		
12 Advertising and promotion	232062.	232062.		
13 Office expenses	16098004.	16098004.		
14 Information technology	714315.	714315.		
15 Royalties				
16 Occupancy	4384846.	4384846.		
17 Travel	383626.	383626.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8519.	8519.		
20 Interest	762271.	762271.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1690886.	1690886.		
23 Insurance	159854.	159854.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Allocated Salaries	47396017.	45857836.	1538181.	
b Purchased Services	9867618.	9867618.		
c Bad Debt	8305698.	8305698.		
d Repairs & Maintenance	1034449.	1034449.		
e State of CT Corp. Taxes	372250.	372250.		
f All other expenses	589376.	589376.		
25 Total functional expenses. Add lines 1 through 24f	109183205.	105592828.	3590377.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	6862.
	2 Savings and temporary cash investments	1565441.	2	3411768.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8465250.	4	5476263.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net	2459130.	7	4278776.
	8 Inventories for sale or use	1190200.	8	1432339.
	9 Prepaid expenses and deferred charges	1210401.	9	1455001.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24111655.		
	b Less: accumulated depreciation	10b 13260361.	10c	10851294.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	22139607.	12	278065130.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	101108.	15	350713208.
16 Total assets. Add lines 1 through 15 (must equal line 34)	46785424.	16	655690641.	
Liabilities	17 Accounts payable and accrued expenses	10537410.	17	10982425.
	18 Grants payable		18	
	19 Deferred revenue	673061.	19	727212.
	20 Tax-exempt bond liabilities		20	330863039.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	30059087.	25	84281660.
	26 Total liabilities. Add lines 17 through 25	41269558.	26	426854336.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5515866.	27	189605305.
	28 Temporarily restricted net assets		28	17816000.
	29 Permanently restricted net assets		29	21415000.
	Organizations that do not follow SFAS 117, 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	5515866.	32	228836305.
33 Total net assets or fund balances	5515866.	33	228836305.	
34 Total liabilities and net assets/fund balances	46785424.	34	655690641.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	297302603.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109183205.
3	Revenue less expenses. Subtract line 2 from line 1	3	188119398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5515866.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	35201041.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	228836305.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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.		

Form 990 (2010)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		X
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		X
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Hartford Hospital	06-06466683		X		X		X		0.
Midstate Medical Corp	06-06467153		X		X		X		0.
Windham Community Me	06-06469663		X		X		X		0.
Natchaug Hospital	06-09669633		X		X		X		0.
VNA Health Care	06-06469387		X		X		X		0.
<b>Total</b>									<b>0.</b>

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

Schedule A (Form 990 or 990-EZ) 2010

See Part IV for Line 11 Continuation

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ..						
4 Total. Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4 .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10 .....						

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

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

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	%

- 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a** 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Sch A, Part I, Line 11i, Column (vii)

Hartford HealthCare Corporation provides to, or purchases for the benefit of the supported organizations services, facilities, goods and other management services.



**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, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- Yes  No
- 9 In Part XIV, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

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

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

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

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

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 XIV and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIV.

**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	157201000.	144753000.	156283000.		
b Contributions	108256000.	1482000.	212000.		
c Net investment earnings, gains, and losses	-7982000.	15094000.	-4889000.		
d Grants or scholarships					
e Other expenditures for facilities and programs	7035000.	4128000.	6853000.		
f Administrative expenses					
g End of year balance	250440000.	157201000.	144753000.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  41.00 %
- b Permanent endowment  35.00 %
- c Term endowment  24.00 %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	20304059.		11913985.	8390074.
c Leasehold improvements	3807596.		1346376.	2461220.
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 10851294.

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

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Investment in HHMOB	13906801.	Cost
(B) Investment in Subsidiary	229303199.	Cost
(C) Construction Series A	27371029.	Cost
(D) Construction Series B	5000000.	Cost
(E) Debt Service Reserve	2484101.	Cost
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)	<b>278065130.</b>	

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

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

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

(a) Description	(b) Book value
(1) Other Assets	7879380.
(2) Intercompany Allocation - Bond Debt	342833828.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	<b>350713208.</b>

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Program Related Liability	34281660.
(3) Taxable Bond Liability	50000000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>84281660.</b>

FIN 48 (ASC 740) Footnote: In Part XIV, 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)

