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 $\mathsf{Form} 990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

B Che	ck if applicable	calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012 C Name of organization Hartford Hospital	D E	mployer iden	tification number
Add	ress change	Doing Business As		6-0646668 elephone nur	
☐ Nan	ne change	Doing Business As		•	
_	al return minated	Number and street (or P O box if mail is not delivered to street address) Room/suite 80 Seymour Street PO Box 5037	2	860)696-6 Gross receipts\$	1,158,172,408
	ended return Ilcation pendin	City or town, state or country, and ZIP + 4 Hartford, CT 061025037	_		
		F Name and address of principal officer	H(a) Is this a g	group return	for
		Jeffrey Flaks 80 Seymour Street	affiliates?		⊤Yes 🔽 No
		Hartford,CT 06102	H(b) Are all affil	iates include	d?
	κ-exempt statι	s	_		(see instructions)
	· · · · · · · · · · · · · · · · · · ·		H(c) Group ex	emption nun	nber 🟲
		ARTHOSP ORG	T	1.0	
		n	L Year of formation	on 1854 M	State of legal domicile CT
Activities & Governance	Hartfors hom with the health enhance Jeffers dentise	describe the organization's mission or most significant activities d Hospital, founded in 1854, is one of the largest teaching hospitals and to a particularly extensive surgical practice. It has been training physicial University of Connecticut School of Medicine. It is a member of Hartford care system. The hospital is an 867-bed regional referral center that proved by robust research endeavors. Among its divisions are the Institute of on House, a 104-bed long-term care facility. The hospital's active medicals within 18 clinical departments. In 2012, the hospital had 41,251 dischassipital owns and operates the State's only Air Ambulance System. (LifeSta	ans for over 130 HealthCare Corpides high-quality Living, a 150-be I staff includes of arges and 99,811	years, prim poration, a la care in all c ed mental he ver 1,300 pl	arily in collaboration arge, diversified Unical disciplines, alth facility, and hysicians and
ა ნ ფ	Chack	this boy Mr. if the organization discontinued its operations or disposed of	more than 2 E0/	of its not as	coto
E		this box 🔭 if the organization discontinued its operations or disposed of r of voting members of the governing body (Part VI, line 1a)	more than 25%	orits net as:	sets 14
<u>ਹਿੰ</u>		r of independent voting members of the governing body (Part VI, line 1b)		4	10
٩		umber of individuals employed in calendar year 2011 (Part V, line 2a)		5	8,107
		umber of volunteers (estimate if necessary)		6	1,392
	7a Total u	nrelated business revenue from Part VIII, column (C), line 12		7a	1,726,386
	b Net un	related business taxable income from Form 990-T, line 34		7b	-102,624
			Prior Yea	ar	Current Year
_	8 Cont	ributions and grants (Part VIII, line 1h)	39,8	885,454	50,463,051
311	9 Prog	ram service revenue (Part VIII, line 2g)	911,6	573,420	994,234,347
Ravenue		stment income (Part VIII, column (A), lines 3, 4, and 7d)		731,204	21,910,378
-		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,6	562,857	11,625,136
		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	985,9	952,935	1,078,232,912
		ts and similar amounts paid (Part IX, column (A), lines 1–3)	1,3	390,713	267,919
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)		0	0
w l		ries, other compensation, employee benefits (Part IX, column (A), lines	550/	221 005	F07 207 27 <i>6</i>
ğ.	5-1	•	559,0	021,985	597,207,276
Expenses		essional fundraising fees (Part IX, column (A), line 11e)			
ង		fundraising expenses (Part IX, column (D), line 25) • 1,364,047	380	765 453	400 536 337
		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) l expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		765,452 178,150	409,536,237 1,007,011,432
		nue less expenses Subtract line 18 from line 12		774,785	71,221,480
ው ው			Beginning of (
Net Assets or Fund Balances			Year		End of Year
Ass Ba		lassets (Part X, line 16)		702,504	1,326,505,378
<u> </u>		l liabilities (Part X, line 26)		754,390	765,877,368
		assets or fund balances Subtract line 21 from line 20	506,9	948,114	560,628,010
Under knowl knowl	penalties of edge and bel edge.	nature Block perjury, I declare that I have examined this return, including accompanying sch ief, it is true, correct, and complete. Declaration of preparer (other than officer) mature of officer		formation of	
Sign	P IL ⊤h	omas Marchozzı VP & CFO			
_		ne or print name and title			
_		pe or print name and title			
Here ———————————————————————————————————	Prepa signat	er's Chad D Franks Date Cheep Chad D Franks	lf (se	parer's taxpayo e instructions) 1071312	er identification number
Here Paid Prepa	Prepa signat arer's Firm's	er's Chad D Franks Date Ch	lf- nployed ▶ ☐ (se POt	e instructions)	
Here Paid	Prepa signat arer's Firm's if self-	er's Chad D Franks Chad D Franks name (or yours L Ernst & Young US LLP	If- nployed P01 EIN	e instructions) 1071312	6

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Part III **Statement of Program Service Accomplishments**

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

Briefly describe the organization's mission

4a

4b

(Code

) (Expenses \$

To offer comprehensive services in an environment where innovation and teaching are integral to care, where we are proud to serve all, where meeting the challenge of complex medical needs is viewed as a defining competency, and where quality and safety of care are a constant

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

 $\hbox{Did the organization cease conducting, or make significant changes in how it conducts, any program \\$

services? ┌ Yes ┌ No If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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

127,692,741) (Revenue \$) (Expenses \$ including grants of \$

At the completion of fiscal year 2012 (FY2012), there were 68 medical staff members in Hartford Hospital's Division of Cardiology. The staffing was comprised of 14 full-time hospital-employed faculty cardiologists, 47 private practice cardiologists, 7 full-time employed hospitalists and 4 doctoral-level researchers. The Cardiology division members published 44 publications in peer-reviewed journals in 2012. Total cardiology full-time equivalent employees including patient care units for 2012. was 360 Medical Cardiology Non-ICU units had 4,714 discharges Cardiac Surgery Non-ICU units had 1,049 discharges Medical Cardiology patient days were 20,218 Cardiac Surgery patient days were 7,783 Medical Cardiology ICU discharges were 1,264 with 4,182 days, Cardiac Surgery ICU discharges were 1,172 with 5,397 days DIVISION OF CARDIOLOGY PATIENT CARE ACTIVITIESCArdiac Catheterization Laboratory For FY2012, there were 3,841 total cases 3,339 Coronary and 502 Peripheral Of the Coronary procedures, 2,135 were Diagnostic and 1,204 Interventional There was a 5% decrease in Angioplasties, 2% increase in Cardiac Diagnostic Studies and 2% increase in Peripheral studies. 89 Percutaneous Coronary Interventions (PCI) were done on an Outpatient basis, up from 22 in FY2011 Peripheral Volume included the following 502 total cases, 164 diagnostic, 338 interventional. The PCI length of stay (LOS) was 2.57 days, lower than the ACC NCDR average (2 92 days) The 'Emergent' case status for PCIs at Hartford Hospital was 23 8% compared to 15 6% for similar hospitals. In addition, 20% of all PCIs were STEMIs compared to 14% at similar-sized hospitals (source Q1, 2012 ACC NCDR Report) Median time to PCI from STEMI was 51 5 minutes which is near the 90th percentile for all hospitals. The 50th percentile was 60 4 minutes (source Q1, 2012 ACC NCDR Report) 22% of our patients were direct transfers and 23% came in through the Hartford Hospital Emergency Room 50% of all cardiac lab cases were Elective, 39% Urgent and 11% Emergent. This was a slight increase in Electives from previous year (44%) There was a threefold increase in Structural Heart Interventions, 19 in FY11 vs 56 in FY12 There were 23 Valvuloplasties, 19 Trans Aortic Valve Replacements (TAVR) and 14 Ventricular Assist devices Cardiac Electrophysiology Laboratory For FY2012, there were a total of 1,183 cases performed There were 758 patient visits There were 215 cardiac ablations 290 implantable cardioverter defibrillator (ICD) cases were performed Of these, 12% were ICD generator changes, 21% were biventricular ICD generator changes, 31% were initial biventricular ICD implants, and 36% were initial single or dual chamber ICD implants 247 pacemaker (PM) cases were performed, a 113% increase from FY2011. Of these, 10% were PM generator changes, 2% were biventricular PM generator changes, 43% were initial biventricular PM implants, and 45% were initial single or dual chamber PM implants 16 laser lead extractions were performed 58 lead cases (other than laser) were performed and 166 Lead/Device explants were preformed Nuclear Cardiology/Exercise Stress Tes Laboratories There was a total 2,351 nuclear cardiology imaging studies performed at Hartford Hospital in FY2012 Cardiac PET represented 97 of the total procedures. Among the satellite nuclear cardiology programs, there were 187 scans performed in Avon, 324 scans performed in Glastonbury, 624 performed at Retreat Avenue, 226 scans performed at Blue Back Square, West Hartford, and 180 performed in Farmington. Overall, FY2012 nuclear cardiology volume for both HH and satellites (including Cardiac PET) totaled 3,892 procedures. The PET decrease is due to a recall of the isotope and decrease in carrier approval and the usage of appropriateness criteria for nuclear cardiology procedures. There were a total of 2,686 stress tests performed at Hartford Hospital in FY2012. Of these procedures, 420 were standard ETT (Increased 16% from FY2011), 2,254 were combined with perfusion imaging (increased 8% from FY2011) and 72 were with Cardiac PET (decrease due to product recall) Echocardiography. In FY2012, the Hartford Hospital Echocardiography Lab performed 9,700 transthoracic studies, 659 transesophageal echocardiographic studies, and 184 stress echocardiograms. Full-time sonographer staff has increased from 7 to 8. Approximately 47% of transthoracic studies were performed at the bedside, similar to the previous year. The Echocardiography laboratory has been an instrumental part of the Transcatheter Aortic Valve Implantation procedure that was implemented as a collaborative process at Hartford Hospital this year Cardiac Surgery FY2012 proved to be a great year in Cardiac Surgery Hartford Hospital successfully recruited Dr. Robert Hagberg from Beth Israel Deaconess Medical Center/Harvard Medical School in Boston as Chief of Cardiac Surgery Cardiac Surgery clinical statistics include 714 cases in FY2012, 371 CABG-only cases, 98 CABG/Valve, 185 Valves and 59 other procedures. There was a slight decrease in CABG surgeries but a compensatory increase in Valve surgeries 43% of all CABG only surgeries were off pump, a 3% decrease The National rate of Off-Pump CAB is 18% For Isolated CABG surgeries, our Deep Sternal Wound Infection rate remains at 0% for the second year This had previously been at 1 8% Hartford Hospital was in the top 5% in the United States for CAB and CAB/Valve volume and top 10% for Valves (Source Fall 2011 report) Our CABG mortality was 1 9% and our risk adjusted Observed to Expected Mortality ratio continues to be favorable 14 Heart Transplants were done at Hartford Hospital in FY2012 Advanced Heart Failure and Transplant Center The Center for Advanced Heart Failure's Infusion Clinic continues to provide successful outpatient therapy for decompensated heart failure patients thereby reducing length of stay, preventing re-admission and allowing patients to stay in the comfort of their own home. Outpatient Intravenous Diuretic Therapy continues to be a major draw for new referrals. It has been highly effective in stabilizing patients with acute heart failure syndrome. During FY2012, a total of 130 new patients were seen, and a total of 1,480 infusions were performed (200 more than 2011) At the same time, the number of new patients seen in the infusion center has increased by 100% compared to 2009. In addition, a number of heart failure (re)admissions to the hospital were prevented due to a new program, the Emergency Department Heart Failure Infusion Center (EDHFIC) Program, initiated by Dr Jason Gluck and the Emergency Department. Patients with heart failure are screened, and if they meet criteria they are assessed for treatment in the Infusion. Center rather than being admitted. This has provided better patient care as well as decreased (re)admissions for the heart failure population The Mechanical Circulatory Support ("VAD") The VAD program has shown excellent quality of life and functional capacity for end-stage HF patients. It has provided continuous growth over the past year with a total of 25 VAD implanted this year (21 HMII, 13Impella, 4 Tandem) The destination VAD Program has shown top 10% outcome in the country with the lowest infection rate (2%) and lowest incidence of right sided failure (0.5%). The DT Program is a significant milestone in the therapy for advanced heart failure and has the potential for further future growth considering the many end-stage HF patients that are not eligible for heart transplantation. Heart Transplant Program (HHTP) In FY2012, the Hartford Hospital Heart Transplant Program (HHHTP) performed 14 orthotopic heart transplants with a one year survival rate over 90% A new protocol for HIV was adopted by the Transplant Program, and the first HIV patient was transplanted in CT. More than 150 previously transplanted heart patients are followed by the Hartford Hospital Transplant team Preventive Cardiology Preventive Cardiology includes cholesterol management, LDL-apheresis, cardiovascular sports medicine consultation, counseling/stress management, smoking cessation and cardiac rehabilitation. LDL Apheresis was relocated to the Cardiology Department and serves patients from Connecticut and Western Massachusetts, has doubled in size over the last few years and is one of the largest programs in the country. Cardiac Rehabilitation continued to expand with an automatic referral system for patients being discharged with cardiac diagnoses There were over 14,000 Cardiac Rehabilitation visits at the four sites Hartford, Glastonbury, Avon and West Hartford In September 2012, the Avon and West Hartford sites relocated and services consolidated to a new site in Farmington. The smoking cessation program continues to provide services to both patients and employees