**Part X** Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

**Part XII** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

**Part XIII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

**Part XIV** Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The Corporation's endowment consists of hundreds of

individual funds established for a variety of purposes. Those funds include both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**Hartford HealthCare Corporation**

Employer identification number

**22-2672834**

**Part I Questions Regarding Compensation**

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

- a** The organization?  
**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

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

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.  
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).  
 Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Andrew L. Salner, MD	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 194879.	0.	0.	0.	0.	194879.	0.
2 Elliot T. Joseph	(i) 0.	(ii) 375000.	(iii) 111838.	157255.	38068.	1711915.	0.
	(i) 360637.	75000.	18650.	59375.	24886.	538548.	0.
3 Rocco Orlando MD	(i) 280056.	82111.	1516.	8775.	19185.	391643.	0.
4 James E. Fantus	(i) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
5 Thomas J. Marchozzi	(i) 479348.	135150.	1165.	19600.	28224.	663487.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
6 James M. Blazar	(i) 393987.	117420.	2453.	36269.	23662.	573791.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
7 Richard G. Stys	(i) 305789.	60600.	843.	22301.	23777.	413310.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
8 Sonal Shah	(i) 109344.	22031.	25289.	8317.	10918.	175899.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
9 Yvette Melendez	(i) 160132.	29333.	701.	11812.	2757.	204735.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
10 Michele B. Bush, ESQ	(i) 424528.	102640.	2632.	17150.	14588.	561538.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
11 Jeffrey A. Flaks	(i) 539289.	159250.	17184.	32425.	29701.	777849.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
12 Rita Parisi	(i) 237671.	58904.	1148.	23275.	15799.	336797.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
13 Lucile A. Janatka	(i) 474733.	141917.	6254.	91409.	42243.	756556.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
14 Kent Stahl	(i) 315422.	55807.	4516.	0.	12733.	388478.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
15 Jeff Walter	(i) 292323.	0.	0.	0.	7431.	299754.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
16 Clarence Silvia	(i) 568565.	31250.	1770930.	383224.	25897.	2779866.	1719039.

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ellen D. Rothberg	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 224962.	15900.	0.	33000.	18336.	292198.	0.
2 Stephen W. Larcen	(i) 354829.	73122.	38930.	45900.	24556.	537337.	0.
	(ii) 171078.	38826.	180.	6219.	25444.	241747.	0.
3 Anthony Mastroianni	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 149261.	33542.	179.	6703.	16073.	205758.	0.
4 David J. Molusis	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 192181.	43653.	276.	6070.	25899.	268079.	0.
5 Gregory Makowski	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 112790.	98386.	496.	7743.	25498.	244913.	0.
6 John Presto	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 195461.	14779.	274.	7701.	25450.	243665.	0.
7 Laila O. Mnayer	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 62804.	71423.	75922.	3776.	16924.	230849.	0.
8 Karen C. Paolella	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	4935.	1185054.	0.	33465.	1223454.	0.
9 John J. Meehan	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	300397.	0.	10977.	311374.	0.
10 John M. Biancamano	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 252328.	143838.	39737.	69585.	21732.	527220.	0.
11 James K. Kinsella	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 248003.	28563.	765.	14791.	11495.	303617.	0.
12 Donna Handley	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 341560.	53255.	18807.	39775.	22459.	475856.	0.
13 Stephan O'Neill	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 182499.	31709.	424.	20639.	14318.	249589.	0.
14 Carol S. Garlick	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 351181.	0.	1413.	21117.	11734.	385445.	0.
15 Paul S. Besson, ESQ	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 421430.	0.	2387.	17295.	32276.	473388.	0.

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Jamie M. Roche	(i) 337846.	(ii) 64272.	(iii) 17913.	45900.	25414.	491345.	0.
2		(i)						
3		(ii)						
4		(i)						
5		(ii)						
6		(i)						
7		(ii)						
8		(i)						
9		(ii)						
10		(i)						
11		(ii)						
12		(i)						
13		(ii)						
14		(i)						
15		(ii)						
16		(i)						
		(ii)						

**Part III** Supplemental Information

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

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

Part I, Lines 4a-b: Mr. John Meehan's (former CEO) severance agreement began in January of 2009. Per the agreement, Mr. Meehan received 24 months of severance based upon an annual salary of \$868,400 plus incentives. Total payments to Mr. Meehan from Hartford Hospital for Severance and other benefits totaled \$1,223,454.

Mr. John Biancamano's (former CFO) severance agreement began in January of 2009 and ended in June 2010. Per the agreement, Mr. Biancamano received 16 months of severance based upon an annual salary of \$545,160 plus additional incentives. Total payments to Mr. Biancamano from Hartford Hospital for Severance and other benefits totaled \$311,374.

Mr. Clarence Silvia was an Executive of The Hospital of Central Connecticut (THOCC) and VP of the Corporation during the year. Mr Silvia received a SERP payment from THOCC in the amount of \$1,719,039. All of his

**Part III** Supplemental Information

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

compensation was paid through THOCC. Please refer to THOCC Form 990 for details of the SERP agreement.

2010 SERP accrual - Elliot Joseph \$121,155

The purpose of the SERP Agreement is to provide a Supplemental Retirement Benefit to Elliot Joseph upon certain termination events or upon disability, death or attainment of age 63 while employed.

The Agreement is intended to:

(a) Constitute an unfunded plan maintained primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees under Sections 201 (2), 301 (a)(3) and 401 (a)(1) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA");

(b) constitute an "ineligible plan of deferred compensation" within the meaning of Section 457(f) of the Internal Revenue Code of 1986, as amended (the "Code") and Treasury Regulation Section 1A57-2(h); and

Part III Supplemental Information

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

(c) be excepted from Section 409A of the Code as a "short term deferral," and it shall be interpreted and administered accordingly.

Amount of Benefit:

The amount of the Supplemental Retirement Benefit shall be calculated as follows: (a) minus the sum of (b) and (c), as each is defined below.

(a) The amount that would be Executive's Cash Balance Account under the Retirement Plan for Employees of Hartford Hospital (the "Qualified Plan") if: (i) Executive were eligible for an additional four percent (4%) Annual Pension Credit under the Qualified Plan (commencing at the same time as Executive's Annual Pension Credits under the Qualified Plan); and (ii) the Internal Revenue Code compensation limit (Code Section 401(a)(17)) and maximum benefit limitation (Code Section 415) did not apply to Executive.

(b) Executive's actual Cash Balance Account under the Qualified Plan.

(c) The amount, if any, that would be Executive's Account balance under the Hartford Hospital Section 457(b) Plan attributable to Employer

Part III Supplemental Information

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

Contributions and earnings thereon, if such earnings had been determined solely by application of the Credited Interest Rate defined in the Qualified Plan.

Notwithstanding the foregoing, no additional benefits shall accrue under this Agreement after Executive's attainment of age 63.

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

2010

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

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number  
**22-2672834**

Name of the organization

**Hartford HealthCare Corporation**

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

Part I Bond Issues	(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	330863039	Refund portions of existing debt		X			X		X
B												
C												
D												

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		189706774.						
2 Amount of bonds legally defeased		330863039.						
3 Total proceeds of issue		1957200.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		4652264.						
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		120486592.						
12 Other unspent proceeds		2011						
13 Year of substantial completion	Yes	No	Yes	No	Yes	No	Yes	No

14 Were the bonds issued as part of a current refunding issue?

15 Were the bonds issued as part of an advance refunding issue?

16 Has the final allocation of proceeds been made?

17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

**Part III Private Business Use**

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

2 Are there any lease arrangements that may result in private business use of bond-financed property?

36

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	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		1.49	%			%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00	%			%		%
6 Total of lines 4 and 5		1.49	%			%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038 T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

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

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.

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

Form 990, Schedule K

On September 29, 2011 Hartford HealthCare Corporation (Corporation)

issued approximately \$330,863,000 of CHEFA Revenue Bonds Series A & B.

In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are the

Corporation, Hartford Hospital, The Hospital of Central Connecticut,

Windham Community Memorial Hospital and Midstate Medical Center

(collectively referred to as the Obligated Group). The Obligated Group

members are identified as either an obligated group member or a

designated affiliate. Obligated Group members are jointly and

severally liable under a Master Trust Indenture (MTI) to make all

payments required with respect to obligations under the MTI. The

Corporation does have the right to name designated affiliates, although

presently none exist. Though designated affiliates are not obligated

to make debt service payments on the obligations under the MTI, each

designated affiliate would have an independent designated affiliate

agreement and promissory note with the Corporation with stipulated

repayment terms and conditions, each subject to the governing law of

the obligated groups' state of incorporation. In addition, the

Corporation may cause each designated affiliate to transfer such

amounts as necessary to enable the obligated group members to comply

with the term of the MTI, including payment of the outstanding

obligations.