The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. The IOL's achievements in 2012 must be considered in the context of

including grants of \$

) (Revenue \$

57,907,611)

69,555,870

the continuing overall failure of the mental health system(s) in America to meet the needs of our mentally ill In last year's report it was noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that in 2011 less the 40% of individuals experiencing a mental illness received treatment and less than 60% of those with a severe mental illness received any psychiatric services. Very little has changed since then. The IOL's most significant access/quality initiative this year has been the "Purple Pod Initiative," a multispecialty, multidisciplinary effort to plan for an expansion of psychiatric services in the Emergency Department. This includes a physical renovation of the Purple Pod space as well as enhancements to staffing, leadership and process improvements which will continue through 2013 At the same time, planning for implementation of a proactive model for consultation/liaison services (the Behavioral Intervention Team or BIT model) proceeded with several grant applications being made. Our multi-year "culture change" program this year focused on the completion of comfort rooms on all our inpatient units, the implementation of a sensory/comfort plan for all adult and generative patients and continued reductions in the use of seclusion and restraint. We continued our focus on suicide assessment/prevention as national suicide rates continued to rise (10% increase from 2000 to 2010). The IOL's residency programs continued to thrive with an outstanding class of new residents in both our general adult and child and adolescent residencies. Our research programs had an excellent year as well with over \$7 million in new grants awarded and 101 publications generated As we enter 2013 we look forward to the many challenges that will face our system of care and we anticipate and accommodate to the needs of health care reform Statistical Data Total discharges for the year were 4,115. The number of adult day treatments was 13,688. The IOL treated 2,039 patients for eating disorder and 3,996 for Schizophrenia rehabilitation. A total of 2,235 patients received Geriatric day treatment, 4,334 received professional day treatment, 6,481 received Child/Adolescent day treatment and 2,778 went through the DBT program. The average length of stay was 9.3 days and the average daily census was 104.6. Hartford residents accounted for 34% of admissions were guided by the IOL's internal goals for 2012 Highlights included a focus on significant growth in the Young Adult Program which received a \$350,000 grant to establish a clinic to complement its partial hospitalization and IOP programs. Other program highlights for this year included. Assessment Center. Clinicians evaluated 6,460 patients in the Hartford Hospital Emergency. Department (10% increase over 2011), 2,294 children in the Connecticut Children's Medical Center Emergency. Department and averaged 4,200 telephone interventions per month Adult Ambulatory Services Provided over 73,000 services in eight specialty programs including Adult Day Treatment, Addiction Recovery Service, Dialectical Behavior Therapy, Eating Disorders, Geriatric Day Treatment, Professionals Program (including Professionals Addiction Recovery Service), Schizophrenia Rehabilitation Program and the Young Adult Program Inpatient Services Total discharges were 4,115 from three adult units, one genatric unit, one child unit, one adolescent unit and one child/adolescent unit (CARES) Child/Adolescent Division Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent "Practice" and the Webb Schools (Hartford and Cheshire) The Webb Schools opened the Transitional Learning Academy at the beginning of the year and saw enrollment grow by 25% over the year Geriatric Division Remained very active with inpatient, day hospital, outpatient and nursing home components. Electroconvulsive therapy utilization remains high Consultation/Liaison Service and Emergency Department. Utilization continues to grow. Major focus was the Purple Pod Initiative Quality and Performance. Measures The Institute of Living's Executive Quality Management Committee continues to oversee quality initiatives and activities. The committee collects and analyzes data to assess quality and safety outcomes of patient care. Results of performance indicators are reported annually to the Hartford Hospital Quality. Council Highlights of this year's quality initiatives include suicide prevention and assessment, reduction in the use of seclusion and restraint, and fall prevention Other quality/safety initiatives included the continued focus on our computerized clinical "alert" system, corporate compliance, and environment of care. Another important initiative implemented this year was "Hospital-Based Inpatient Psychiatric Services Core Measures Set," better known as HBIPS. HBIPS consists of 7 core measures which focus on critical issues that affect the course of an individual's psychiatric hospitalization - from the moment they enter the facility through discharge. The measures are evidence-based and have a direct impact on the quality of care received Research, Training and Education Research. The research enterprise at The Institute of Living is organized in four specialized centers. The Olin Neuropsychiatry Research Center, directed by Godfrey Pearlson, M.D., focuses on studies of the major psychiatric disorders using brain imaging and electrophysiological techniques along with genetic analysis. The Anxiety Disorders Centei directed by David Tolin, Ph D, researches treatments for Obsessive-Compulsive Disorder (OCD), Panic Disorder, Compulsive Horaciding and other disorders on the anxiety spectrum. The Braceland Center for Mental Health and Aging (Karen Blank, M D, Director) addresses issues related to memory in normal aging and in individuals with Alzheimer's Disease or other dementing processes. Finally, the Burlingame Center for Psychiatric Research and Education, directed by John Goethe, M D, focuses on outcomes and best practices research as well as pharmacogenetics, metabolic syndrome and treatment resistant mood disorders Our research. centers continued to perform well in competitive funding with a total of \$7.7 million awarded to IOL researchers. The success of our research enterprise can be measured through grants awarded, the dissemination of important findings and the synergy between our research efforts and our training and clinical programs. IOL researchers and scholars published 101 articles, book chapters, and books, made 82 presentations, and received numerous awards and honors over the course of the year. Training. The IOL's three psychiatry residency programs are complemented by psychology internship and post-doctoral programs as well as training opportunities in psychiatric social work, nursing and occupational/vocational therapies. Our training programs remain extremely competitive Continuing Education. The Institute's Continuing Medical Education program is to support the hospital's quality care goals by promoting continuous improvement in clinical practice through education. The Institute has received the "Excellence in CME Award" from the CT State Medical Society in each of the last 14 years.