The HHC 2011 Bonds were issued to refund portions of existing debt

under the Corporation, and to obtain funds for future capital needs.

The total refunded amount of debt was \$189,706,774. This consisted of

Schedule K (Form 990) 2010

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

various types of bonds held by the obligated group. These Series A, B & C Bonds were issued on the following dates: 8/1/1996, 12/22/1997, 8/3/2000, 5/16/2002, 11/15/2007, 3/29/2007, 8/2/2008, 6/18/2008. An amount of \$95,450,067 was set aside for future construction and equipment purchase. The construction cost of approximately \$60,450,000 was designated for a parking garage, an emergency department construction and various other construction projects. The balance of the \$95M was designated for the purchase of medical equipment.



**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

**Business Transaction Involving Interested Persons**

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

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

(c) Amount of Transactions: \$40,306

(d) Description of Transaction: Dr. Makowski's spouse, Dr. Melinda L. Ramsby of Farmington Arthritis and Rheumatology, has an in-office phlebomist provided by Clinical Laboratory Partners (CLP). CLP is single member LLC owned by Hartford HealthCare Corporation

(e) Sharing of Organization Revenues? = No

(a) Name of Interested Person: Brian MacLean

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: \$5,718,119

(d) Description of Transaction: Mr Brian MacLean is a board member of Hartford HealthCare Corporation and Hartford Hospital (related organization). Mr MacLean is the President and Chief Operating Officer of the Travelers Insurance Company. The company provides certain insurance coverages for Hartford HealthCare and affiliates. Mr MacLean has no personal involvement in any of these transactions which are not



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

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:**

health care services and improve access to quality care to the general public.

**Form 990, Part III, Line 1, Description of Organization Mission:**

Britain. In addition, it includes a variety of other regional health care providers. HHC members provide a wide range of medical and health services, but are united in their one goal to provide excellence and coordinated care. They work together to provide patients and their families with efficient, appropriate care of the highest quality. The organization is guided by its values of Integrity, Caring, Excellence and Safety.

**Form 990, Part III, Line 2, New Program Services:**

On February 1, 2011 (the Acquisition Date), the Hartford HealthCare Corporation (Corporation) acquired CCHA, a system of health care affiliates that provides a wide array of services throughout the region including the Hospital of Central Connecticut (HOCC) and its wholly owned subsidiary, Grand Indemnity Company, Ltd (GIC), VNA of Central Connecticut, Inc. (VNAC) Central Connecticut Senior Health Services, Inc. (CCSHS) (d/b/a Southington Care Center) which includes Mulberry Gardens of Southington, LLC (Mulberry Gardens) and The Orchards at Southington (the Orchards), Community Mental Health Affiliates, Inc. (CMHA), CenConn Services, Inc. (CSI) New Britain Occupation Health Center and Central Connecticut Sports Medicine Center.

Name of the organization

Hartford HealthCare Corporation

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Pursuant to the acquisition agreement, the Corporation acquired CCHA by means of an inherent contribution where no consideration was transferred by the Corporation. The Corporation accounted for this business combination by applying the acquisition method, and accordingly, the inherent contribution received was valued as the excess of assets acquired over liabilities assumed. In determining the inherent contribution received, all assets acquired and liabilities assumed were measured at fair value as of the Acquisition Date. The results of CCHA's operations have been included in the consolidated financial statements since the Acquisition Date.

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

services; create efficiency in the utilization of health care facilities and services; and provide high quality coordinated health care to the general public. As part of its mission to further the quality and accessibility of health care services, HHC is the sole member of Clinical Laboratory Partners (CLP). CLP provides healthcare services through its medical laboratories which service Hartford Hospital, Midstate Medical Center, and which operate numerous drawing stations throughout Connecticut.

Form 990, Part VI, Section A, line 1: There were several board members whose term expired in April, 2011. As a result, they were not considered voting members at the end of the tax year.

Form 990, Part VI, Section A, line 4: On April 4, 2011, the Board of Directors of Hartford Health Care Corporation (the "Corporation") approved an amendment and restatement of the Corporation's Certificate of

Name of the organization

Hartford HealthCare Corporation

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Incorporation. The Restated Certificate includes the following substantive amendments:

1. The Corporation's name is changed to Hartford HealthCare Corporation.
2. The Corporation's purpose has been revised to include certain affiliates that were acquired during the year.
3. The section relating to the Corporation's distribution of assets upon dissolution has been revised.
4. A new Section has been added relating to the indemnification of directors and advancement of expenses.

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

Form 990, Part VI, Section B, Line 12c: The organization's Conflict of Interest Policy requires all directors and officers of the organization to complete and sign a Conflict of Interest statement. The statement includes an itemization and description of any actual or potential conflict of interest and all material facts related thereto for such director or officer by virtue of his or her activities or the activities of related persons. Directors and officers are urged to be inclusive in this disclosure since the disclosure of potential and actual conflicts of

Name of the organization

Hartford HealthCare Corporation

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interest is essential to ensuring discussion of the conflict.

Conflict of Interest disclosure statements shall be returned to the Compliance Officer. All disclosures made will be reviewed by the Compliance Officer and the Director of Compliance and Audit, under the direction of the Chairman and the President, who shall exercise good faith judgment as to whether a conflict exists. The Chairman and President shall be responsible for monitoring transactions or arrangements in which a director or officer may have a conflict of interest and for assuring that the director or officer serves the organization's best interests. The Compliance Officer, Director of Compliance and Audit, Chairman and/or President may consult with any director or officer and obtain information necessary for an ordinarily prudent person to make a judgment as to whether a conflict exists and each director and officer shall cooperate with such requests. The Compliance Officer, Director of Compliance and Audit, Chairman and/or the President shall provide guidance to the director or officer and to the board of directors as to the appropriate course of action. The Chairman and the President shall seek the advice and approval of the full Board of Directors in determining whether a conflict of interest exists and that the director or officer serves the organization's best interests. When a conflict of interest is discovered, such director and/or officer with the conflict will be required to refrain from participating in any discussion or action concerning such conflicted situation in accordance with the section entitled "Restraint on Participation" set forth in the Conflict of Interest policy. If, after completing and signing the annual disclosure statement, an actual or potential conflict arises, the director or officer with the conflict shall promptly notify the Compliance Officer and Director of Compliance and Audit

Name of the organization

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in writing.

Form 990, Part VI, Section B, Line 15b: Compensation reported on Hartford HealthCare Corporations's tax return is paid through Hartford Hospital and Clinical Laboratory Partners. The CEO of Hartford HealthCare Corporation is paid through Hartford Hospital. All compensation reported on this tax return follows Hartford Hospital's compensation policy as outlined below:

The following steps were taken:

- Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare established and regularly reviews Executive Compensation Philosophy
- Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"
- National and regional peer groups are determined 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 organizational performance
- All changes reviewed and approved by Executive Compensation Committee

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

Name of the organization <b>Hartford HealthCare Corporation</b>	Employer identification number <b>22-2672834</b>
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Form 990, Part VI, Section C, Line 19: The Form 990, 990T and Form 1023 and its attachments are available upon request. Hartford HealthCare Corporation's governing documents, financial statements and Conflict of Interest documents are also made available upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Contributions - CCHA (Temp Restricted)	17816000.
Contributions - CCHA (Perm Restricted)	21415000.
Transfers to Affiliates	-3499000.
True Up of K-1 Income	-412605.
Prior Period Adjustment	-58354.
Federal Income Tax	-60000.
Total to Form 990, Part XI, Line 5	35201041.

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

The organization's financial statements were audited by an independent accounting firm as part of a consolidated financial statement. In addition, the organization has a committee that assumes responsibility for oversight of the audit of its financial statements.

Form 990, Part VII, Column B

Average Hours Per Week

The persons reported on Part VII are full time salaried employees (except board members and former employees). These employees usually work a significant amount of overtime, however, they are not required to keep track of the actual number of hours worked. In addition, the

Name of the organization

Hartford HealthCare Corporation

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22-2672834

hours and salaries of some of these individuals are allocated between Hartford Hospital and Hartford HealthCare Corporation for expenditure purposes.

Multiple horizontal lines for text entry.

**Related Organizations and Unrelated Partnerships**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 Attach to Form 990. See separate instructions.