IMAGING CENTER AT HARTFORD HOSPITALThere are currently 186 full time employees in the Radiology Department General radiology's procedures increased from 36,747 to 38,326 which was a 3 7% increase from prior year MRI procedures increased from 9,893 to 10,708 which was a 6 5% increase CT procedures increased

26,095,866

from 41,322 to 41,915 which was a 0.7% increase Fluoroscopy volume was increased by 8.0%. This change represented an additional 401 procedures when compared to prior year. Nuclear Medicine nationally has continued to decrease. Our decrease was 3.4%. Our Outpatient PET volume has increased by 11.5% and our inpatient volume has decreased by 8.4%. ED imaging increased from 43,916 in FY 11 to 45,775 which was a 4.23% increase. Ultrasound volume was increased by 3.1% from 12,805 to 13,204. This increase in volume was partially due to an increase in breast biopsies and breast ultrasound exams. Mammography showed a decrease of 2 1% which was due to the Mobile Mammography service not being operational. The Department had a five hundred thousand dollar donation which facilitated the purchase of a coach and a Hologic Digital mammography unit. The coach was delivered in February and had its first site visit April 17, 2012. We have performed over eight hundred mammograms since April OR imaging showed growth which was more outpatients than inpatients. The increase was 4.6%, representing 387 more procedures Interventional Radiology patients were increased by 3.9%. Interventional Neuroradiology volume was increased by 12.8%. Diagnostic procedures increased by 9.5% while therapeutic cases increased by 18.5%. On April 4, 2012, Drs. Gary Spiegel, Martin Ollenschleger and Stephan Ohki were the first in New England to use the Solitaire FR stent for a stroke procedure which successfully removed the clot in half the time of previous devices. INR and IR combined had an increase in volume by 4.7%. The Department also initiated 24/7 in-house radiology coverage, renovated the Mammography Reading Room and started installation of a new Fluoroscopy Suite. In addition, the Department created an Associate-Chief position for supporting service-line development and institute initiatives as well as initiated the Next Accreditation System (NAS) for the radiology residency program compliant with early adaptors of the American College of Graduate Medical Education's (ACGME) new system for residency review and accreditation 2012 HighlightsNuclear Medicine. Volumes for OR Sentinel lymph node scans have stayed the same. The OR purchased 2 new Neo probes which now allow for better scheduling of patients for surgery. Inpatients PET scans decreased by 17% while outpatient PET scans increased by 8%. I-131 therapies increased by 187%, volume changed from 8 per year to 23. Pre and Post Sirt. Spheres scans have increased by 41%. CT Section CT has been approved to replace the QxI eight slice scanner for a high-end scanner to improve our ability to build our cardiac CTA program. CT is an integral part of the new TAVR program which is an innovative procedure that replaces diseased heart valves non-invasively. Cardiac CTAs are now available for ED patients. The department aspires to build this program which will make an impact on chest pain turnarounds. CT has purchased a microwave ablation unit which reduces ablation time in half when compared to cryoablations IR Section The department treated its 200th mechanical stroke patient this past summer. We installed 2 new state of the art Siemens single plane Artisrooms. These have advanced imaging capabilities for Dyna CT scan General Radiography Quality images and efficiency greatly enhanced with the replacement of 4 analog rooms and 3 portable units to digital radiography as well as 4 ED traumas rooms. Overall, the department is very close to being fully digital in general radiography Teaching, Research and EducationThe Radiology. Residency currently trains twenty residents. This year's graduating class had a 100% pass rate on the national board examination. The program graduates went on to fellowship training programs at some of the premier national programs. The residents broadly participated in research and department quality and safety programs Additionally, the radiology training program converted to a more extensive and detailed system for tracking of teaching, attending engagement, resident learning and department-wide participation in scholarly activities called the Next Accreditation System (NAS) Dr. Michael O'Loughlin, associate - Chief of Education and Research, leads the residency program. The (NAS) was initiated this year and will carry forward into 2013 People and StaffingConduct quarterly radiologist lead in-service training for technologist and mid-level staff Establish recurring "town hall" meetings between radiology physician leadership and staff Create check-list pathway for new staff to demonstrate core equipment competencies Recruit Radiologist with Extra-mural research funding (e.g. K-grant or RO1) and support with academic time

including grants of \$

Founded in 1854, Hartford Hospital is one of the largest teaching hospitals and tertiary care centers in New England and has a robust clinical research program. It is

including grants of \$

652,662,351

an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Enfield, Glastonbury, Newington, West Hartford, Wethersfield and Windsor Hartford Hospital has New England's second-busiest surgical practice, after Massachusetts General. It is ranked among the top 10 centers in the country for experience in robotic surgery and performs more minimally invasive surgery than any hospital in the region. The hospital owns and operates LIFE STAR, the state's only critical-care air transport system, and is Hartford's only Level I trauma center Hartford Hospital is committed to promoting and sustaining the health and well-being of the people in our community. We treat the members of our community like family, providing our world-class clinical care to everyone, regardless of their ability to pay. According to the Office of Health Care Access 2012 Annual Report, Hartford Hospital is the second-largest provider of Medical services in the state Assessing Community Health NeedsThe Hospital collaborates with numerous partners in an ongoing effort to identify the health needs of our community. In 2012, we completed a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and Medical Center. The University of Connecticut Health Center and Connecticut Children's Medical Center. We are using the findings from this Francis Hospital and Medical Center, the University of Connecticut Health Center and Connecticut Children's Medical Center. We are using the findings from this newest study to be sure our programs continue to respond to the community's health needs A Community Health Needs Assessment will be conducted every three year as required by law. Charity Care and Financial Assistance The Hospital provides free and low-cost care that respects the dignity of each patient. We offer prompt Medicaid eligibility assessments and financial assistance reviews. Financial assistance brochures are available on-site and online in both English and Spanish. Our Patient Access and Financial Assistance team has bilingual staff members who assist patients who speak Spanish, Portuguese, French, Italian and Russian Hartford Hospital's interpreter line provides assistance with other languages, so that we can continue to meet the needs of our diverse population. Financial assistance coordinators are available in the hospital, in our Emergency Department and at our outpatient locations. When necessary, we work with patients to develop payment plans Hartford Hospital improves community health in many ways PartnershipsWe partner with numerous community-based organizations to advance our shared goals, stimulate economic development, and improve both the health and quality of life of our neighbors Support GroupsIndividuals and families can obtain support and education from our more than 30 support groups Outpatient ClinicsWe operate several low- or no-cost outpatient clinics to provide the poorest among us with high-quality health care. In 2011, those clinics had more than 73,000 patient visits Community OutreachWe regularly bring health education and screenings out into the community through health fairs, lectures and special events. We particularly reach out to those who are uninsured or undernsured ContributionsWe provide financial and in-kind contributions to nonprofit organizations that serve the community Health Professions EducationHartford Hospital contributes to the long-term health of our community by educating hundreds of physicians, nurses and other health care professionals every year. Since many remain to practice in the area, we help ensure that there will be enough qualified health professionals to meet the community's growing needs Cancer. OutreachHartford Hospital is a national leader in providing expert, state-of-the-art cancer care. We bring that expertise to the community through.* based screenings for prostate and colorectal cancer* Mobile mammography* The Partnership for Breast Care, a comprehensive center that coordinates prompt evaluation and treatment of breast problemsEmergency ServicesFrom minor injuries to large-scale catastrophes, Hartford Hospital is the region's leading resource in an emergency * Our Emergency Department had approximately 100,000 visits in 2012 * We are the area's only Level I Trauma Center * We operate LIFE STAR, the state's only critical care helicopter transport system LIFE STAR transports emergency/critical care patients to tertiary care centers in a 150-mile radius, transporting approximately 1,100 patients annually * We are the state-designated Center of Excellence for Bioterrorism and Emergency Preparedness, responsible for planning and coordinating emergency response throughout north-central and eastern Connecticut Research projects, expending a total of \$12,844,741. Our research helps expand the medical community's knowledge and gives our patients access to

benefit research projects, expending a total of \$12,844,741 Our research helps expand the medical community's knowledge and gives our patients access to

876,006,828

4d Other program services (Describe in Schedule O) 652,662,351 including grants of \$ (Expenses \$

Total program service expenses►\$

leading-edge treatments

4e

267,919) (Revenue \$

267,919) (Revenue \$

689,624,435)

art TV	Check	list 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,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
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 \blacksquare	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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	26		No
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	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
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	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	38	Yes	
		F	orm 990	(2011)

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
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 824			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
la	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			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BD			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	£h.		
	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
A -		1.4-		NI -
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	THE YOUR DISCUSTING A ROOM A VILLA CONOCT TRACK ROUMANTS I IT "NO " PROVIDE ON AVAISABLES IN CARACULA ()		_	

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

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

Se	ection A. Governing Body and Management				
				Yes	No
_		ı			
1a	Enter the number of voting members of the governing body at the end of the tax year	14			
b	Enter the number of voting members included in line 1a, above, who are independent	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compan		3		No
4	Did the organization make any significant changes to its governing documents since the particle.	•	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	ation's assets?	5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to more members of the governing body?	elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by)		7b	Yes	
8	or persons other than the governing body?	ndertaken during the			
	year by the following			.,	
a	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who corganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo
	ection B. Policies (This Section B requests information about policies not requ	ired by the Internal			
Re	venue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	140
	If "Yes," did the organization have written policies and procedures governing the activities	s of such chapters	100	103	
_	affiliates, and branches to ensure their operations are consistent with the organization's epurposes?		10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its gov the form?	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interise to conflicts?	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the pin Schedule O how this was done	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?		13	Yes	
14	Did the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review as independent persons, comparability data, and contemporaneous substantiation of the deli			100	
а	The organization's CEO, Executive Director, or top management official	beration and decision.	15a	Yes	
	Other officers or key employees of the organization		15b	Yes	
	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 sint taxable entity during the year?	ıılar arrangement with a	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take step	s to safeguard the			
	organization's exempt status with respect to such arrangements?		16b	Yes	
	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ►NH				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 (3)s only) available for public inspection. Indicate how you made these available. Check a				