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Clinical Laboratory Partners, LLC - 06-1525596, 129 Patricia M Genova Drive, Newington, CT 06111	Medical Laboratories	Connecticut	4746000.	17188000.	N/A
Practice Central LLC - 36-4692507 85 Seymour Street Hartford, CT 06102	Information Technology	Connecticut	0.	0.	N/A

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

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

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

## 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 513(b)(13) controlled organization?	
						Yes	No
Institute of Living - 05-0646683 200 Retreat Avenue Hartford, CT 06106	Psychiatric Services	Connecticut	501(C)(3)	11(c)	Hartford HealthCare Corporation	X	
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Mansfield Ctr, CT 06226 VNA Health Care Inc. - 06-0646938 103 Woodlud Street Hartford, CT 06105	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Rushford Center Inc. - 06-0932875 383 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06115	Fundraising	Connecticut	501(C)(3)	11(c)	Hartford Hospital	X	
VNA Health Resources Inc. - 06-1161422 103 Woodlud Street Hartford, CT 06105	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	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	Central CT Health Alliance	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	Central CT Health Alliance	X	
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Central CT Health Alliance	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Central CT Sports Medicine Ctr. LLC - 22-3196509, 15 Masaitio Drive, Suite 104, Berlin, CT 06037	Physical therapy	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Britain MRI Limited Partnership - 06-1271349, 100 Magnetic Grand Street, New Britain, CT 06050	Magnetic Resonance Imaging	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Britain Occupational Health Center LLC - 06-1484904, 440 New Britain Avenue, Plainville, CT 06062	Occupational Healthcare	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	Related	0.	0.	X	N/A	X	100.00%	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
H.H.M.O.B. Corporation & Subsidiary - 06-1140244 80 Seymour Street Hartford, CT 06102	Real Estate Parking	CT	N/A	C CORP	-5178159.	41855921.	100.00%
Windham Family Medical Services - 06-1491649 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A
CHS Insurance LTD 40 Church Street BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	N/A	N/A	N/A
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
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





Part V. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Hartford Hospital	L	9042702.FMV	
(2) Hartford Hospital	Q	1517260.FMV	
(3) Hartford Hospital	R	7426678.FMV	
(4) H.H.M.O.B. Corporation & Subsidiary	N	401251.FMV	
(5) Hartford Hospital	O	5578315.FMV	
(6) Hartford Hospital	K	16946693.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-f)	(c) Amount involved	(d) Method of determining amount involved
(7) Eastern Rehabilitation Network	R	209905.FMV	
(8) H.H.M.O.B. Corporation & Subsidiary	D	9000231.FMV	
(9) H.H.M.O.B. Corporation & Subsidiary	R	6515998.FMV	
(10) H.H.M.O.B. Corporation & Subsidiary	Q	94772.FMV	
(11) H.H.M.O.B. Corporation & Subsidiary	A	71569.FMV	
(12) H.H.M.O.B. Corporation & Subsidiary	P	71582.FMV	
(13) H.H.M.O.B. Corporation & Subsidiary	L	69179.FMV	
(14) H.H.M.O.B. Corporation & Subsidiary	N	35279.FMV	
(15) Midstate Medical Center	R	1583172.FMV	
(16) Midstate Medical Center	D	88754644.FMV	
(17) Midstate Medical Center	K	1532006.FMV	
(18) Midstate Medical Center	P	331299.FMV	
(19) Midstate Medical Center	N	3258363.FMV	
(20) Natchaug Hospital Inc.	R	339937.FMV	
(21) Natchaug Hospital Inc.	P	72050.FMV	
(22) Natchaug Hospital Inc.	A	13317.FMV	
(23) Natchaug Hospital Inc.	D	388389.FMV	
(24) Natchaug Hospital Inc.	N	489564.FMV	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(d) Method of determining amount involved
(7)Rushford Center Inc.	R	227296.FMV	
(8)VNA Health Care Inc.	R	331145.FMV	
(9)VNA Health Care Inc.	P	481536.FMV	
(10)VNA Health Care Inc.	A	10115.FMV	
(11)Windham Community Memorial Hospital	K	252530.FMV	
(12)Windham Community Memorial Hospital	D	19112168.FMV	
(13)Windham Community Memorial Hospital	N	188961.FMV	
(14)Windham Community Memorial Hospital	R	715913.FMV	
(15)The Hospital of Central Connecticut	D	36262094.FMV	
(16)The Hospital of Central Connecticut	N	54807.FMV	
(17)The Hospital of Central Connecticut	R	634386.FMV	
(18)The Hospital of Central Connecticut	P	72402.FMV	
(19)Central CT Senior Health Services	D	20425023.FMV	
(20)Central Connecticut Health Alliance	C	190132000.FMV	
(21)			
(22)			
(23)			
(24)			