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Carol Wardell

80 Seymour Street

Hartford, CT 061025037

(860)696-6200

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

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, and **current** key employees 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, or 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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for related organization) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for the director/trustee)	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (describe hours	more unles an	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				Rep comp fro organi:	(D) portable pensation om the zation (W- 29-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related		
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Misch		organiza	
See Additional Data Table											+		
											\dagger		
											\perp		
											1		
											4		
											+		
						-					+		
											+		
											+		
											+		
1b Sub-Total				٠.	٠.		<u> </u>						
c Total from continuation sheet				•	•		▶		24,890,501		0		3,043,317
d Total (add lines 1b and 1c) . 2 Total number of individuals (in \$100,000 of reportable compe	cluding but not lir	nıted to	thos	e lıs	ted			receive		n	<u> </u>		3,043,317
												Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					-			r highes	· · · · · · · · · · · · · · · · · · ·	ated employee	3	Yes	
For any individual listed on line organization and related organ individual											4	Yes	
5 Did any person listed on line 1 services rendered to the organ						•			ganızatıon d	or individual for	5	165	No
Section B. Independent Co	ntractors												
Complete this table for your five \$100,000 of compensation from the organization's tax	ve highest comper om the organizatio												
-	(A) ame and business ad	dress							Desci	(B)		(C Comper	
University of Connecticut Health Center 263 Farmington Avenue Farmington, CT 06030										dents and Medical			,955,318
FIP Construction Inc 10 McKee Place Cheshire, CT 06410									Construction			13	,716,862
Allscripts Healthcare LLC 24630 Network Place Chicago, IL 60673									Software Sup	pport Services		5	5,687,720
Connecticut Multipsecialty Group PC 85 Seymour Street Hartford, CT 06106									Medical Serv	ices		3	3,360,028
Air Methods Corporation			_			_			Aviation Sen			3	033 524

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►180

Form **990** (2011)

Form 99								Page S
Part	/!!!	Statement of	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ £	1a	Federated cam	paigns 1a					
죮	ь	Membership di	ıes 1b					
% E	c	Fundraising ev	ents 1c	1,399,677				
無無	d	Related organi	zations 1d	258,694				
يَّ £`ي	e	Government grant	es (contributions) 1e	37,651,504				
Contributions, gifts, grants and other similar amounts	f	All other contributi	ons, gifts, grants, and 1f	11,153,176				
(원 전	g	Noncash contr	ibutions included in					
벌		lines 1a-1f \$ _	,552,646					
ှင် မ	h	Total. Add line	s 1 a - 1 f	▶	50,463,051			
				Business Code				
Program Service Revenue	2a	Patient Care		624100	987,703,326	987,703,326		
E E	ь	Ref Testing & Fee	es	621500	4,446,589	3,017,906	1,428,683	
- S	c	Free Bed Income		621400	1,896,181	1,896,181		
Š.	d	Sale of By Product	TS .	900099	185,895	185,895		
ج د	e	Library		541700	2,356		2,356	
je al	f	All other progra	am service revenue					
Š	l _	Takal Addina	- 2- 26		004 224 247			
	g 3		s 2a-2f		994,234,347			
			ar amounts)		11,109,226			11,109,22
	4		stment of tax-exempt bond					
	5	Royalties .		▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross rents	2,881,923					
	Ь	Less rental expenses	0					
	c	Rental income or (loss)	2,881,923					
	d	, ,	me or (loss)		2,881,923			2,881,92
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	90,344,348	21,350				
	b	Less cost or other basis and sales expenses	79,493,827	70,719				
	c	Gain or (loss)	10,850,521	-49,369				
	d	Net gain or (los	ss)		10,801,152			10,801,15
Other Revenue	8a	events (not inc \$1,399 of contributions						
ř F	1		а	244,080				
the	b		penses b	374,950				
0	C		(loss) from fundraising	events 🛌	-130,870			-130,870
	9a		from gaming activities ne 19 a					
	b		penses b					
	C		(loss) from gamıng actı	ivities				
	10a	Gross sales of returns and all						
	Ь		oods sold b					
	С		(loss) from sales of inv					
	-	Miscellaneou		Business Code 900003	5 406 574	E 111 227	205 247	
	11a	Inc From Inv -			5,406,574	5,111,227	295,347	2 467 50
	Ь	Cafeteria Inco	me	722210	3,467,509			3,467,50
	C .							
	d		ue					
	12		s 11a-11d	▶	8,874,083			
	12	iocai revenue.	See Instructions .	· · ·	1,078,232,912	997,914,535	1,726,386	28,128,940

Part IX Statement of Functional Expenses

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

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

	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States $$ See Part IV , line 21 $$	192,919	192,919		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	75,000	75,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	20,013,814	15,028,872	4,984,942	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	2,895,934	497,533	2,398,401	
7	Other salaries and wages	416,702,278	376,828,878	38,783,248	1,090,152
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	58,353,885	47,402,194	10,951,691	
9	Other employee benefits	67,415,785	54,747,078	12,668,707	
10	Payroll taxes	31,825,580	26,365,193	5,460,387	
11	Fees for services (non-employees)				
а	Management				
b	Legal	950,137		950,137	
c	Accounting	643,414		643,414	
d	Lobbying	145,237		145,237	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,769,212	1,062,290	706,922	
g	Other	58,537,034	52,849,188	5,687,846	
12	Advertising and promotion	5,492,938	55,000	5,437,938	
13	Office expenses	14,539,615	14,422,951		116,664
14	Information technology	1,060,462	217,874	806,276	36,312
15	Royalties				
16	Occupancy	25,237,380	20,905,775	4,331,605	
17	Travel	1,744,304	1,525,096	217,004	2,204
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	178,651	66,290	112,361	
20	Interest	4,517,043	3,480,302	1,036,741	
21	Payments to affiliates	8,519,221	4,259,611	4,259,610	
22	Depreciation, depletion, and amortization	47,345,574	33,116,143	14,213,417	16,014
23	Insurance	14,459,859	11,978,117	2,481,742	
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)				
а	Medical Supplies	134,369,312	134,369,312		
b	Purchased Services	38,895,508	30,735,614	8,064,657	95,237
c	Bad Debt	22,658,424	22,645,968	12,456	
d	Equipment & Ppty Maint	14,851,334	12,641,704	2,209,630	
е					
f	All other expenses	13,621,578	10,537,926	3,076,188	7,464
25	Total functional expenses. Add lines 1 through 24f	1,007,011,432	876,006,828	129,640,557	1,364,047
26	Joint costs. Check here ► ☐ 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				rm 990 (2011)

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			37,959,740	1	67,549,972		
	2	Savings and temporary cash investments		90,183,767	2	53,372,534			
	3	Pledges and grants receivable, net			5,069,321	3	6,555,214		
	4	Accounts receivable, net		136,565,342	4	175,777,067			
	5	highest compensated employees Complete Part II of	·						
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ Complete Part II		(f)(1)) and					
S		Schedule L				6			
Assets	7	Notes and loans receivable, net		•		7			
28	8	Inventories for sale or use			11,054,903	8	11,444,006		
-	9	Prepaid expenses and deferred charges			10,161,480	9	8,182,321		
	10a	Land, buildings, and equipment cost or other basis $\it Complete$ $\it Part VI \ of \ Schedule \ D$	10a	016,532,749					
	Ь	Less accumulated depreciation	10b	653,919,912	319,493,675	10 c	362,612,837		
	11	Investments—publicly traded securities		329,477,915	11	387,217,959			
	12	Investments—other securities See Part IV, line 11		114,096,152	12	128,093,912			
	13	Investments—program-related See Part IV, line 11		55,670,129	13	67,518,507			
	14	Intangible assets			25,811,034	14	25,811,034		
	15	Other assets See Part IV, line 11			31,159,046	15	32,370,015		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,166,702,504	16	1,326,505,378		
	17	Accounts payable and accrued expenses .			120,841,013	17	169,073,583		
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities							
10	21	Escrow or custodial account liability Complete Part IV of Sched	fule D			21			
iabilities	22	Payables to current and former officers, directors, trustees, keemployees, highest compensated employees, and disqualified	•						
æ		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third partic	es			23			
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part D			538,913,377	25	596,803,785		
	26	Total liabilities. Add lines 17 through 25			659,754,390	26	765,877,368		
<u> </u>	20	Organizations that follow SFAS 117, check here ▶ 🔽 and con	mplete lines 27	,	333,131,333	20	1 00,011,000		
Balance		through 29, and lines 33 and 34.			240 455 400	_	250 000 400		
<u>8</u>	27	Unrestricted net assets		240,155,196	-	259,069,182			
ă	28	Temporarily restricted net assets		85,467,133		105,046,304			
Fund	29	Permanently restricted net assets		181,325,785	29	196,512,524			
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ lines 30 through 34.	and complete						
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other	funds			32			
Ř	33	Total net assets or fund balances			506,948,114	33	560,628,010		
-	34	Total liabilities and net assets/fund balances			1,166,702,504	34	1,326,505,378		

Ра	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		1,078,2	232,91
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,007,0	
3	Revenue less expenses Subtract line 2 from line 1	3		71,2	221,48
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		506,9	948,11
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-17,5	541,58
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		560,6	528,01
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	·	20	res	
u	on a separate basis, consolidated basis, or both	issueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 652,662,351 including grants of \$ 267,919) (Revenue \$ 689,624,435)

Founded in 1854, Hartford Hospital is one of the largest teaching hospitals and tertiary care centers in New England and has a robust clinical research program. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Enfield, Glastophury, Newington, West Hartford, Wethersfield and Windson Hartford Hospital has New England's second-huspest.

clinical research program. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Enfield, Glastonbury, Newington, West Hartford, Wethersfield and Windsor Hartford Hospital has New England's second-busiest surgical practice, after Massachusetts General It is ranked among the top 10 centers in the country for experience in robotic surgery and performs more minimally invasive surgery than any hospital in the region. The hospital owns and operates LIFE STAR, the state's only critical-care air transport system, and is Hartford's only Level I trauma center Hartford Hospital is committed to promoting and sustaining the health and well-being of the people in our community. We treat the members of our community like family, providing our world-class clinical care to everyone, regardless of their ability to pay. According to the Office of Health Care Access 2012 Annual Report, Hartford Hospital is the second-largest provider of Medicaid services in the state Assessing Community Health NeedsThe Hospital collaborates with numerous partners in an ongoing effort to identify the health needs of our community. In 2012, we completed a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and Medical Center, the University of Connecticut Health Center and Connecticut Children's Medical Center. We are using the findings from this newest study to be sure our programs continue to respond to the community's health needs A Community Health Needs Assessment will be conducted every three year as required by law Charity Care and Financial AssistanceThe Hospital provides free and low-cost care that respects the dignity of each patient. We offer prompt Medicaid eligibility assessments and financial assistance reviews. Financial assistance brochures are available on-site and online in both English and Spanish. Our Patient Access and Financial Assistance team has bilingual staff members who assist patients who speak Spanish, Portuguese, French, Italian and Russian Hartford Hospital's interpreter line provides assistance with other languages, so that we can continue to meet the needs of our diverse population. Financial assistance coordinators are available in the hospital, in our Emergency Department and at our outpatient locations. When necessary, we work with patients to develop payment plans Hartford Hospital improves community health in many ways PartnershipsWe partner with numerous communitybased organizations to advance our shared goals, stimulate economic development, and improve both the health and guality of life of our neighbors Support GroupsIndividuals and families can obtain support and education from our more than 30 support groups Outpatient ClinicsWe operate several low- or no-cost outpatient clinics to provide the poorest among us with high-quality health care. In 2011, those clinics had more than 73,000 patient visits Community OutreachWe regularly bring health education and screenings out into the community through health fairs, lectures and special events. We particularly reach out to those who are uninsured or underinsured ContributionsWe provide financial and in-kind contributions to nonprofit organizations that serve the community Health Professions EducationHartford Hospital contributes to the long-term health of our community by educating hundreds of physicians, nurses and other health care professionals every year. Since many remain to practice in the area, we help ensure that there will be enough qualified. health professionals to meet the community's growing needs Cancer OutreachHartford Hospital is a national leader in providing expert, state-of-the-art cancer care We bring that expertise to the community through * Community-based screenings for prostate and colorectal cancer* Mobile mammography* The Partnership for Breast Care, a comprehensive center that coordinates prompt evaluation and treatment of breast problemsEmergency ServicesFrom minor injuries to large-scale catastrophes, Hartford Hospital is the region's leading resource in an emergency * Our Emergency Department had approximately 100,000 visits in 2012 * We are the area's only Level I Trauma Center * We operate LIFE STAR, the state's only critical care helicopter transport system LIFE STAR transports emergency/critical care patients to tertiary care centers in a 150-mile radius, transporting approximately 1,100 patients annually * We are the state-designated Center of Excellence for Bioterrorism and Emergency Preparedness, responsible for planning and coordinating emergency response throughout north-central and eastern Connecticut ResearchIn 2012, we supported approximately 250 community benefit research projects, expending a total of \$12,844,741 Our research helps expand the medical community's knowledge and gives our patients access to leading-edge treatments

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and									, ccs,gcst	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	per week	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Jeffrey Flaks President & CEO	35 00	Х		х				964,787	0	67,231
Stacy R Nerenstone Ex-Officio	2 00	Х						0	0	0
Douglas G Elliot Chair of the Board	3 00	Х		х				0	0	0
Greg Deavens Director	2 00	х						0	0	0
Jeffry Nestler MD Ex-Officio	2 00	Х						0	0	0
Andrew L Salner MD Dır , Dır of Cancer Prgm	3 00	Х		х				203,414	0	0
Joseph Henry Dırector	2 00	Х						0	0	0
Gregory M Jones Director	2 00	Х						0	0	0
Roger Klene Dırector	2 00	Х						0	0	0
David R McHale Director	2 00	Х						0	0	0
Jarrod B Post Director	2 00	Х						0	0	0
Magdalena Rodriguez Director	2 00	Х						0	0	0
Westley V Thompson Director	2 0 0	Х						0	0	0
James M Loree Director	2 00	Х						0	0	0
Neil Yeston MD Vice President	40 00			х				568,828	0	78,967
Joseph J Klimek MD Vice President	40 00			x				2,939,783	0	55,124
Harold I Schwartz MD Vice President	40 00			х				574,631	0	175,414
Jamie M Roche MD Vice President	40 00			×				423,252	0	72,583
Thomas J Marchozzı Exec VP & CFO	20 00			х				690,977	0	62,526
Wendy E Elberth Vice President	40 00			x				279,355	0	42,036
Laurine Bow Vice President	40 00			х				201,744	0	59,806
Carol S Garlick Vice President	40 00			х				199,238	0	33,875
Rocco Orlando Senior Vice President	30 00			х				584,734	0	88,633
Bimal Patel Vice President	40 00			х				483,312	0	48,200
Donna Handley Vice President	40 00			х				289,680	0	42,828

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and								,,p.c	,,	
(A) Name and Title	(B) Average hours		(ition that a		/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
James M Blazar Vice President	20 00			х				526,556	0	63,763
Richard G Stys Treasurer & Vice President	20 00			х				405,557	0	49,885
Sonal Shah Vice President	30 00			х				275,361	0	34,805
Yvette Melendez Vice President	35 00			х				270,992	0	41,573
Michele B Bush Esq Vice President	20 00			х				503,415	0	71,722
Karen T Goyette Vice President	40 00			х				247,358	0	38,449
Betsy Boatman Vice President	40 00			х				212,887	0	29,673
Rita Parisi Vice President	20 00			х				313,651	0	58,439
Lenworth Jacobs MD Dir EM Trauma Program	40 00			х				594,476	0	26,252
Cheryl Ficara Vice President	40 00			х				254,857	0	53,435
Tracy A Church Vice President	20 00			х				237,657	0	33,031
Luis Taveras Vice President	20 00			х				336,925	0	34,362
Susan Huntington Deputy General Counsel	40 00			х				323,293	0	29,212
Peter Q Fraser Vice President	40 00			x				106,638	0	15,811
Stuart Markowitz Vice President	40 00			х				100,000	0	0
Orlando C Kırton MD Dır Surgery	40 00				×			592,661	0	84,052
Joel I Sorosky MD Dır Womens' Health	40 00				х			538,627	0	68,378
Paul Thompson MD Dır Cardiology	40 00				х			536,368	0	179,277
Michael Lindberg MD Dir Medicine	40 00				х			360,958	0	71,697
Kevin P Keating MD Dir Surgical Critical Car	40 00				х			393,096	0	71,431
Judith Pepe MD Dir OP Clinical	40 00				х			340,705	0	62,059
Vernon Y Kwok MD Dır Dental Clınıc	40 00				х			228,934	0	20,393
Robert S Dicks MD Dir Geriatrics Medicine	40 00				х			202,146	0	55,151
Alan Laites Dir Jefferson House	40 00				х			204,959	0	10,659
Christopher Clyne MD Dir Electrophysiology	40 00				х			484,698	0	67,512

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	verage Position (check all nours that apply) co			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Karyn L Butler MD Dır Surg Crıtıcal Care	40 00				Х			417,749	0	62,798
Inam Kureshı MD Dır Neurosurgery	40 00				Х			158,421	0	0
Paul W Crespi Dir Managed Care Contract	40 00				Х			413,171	0	63,058
Alan J Smally MD Dir ER Physicians	40 00				х			378,636	0	83,868
Detlef Wencker MD Dır Cardıac Transplant	40 00				Х			374,415	0	57,483
Jonathan A Hammond MD Dır Cardiovascular Surgery	40 00				Х			409,257	0	25,575
Patrıcıa Sheiner MD Dir Transplant	40 00				х			187,033	0	12,724
Jeffrey Kluger MD Dır of Arrhythmıa Center	40 00					Х		486,602	0	27,728
Steven L Zweibel MD Dir Electrophysiology	40 00					Х		486,896	0	42,444
John F Greene Jr MD Co-Dir WAHS	40 00					Х		425,912	0	54,492
Eric Crespo MD Dir Electrophysiology	40 00					Х		381,959	0	37,696
Mark W Sebastian MD Medical Director - Surgery	40 00					Х		495,886	0	54,245
Elliot T Joseph Former-President & CEO	0 00						х	1,651,291	0	175,301
Stephan O'Neill Former - Vice President	0 00						х	338,744	0	60,724
James K Kınsella Former - Vıce Presıdent	0 00						х	221,803	0	80,389
Linda B Spivack Former - Vice President	0 00						х	224,982	0	19,668
Paul S Besson Esq Former - Vice President	0 00						х	346,063	0	12,873
Alfred Herzog MD Former-Vice President	0 00						×	123,702	0	8,716
Gary V Heller MD Former - Director	0 00						×	371,469	0	65,291

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Public Charity Status and Public Support

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

Employer identification number

Hartfo	rd Hos	pıtal										
D-		D	(D-	leli e Cherrita Che	* / A II			.1.4. 46	06-06466			
	rt I			iblic Charity Sta te foundation becaus						istructions		
1			•	ion of churches, or a	•			•	·			
2	,			d in section 170(b)(1				/(- /(- /(- /(- /				
3	<u> </u>			perative hospital se				n 170(b)(1)	(A)(iii).			
4	Ė	A medi	cal researc	h organization opera ity, and state						1)(A)(iii). E	nter the	
5	Г	An org	anızatıon op	erated for the benefi	t of a college	e or universi	ty owned or o	perated by a	government	al unit desc	rıbed ın	
		sect ior	170(b)(1)	(A)(iv). (Complete P	art II)							
6	Γ	A fede	al, state, or	local government o	r government	tal unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gene	eral public	:
8	Γ	A com	munity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Con	nplete Part II	:)				
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contrib	outions, mem	bership fees	s, and gro	ss
		receipt	s from activ	rities related to its e	xempt functi	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than 331,	/3% of	
				oss investment inco						tax) from bu	sınesses	
	_	•	•	ganızatıon after June	•			•	•			
10	<u> </u>			ganized and operate								
11	' _	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Che the box that describes the type of supporting organization and complete lines 11e through 11h a									. Check her	
е	1	other t section	han foundat n 509(a)(2)	ox, I certify that the ion managers and ot	her than one	or more pub	licly support	ed organızat	ions describe	ed in section	1 509(a)(1) or
f			rganızatıon thıs box	received a written d	etermination	from the IR	S that it is a	Type I, Type	e II or Type I	II supportir	ng organiz	zation,
g				2006, has the organ	ızatıon accer	oted any gift	or contributi	on from any	of the			'
_		followir	ng persons?									
				rectly or indirectly o	•		_	persons des	cribed in (ii)		Yes	No
				governing body of th			ation?			11g		├ ──
			-	er of a person descri			hous?			11g(
L				lled entity of a perso						11g(.111)	<u> </u>
h 		PTOVIU	e the followi	ng information about	the support	eu organizat	1011(5)					
S	uppo	(iii) Type of organization me of ported EIN Is the organization in col (i) listed in your governing or IRC section (see		organizati col (i) of	(v) Did you notify the organization in col (i) of your support?		e Ion In anized S ?	A mo	/ii) unt of port?			
				ınstructions))	Yes	No	Yes	No	Yes	No		
											<u> </u>	
											1	
			1	I	1			1			1	

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493217009643

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

- Se	ction 527 organizations Complete	e Part I-A only				
fth	e organization answered "Ye	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, P	art VI, line 47 (Lobb	ying /	Activities), then
Se	ction 501(c)(3) organizations that	t have filed Form 5768 (election under	section 501(h)) (Complete Part II-A Do r	not co	mplete Part II-B
	` ,` ,	t have NOT filed Form 5768 (election u		. ,,		•
	-	s," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or For	m 990-EZ, line 35c (F	roxy	Tax), then
	ction 501(c)(4), (5), or (6) organi	zations Complete Part III		1		
	me of the organization tford Hospital			Employe	riden	itification number
	<u> </u>			06-0646	6668	
ar	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section	527	organization.
1	Provide a description of the or	ganization's direct and indirect politi	cal campaign act	ivities on behalf of or		
	ın opposition to candidates for	public office in Part IV	, 5			
2	Political expenditures			•	-	\$
3	Volunteer hours					
				-1/21		
		ganization is exempt under				
1	·	e tax incurred by the organization und				\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955	•	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?			┌ Yes ┌ No
4a	Was a correction made?					☐ Yes ☐ No
b	If "Yes," describe in Part IV					
ar	t I-C Complete if the or	ganization is exempt under	section 501(c) except section	า 501	L(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	•	\$
2	Enter the amount of the filing o	organization's funds contributed to ot	her organizations	s for section 527		
	exempt funtion activities				F	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	F	\$
4	Did the filing organization file F	Form 1120-POL for this year?				☐ Yes ☐ No
5	Enter the names, addresses ar	nd employer identification number (E	IN) of all section	527 political organiz	ations	s to which the filing
	organization made payments	or each organization listed, enter th	e amount paid fro	m the filing organizat	ion's f	funds Also enter the
		ns received that were promptly and d political action committee (PAC) If				
	separate segregated fund of a	pontical action committee (FAC) IT	additional space	is fieeded, provide fin	ioiiiia	CIOII III F alt IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f	rom	(e) A mount of political
				filing organization		contributions received
				funds If none, ente	:r-0-	and promptly and directly delivered to a
						separate political

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

		(3	1)	(b)	
		Yes	No	Amount	
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		145,237	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			145,237	
a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

	answered "Yes".		
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		

- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities		Hartford Hospital paid Kenneth L Przybysz, LLC and Gaffney Bennett & Associates for their lobbying efforts on behalf of the organization during the fiscal year Przybysz, LLC and Gaffney Bennett & Associates were paid \$4,570 and \$66,625 respectively Efforts mainly included lobbying of Connecticut State Legislators in the interest of a group of specialty hospitals in the State of Connecticut Hartford Hospital also pays annual dues to Connecticut Hospital Association (CHA) and American Hospital Association (AHA) Both CHA and AHA allocate a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA and AHA conduct lobbying activities under current Medicare rules. CHA and AHA conduct lobbying activities on behalf of their members. The total amount of dues allocated for lobbying expenses for FY12 was \$74,042

2a

2b

2c

3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493217009643

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization tford Hospital	•	Emp	loyer identification number
				0646668
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		Funds	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
;	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_	onor advi	sed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit			
Рa	rt II Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990. Part IV. line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of a	a certifie	cally importantly land area d historic structure inservation
	easement on the last day of the tax year			Held at the End of the Year
_	Total number of conservation easements		2a	neid at the End of the Year
a L	Total acreage restricted by conservation easements		2a 2b	
b	Number of conservation easements on a certified his			
C		* *	2c	
d	Number of conservation easements included in (c) ac Number of conservation easements modified, transfe		2d	
;	Number of states where property subject to conservations the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha		violations, and Yes No
,	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments d	uring the year ►
,	Amount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easemer	nts during	g the year
	▶ \$			
1	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of so	ection	┌ Yes
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's financi		
ar	t III Organizations Maintaining Collectio Complete If the organization answered "		, or Otl	ner Similar Assets.
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch in fu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		•
	(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, histofollowing amounts required to be reported under SFAS		for finan	
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			► \$
	masces included in Form 230, Fall A			F 4

Part	Organizations Maintaining Co	llections of Art	t, His	toric	<u>al Tre</u>	<u>asures, or O</u>	<u>the</u>	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	owing th	at are a significa	ant u	ise of its collection	n	
а	Public exhibition		d	Γ	Loan or	exchange progr	ams	i		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and expla	ıın hov	w they	further	the organization	's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermo	ediary	forco	ntributi	ons or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	ble	г		T		
						-		Amo	unt	
С.	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year						1e			
f	Ending balance					L	1f		_	
2a	Did the organization include an amount on F		e 21?					Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete								<i>(</i>) =	
1.	Paginning of year balance	(a)Current Year 108,251,287	(D	Prior Y	ear 783,609	(c)Two Years Back 106,412,0	_	1)Three Years Back 111,529,519	(e)Four	Years Back
1a L	Beginning of year balance	959,611		-	329,266	1,357,24	_	175,575		
b	Contributions	14,072,208			106,788	6,795,83	+-	-2,825,233		
C	Investment earnings or losses	14,072,200			100,700	0,755,0	+	2,023,233		
d e	Grants or scholarships Other expenditures for facilities	3,629,476		4.	968,376	1,781,52	20	2,467,805		
	and programs	-,,		-,				_, ,		
f	Administrative expenses									
g	End of year balance	119,653,630		108,	251,287	112,783,60)9	106,412,056		
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 57 000 %									
c	Term endowment ► 43 000 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			٠	3a(i)		No
	(ii) related organizations						•	3a(ii)	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•	3b		
4						<u> </u>				
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	70, Pa	T						
	Description of property				Cost or oth (Investme			(c) Accumulated depreciation	(d) Bo	ook value
1 a	Land					19,538	.073		:	19,538,073
b I	Buildings					521,243	700	341,879,092	1	79,364,608
c I	Leasehold improvements									
d i	Equipment					475,750	976	312,040,820	10	53,710,156
	Other	<u> </u>								
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i> o	orm 990, Part X, colui	mn (B)), line .	10(c).)				30	52,612,837
							_	Schedule D	Form 9	990) 2011

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		od of valuation f-year market value
(1)Financial derivatives		Cost of end-o	r year market value
(2)Closely-held equity interests			
(3)Other			
(A) Funds Held in Trust	128,093,912		F
Total. (Column (b) should equal Form 990. Part X. col (B) line 12)	120,002,012		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See			
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
(1) Investment Malpractice Captive	21,874,429		F
(2) Other Assets	16,759,067		F
(3) Insurance Receivable	28,885,011		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	67,518,507		
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Accrued Post Retirement Expenses	372,843,056		
Accrued Asbestos Costs	2,522,839		
Other Net Liabilities	32,627,011		
Long Term Debt - Interco Bonds	188,810,879		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	596,803,785		

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 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
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		
а	Net unrealized gains on investments]	
b	Donated services and use of facilities]	
c	Recoveries of prior year grants]	
d	Other (Describe in Part XIV)	↓	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	4	
b	Other (Describe in Part XIV)	. I	
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
-	Reconciliation of Expenses per Audited Financial Statements With Expense	s per F	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		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
C	Other losses	_	
d	Other (Describe in Part XIV)	┥╻┃	
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)	ا ؞؞ ا	
C 5	Add lines 4a and 4b	4c	
5 Par	t XIV Supplemental Information	5	
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P t V. line 4. Part X. Part XI. line 8. Part XII. lines 2d and 4b. and Part XIII. lines 2d and 4b Also complete		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds		The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of a least 4% over the long term. Actual returns in any given year may vary from this amount. The Hospital's endowment consists of hundreds of individual funds established for a variety of purposes. The endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

DLN: 93493217009643

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Employer identification number Name of the organization Hartford Hospital 06-0646668 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is a (f) Total (c) Number of offices in the employees or region (by type) (e g, program service, describe expenditures for region agents in region or fundraising, program specific type of region/investments independent services, investments, grants service(s) in region in region to recipients located in the contractors region) North America/Caribbean 1 2 Program Services 8,124,224 Insurance North America/Caribbean 21,874,429 Investment

1

29,998,653

29,998,653

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্ব	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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As Filed Data -

DLN: 93493217009643

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization					Employe	er identification number
Hartford Hospital					06-064	6668
Part I Fundraising Ac	tivities. Complete	e if the c	organiza	tion answered "Yes"	to Form 990, Pa	rt IV, line 17.
 Indicate whether the orga Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitation Did the organization have or key employees listed in the compensated at least to be compensated at least to be compensated. 	n-government grandernment grandernment grants ag events ars, directors, trust andraising service ants under which t	tees es? 「Yes 「No the fundraiser is				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid (or retained by fundraiser listed col (i)	(or retained by)

Pai	rt II	Fundraising Events. Commore than \$15,000 on Form									
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through					
Reveilue			Black & Red Ball (event type)	(event type)	(total number)	col (c))					
	1	Gross receipts	1,643,757	7		1,643,757					
	2	Less Charitable contributions	1,399,677	7		1,399,677					
	3	Gross income (line 1 minus line 2)	244,080			244,080					
	4	Cash prizes									
ம	5	Non-cash prizes									
euse Sus	6	Rent/facility costs	56,913	3		56,913					
Expenses	7	Food and beverages	152,263	3		152,263					
Direct	8	Entertainment	95,810			95,810					
₫	9	Other direct expenses .	69,964	1		69,964					
	10	Direct expense summary Add lin	nes 4 through 9 ın columr	n (d)		(374,950					
	11	Net income summary Combine li	nes 3 and 10 in column ((d)		-130,870					
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or rep						
Φ		\$13,000 ON 101111 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming					
Revenue				bingo/progressive bingo		(Add col (a) through col (c))					
	1 (Gross revenue									
မွ	2 (Cash prizes									
Expenses	ι ε	Non-cash prizes									
	4 F	Rent/facility costs									
Direct	5 (Other direct expenses									
	6 \	Volunteer labor	Г Yes Г No	☐ Yes	Г Yes Г No						
	7 [Direct expense summary Add line	s 2 through 5 in column ((d)		()					
	8	8 Net gaming income summary Combine lines 1 and 7 in column (d)									
9											
a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?										
		Trito, Explain									
10a	Were	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
b	If"Y	If "Yes," Explain									

Sche	dule G (Form 990 or 990-EZ) 20	11				Page 3			
11	Does the organization operate gaming activities with nonmembers?								
12		ber of a partnership or other entity							
	formed to administer charitable (gamıng?		· · · · · F	es 「	No			
13	Indicate the percentage of gamin	ng activity operated in		1 1					
а	The organization's facility			13a					
b	An outside facility			13b					
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events book	s and					
	Name 🟲								
	Address 🏲								
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming						
				Гу	es Γ	Νo			
b		ning revenue received by the organizat							
	amount of gaming revenue retain	ed by the third party 🟲 \$							
c	If "Yes," enter name and address	5							
	Name 🕨								
	Address ▶								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	\$ \$							
	Description of services provided	>							
	Director/officer	Employee	Independent contractor						
17	Mandatory distributions								
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?			es Γ	Νo				
b		o other exempt organizations or sp	ent						
Par		activities during the tax year > \$ provide additional information for	responses to quuestion on Sc	hedule G (see					
	instructions.)			·					
	Identifier	ReturnReference	Explana	tion					

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

Hospitals

Name of the organization Hartford Hospital

Employer identification number

					06-	0646668			
Pā	rt I Charity Care and	Certain O	ther Comr	nunity Benefits a	t Cost				
								Yes	No
1 a	Did the organization have a c	harity care po	olicy? If "No,	" skip to question 6a			1a	Yes	
b	If "Yes," is it a written policy	·					1b	Yes	
2	If the organization had multip care policy to the various hos		ındıcate whic	h of the following best	describes application o	of the charity			
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based o organization's patients during	•	_	y criteria that applies	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					are?		 ,,	
	☐ 100% ☐ 150%	_	00%	Other 250.000000			3a	Yes	
b	Did the organization use FPG	to dotormino	oligibility for						
ט	"Yes," indicate which of the fo						١.,	,,	
		_	·		_		3b	Yes	
	200% 250%		00% 		0%				
С	If the organization did not use determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organization				
4	Did the organization's policy	provide free c	or discounted	care to the "medically	'indigent"?		4	Yes	
5a	Did the organization budget a			ted care provided und	er its financial assistan	ice policy during	5a	Yes	
b	If "Yes," did the organization			xceed the budgeted ar	mount?		5b	Yes	
c	If "Yes" to line 5b, as a resul	•	•	-			30	165	
	care to a patient who was elig						5c		No
6a	Did the organization prepare	a community	benefit repor	tduring the tax year?			6a	Yes	
6b	If "Yes," did the organization	make ıt avaıl	able to the p	ublic?			6b	Yes	
	Complete the following table worksheets with the Schedule	_	ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community to expense	penefit	(f) Perototal ex	
а	Charity care at cost (from Worksheet 1)	(optional)		8,368,383		8,36	58,383	0	850 %
b	Medicaid (from Worksheet 3, column a)			168,635,686	148,312,496	20,32	23,190	2	060 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)								
d	Total Charity Care and Means-Tested Government Programs			177,004,069	148,312,496	28,69)1,573	2	910 %
e	Other Benefits Community health improvement services and community								
	benefit operations (from (Worksheet 4)			6,185,671	105	6,18	35,566	0	630 %
f g	Health professions education (from Worksheet 5) Subsidized health services			49,199,376	14,439,509	34,75	9,867	3	530 %
y	(from Worksheet 6)			9,307,561	5,378,427	· .	9,134		400 %
h :	Research (from Worksheet 7)			12,844,711		12,84	4,711	1	300 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			15,119,435	11,721,892	3,39	7,543	0	350 %
-	Total Other Benefits			92,656,754	31,539,933	· ·	6,821		210 %
k	Total. Add lines 7d and 7j			269,660,823	179,852,429	89,80	8,394	9	120 %

Sche	edule H (Form 990) 2011									F	Page 2
Pa	rt II Community Buildin activities.	ng Activitie	s Complete t	hıs table ıf the or	ganızat	ion co	nducte	d any commur	nity b	ouildin	g
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect offs revenue	_	(e) Net communit building expense	· .	(f) Pero total ex	
1	Physical improvements and housing			216,66	6			216,	,666	0	020 %
2	Economic development			203,94	2			203	,942	0	020 %
3	Community support			186,66	0		3,585	183,	,075	0	020 %
4	Environmental improvements			3,29	3			3,	,293		0 %
5	Leadership development and training for community members			126,19	5		140	126	055	0	010 %
6	Coalition building			7,17			110		174		0 %
7	Community health improvement advocacy			19,00	8			19.	,008		0 %
8	Workforce development			54,71					713	0	010 %
9	Other Total			047.65			2 725	012	026		
	t IIII Bad Debt, Medicar	e, & Collec	tion Practice	817,65 es	1		3,725	813,	,926	0	080 %
Cost	ion A. Bad Debt Expense	•									
3 ect	Did the organization report ba	d debt expense	e ın accordance	with Heathcare Fir	iancial M	anage	ment As	sociation		Yes	No
_	Statement No 15?					. •			1		No
2 3	Enter the amount of the organ Enter the estimated amount or		•			2		22,658,425			
•	patients eligible under the org					3		0			
4	Provide in Part VI the text of the In addition, describe the costinationale for including a portion	ing methodolog	gy used in deter	mining the amounts							
Sect	ion B. Medicare										
5	Enter total revenue received f		_	•		5		294,968,734			
6	Enter Medicare allowable cost					6		268,788,601			
7 8	Subtract line 6 from line 5 Th Describe in Part VI the extent	· ·				7	mmunit	26,180,133 v benefit			
_	Also describe in Part VI the c Check the box that describes	osting method	ology or source					' I			
	Cost accounting system	I ✓ Co	st to charge rat	tio I	Other						
	ion C. Collection Practices	uttan daht gall	action notice du	urung the tay year?							
9a b	Did the organization have a wr If "Yes," did the organization's			-				o the tax vear	9a	Yes	_
	contain provisions on the colle	ection practice	es to be followed	d for patients who a	re known	to qua	lify for f	inancial	9b	Yes	
Pai	assistance? Describe in Part of the state of	panies and	Joint Ventu	res (see instruct	ions)					1 1 00	
	(a) Name of entity	(t	o) Description of pr activity of entity		(c) Organı profit % o ownersh	r stock	en	Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	e) Physion ofit % or ownersh	r stock
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

Part	V Facility Information									
	on A. Hospital Facilities	Licene	Gener	Childre	Teach	Critica	Resea	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	d acces	Research facility	hours	Ter	
How n the ta	nany hospital facilities did the organization operate during x year? 1	pital	cal & surgical	spital	pital	Critical access hospital	lity			
Name	and address									
Name	unu uuuress									Other (Describe)
1	Hartford Hospital 80 Seymour Street Hartford, CT 06102	x	x		×		х	х		
		+				<u> </u>				
						 				
						1				
		-				<u> </u>				
		+				-				
						 				
						1				

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Hartford Hospital

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 250 0000000000000% If "No," explain in Part VI the criteria the hospital facility used			
	Schedule	H /Ear	aan'	2011

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 0000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a 🔽 Income level			
	b 🔽 Asset level			
	c 🔽 Medical indigency			
	d 🔽 Insurance status			
	e 🔽 Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h Cother (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g 🔽 Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission	1		
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills	1		
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy	1		
	e Other (describe in Part VI)	1	, ,	

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? **18** | Yes If "No " indicate why

	ii No, illulcate wily		
	a The hospital facility did not provide care for any emergency medical conditions		
	b The hospital facility's policy was not in writing		
	c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part		
	VI)		
	d Other (describe in Part VI)		
In	dividuals Eligible for Financial Assistance	•	
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b 🔽 The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20	No
	If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?		l
		21	No
	If "Yes," explain in Part VI		

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Page **7**

Part V Facility Information (continue

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?					
Name and address	Type of Facility (Describe)				
1 See Addit	tional Data Table				
2					
3					
4					
5					
6					
7					
8					
9					
10					

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 11, 3, 4, 5c, 61, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c Hartford Hospital used Federal Poverty Guidelines to determine eligibility

Identifier	ReturnReference	Explanation
		Part I, Line 7 The organization utilized an overall cost to charge ratio, (RCC), developed from the audited Financial Statements, (AFS) Total expense was adjusted for bad debt expense, directly identified community benefit expense and non-patient care expense, (as adjusted from the Medicare cost report) This was then divided by the total AFS gross revenue to develop the cost to charge ratio This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g

Identifier	ReturnReference	Explanation
		Part I, Line 7g No physician clinic costs were included in the subsidized Health Services cost calculations

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) The Bad Debt Expenses included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 22,658,424

Identifier	ReturnReference	Explanation
Identifier		Part II Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$800,000 on community building activities during fiscal year 2012. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty, quality of housing, neighborhood safety, and education can be found in the following Community Building activities. Advocacy for Community Health Improvement - Since the immediately adjacent community the Hospital serve is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition for Environmental Justice, Community Partners in Action (to assist people in the criminal justice system), Community Solutions (to provide alternatives to incarceration programs), and the Anti Defamation League Coalition Building - Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for Giving, and the Connecticut Council for Philanthropy to ensure programs to improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population. Community Support - To address the personal safety for participants at
		evening activities, as well as to prevent vandalism and break- ins, Hartford Hospital provides security patrols around the Girl Scout campus 24/7 Management participates on the boards of local homeless and domestic violence shelters and supports periodic employee activities to provide personal care and food items to those in need. The Hospital has donated funds to provide free ice skating at Bushnell Park during the winter season to allow underprivileged children and their families an opportunity to exercise outdoors in a safe environment Economic Development - Hartford Hospital is
		active in the marketing efforts to promote Hartford by the following organizations in order to bring more jobs and commerce to the city—Greater Hartford Visitors Convention Bureau, Metro Hartford Alliance, The Children's Museum, Connecticut Center for Advanced Technology, and Chambers of Commerce for towns in the Hospital's service area—Leadership Development - Hartford Hospital supported the Latinas and Power Symposium, which provided professional development sessions on financial stability, personal growth, entrepreneurship and career building—This effort enhanced the job opportunities and improved the financial judgment of those currently living in poverty Mentoring Programs - Hartford Hospital provides support to programs such as Our Piece of the
		Pie for social and personal growth of urban youth, spelling bees, Hartford Public Schools city-wide Science Fair, and college scholarships through Capital Community College and Southside Institutions Neighborhood Alliance

Identifier	ReturnReference	Explanation
		Part III, Line 4 Please see the text of the footnote that describes bad debt expense beginning on page 16 of the Audited Financial Statement In 2012 a pre-bad debt financial assistance screening was put in place to identify patients that may be eligible for financial assistance Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2012 would be immaterial

Identifier	ReturnReference	Explanation
		Part III, Line 8 Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Identifier	ReturnReference	Explanation
		Part III, Line 9b The Financial Assistance Policy states In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

Identifier	ReturnReference	Explanation
Hartford Hospital		Part V, Section B, Line 13g A public notice regarding financial assistance and availability of free beds funds are posted at all of the registration sites, including admitting and emergency department

Identifier	ReturnReference	Explanation
Hartford Hospital		Part V, Section B, Line 19d Hartford Hospital is in the process of adopting proposed 501r regulations Once the regulations are final the hospital will be in compliance

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and the Connecticut Children's Medical Center. The Health Needs Assessment was completed in March, 2012. The consortium hired a national consulting firm to conduct Key Respondent interviews with local social service, health, government and community leaders. In addition, the results from a survey of over 400 Hartford residents by the Urban Alliance were incorporated into the findings. To be in compliance with IRS regulations, the Hospital will conduct a Needs Assessment at leat once in every three years, and adopt an implementation strategy to meet the community health needs identified through such assessment.

Identifier	ReturnReference	Explanation
		Part VI, Line 3 Hartford Hospital disseminates information about its Financial Assistance Policy as follows (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in admissions, patient registration discharge, billing and collection written communications, (iii) post the Policy on the Hospital's Home page, (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Hartford Hospital is located in the capital of the State of Connecticut, which is one of the poorest cities in the
		nation with 31 9% of all of its residents and 38 3% of its
		families with children under the age of 18 living below the
		poverty line (US Census 2010) According to the CHNA just
		completed, the City of Hartford's population of 124,775+/-
		remains overwhelmingly minority and is comprised of 42%
		Hispanic, 37% Black White and other groups make up the rest
		of the population. The median age of Hartford residents is 31
		(CERC, 2011) This compares unfavorably with Hartford
		County's median age of 40 In 2010, the median income per household within the City of Hartford was \$26,055(CERC,
		2011) This compares unfavorably with Hartford County's
		median household income of \$60,177 (CERC, 2011)
		According to the Connecticut Department of Labor, the
		unemployment rate in the City of Hartford was estimated to be
		15 4% in October, 2011 versus a statewide rate of 8 2%
		There is one other acute care hospital in Hartford proper and
		two smaller acute care hospitals in nearby suburbs

Identifier	ReturnReference	Explanation
		Part VI, Line 5 The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and wellbeing. The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospitals These services are provided regardless of a patient's ability to pay Hartford Hospital is the Center for Emergency Medical Preparedness for the Connecticut Department of Emergency Management and Homeland Security for Regions 3 and 4. These regions include 15 hospitals. HH has responsibility for planning and training activities that service all of these hospitals. The hospital uses
]		its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Sch O

Identifier	ReturnReference	Explanation
		Part VI, Line 6 Hartford Hospital is an affiliate of Hartford HealthCare Corporation (HHC) HHC strives to provide compassionate care designed to deliver the necessary health services needed by the community Hartford HealthCare Strategic Planning and Community Benefit Planning Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care "HHC affiliation creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital, the flagship tertiary medical center of the system hospitals. The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	СТ

Software ID: Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly

Recognized as a Hospital Facility Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year?_____13 Type of Facility (Describe) Name and address Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eve Center - Newington Eve Center 505 Willard Avenue Newington, CT 06111 Eve Center - Newington Eve Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eve Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eve Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111 Eye Center - Newington Eye Center 505 Willard Avenue Newington, CT 06111

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493217009643

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number Hartford Hospital 06-0646668 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Tapestry Awards	3	10,000			
(2) Sons and Daughters Scholarship Awards	65	65,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Upon issuing the grant the hospital attaches a letter that restricts the use of the funds for a specific purpose All of the grants are made to public charities to assist in funding their exempt programs. Therefore, extensive monitoring of the use of these funds by these entities is not warranted.
		Schedule I, Part III Once recipients are determined, the funds are sent directly to the institutions and not to individuals Required qualifications * The applicant must be financially dependent on the employee by being claimed on either parent's tax return. The applicant must be enrolled as a full-time student in an Accredited Undergraduate Program or attending any of Hartford Hospital's School of Allied Health Programs. The applicant must be the son or daughter (biological, adopted, stepchild, or legal ward) of a Hartford Hospital, Institute of Living, Jefferson House, or Cedar Mountain employee (full-time or part-time, budgeted to work at least 20 hours per week). The dependent of a Hartford Hospital employee who is also employed at Hartford Hospital is eligible to apply if they are budgeted to work less than 20 hours per week at Hartford Hospital. If the student is budgeted to work more than 20 hours at Hartford Hospital, the student is not eligible for the scholarship, but may instead apply for tuition reimbursement from the hospital. Applicant must have a verifiable GPA of 3.0 or higher to apply Applicants are chosen on 3 criteria. 1. Based on parent's years of service to Hartford Hospital. 2. GPA (must be at least a 3.0 or higher to apply).

Software ID: Software Version:

EIN: 06-0646668

Name: Hartford Hospital

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart AssociationPO Box 3049 Syracuse, NY 13220	13- 5613797	501(c)(3)	5,000		FMV		Annual support for research, education, treatment and government advocacy for cardiovascular disease
Arthritis Foundation35 Cold Spring Road 411 Rocky Hill, CT 06067	06- 0672782	501(c)(3)	25,000		FM∨		Annual support for the Arthritis Foundation programs and services to those who suffer from arthritis, as well as to fund vitally important research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bushnell Center for the Performing Arts 166 Capitol Ave Hartford, CT 06106	06- 0662112	501(c)(3)	5 ,0 0 0		FMV		Arts in Education program, which uses arts strategies to teach core curriculum to diverse, economically disadvantaged students in Grades Pre-K through 12 in the Hartford Public School District
Connecticut Children's Medical Center282 Washington St Hartford, CT 06106	22- 2619869	1 501(6)(3)	5,000		FMV		To provide funding for innovative equipment and programs in the heart program at the Medical Center

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Forum 750 Main St Hartford, CT 06103	06- 1343149	501(c)(3)	6,500		FMV		To provide panel discussions among renowned experts to encourage the free and active exchange of ideas that inform, challenge, entertain, inspire and build bridges among all people and organizations in our community
Connecticut Science Center250 Columbus Blvd Hartford, CT 06103	06- 1538101	501(c)(3)	10,000		FMV		To support science education, exhibits and programs

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cystic Fibrosis Foundation306 Industrial Mark Rd Suite 107 Middletown, CT 06457	06- 0834391	501(c)(3)	5,000		FMV		Efforts to improve the lives of the 30,000 children and adults living with cystic fibrosis through research
Greater Hartford Arts Council4 5 Pratt St Hartford, CT 06123	23- 7111486	501(c)(3)	10,000		FM∨		To provide free summer theater education at Little Theater of Manchester, emergency first and training to Front of House Managers at the Bushnell Center for Performing Arts, actor housing at TheaterWorks, nutritious snacks for children enrolled in Charter Oak Cultural Center's after-school program, a full trimester of cultural classes for students at The Artists Collective, and a number of other mission-based programs in Greater Hartford

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Public High School Nursing Academy 55 Forest St Hartford, CT 06105	06- 6001870	501(c)(3)	5,819		FMV		Support to Nursing Academy to encourage nursing careers to inner city youth
Hartford Stage50 Church St Hartford, CT 06103	06- 0790484	501(c)(3)	5,000		FMV		Support for Hartford Stage's education programs that serve the region's underserved vouth

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Symphony Orchestra100 Pearl St Hartford, CT 06103	06- 0637319	501(c)(3)	5,000		FMV		To support the orchestra in providing free programs for local children
Jewish Foundation 333 Bloomfield Ave Suite C West Hartford, CT 06117	06- 0655482	501(c)(3)	5,600		FM∨		To support the Kosher Food Pantry and the Jewish Employment Transitions Services, which has helped people find jobs and has provided networking and job-search workshops

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leadership Greater Hartford30 Laurel St Hartford, CT 06106	06- 1167174	501(c)(3)	5,000		FMV		To develop programming and allow people who could not otherwise afford these programs to attend
Mandell Jewish Community Center 335 Bloomfield Ave West Hartford, CT 06117	06- 0662142	501(c)(3)	5,000		FMV		To support the Family Room Parenting Center programs for children, parents and professional caregivers and educators

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
My Sister's Place 102 Pliny St Hartford, CT 06129	06- 1079879	501(c)(3)	5,000		FMV		Programs for homeless children in this shelter
Petit Family FoundationPO Box 310 Plainville, CT 06062	23- 0627813	501(c)(3)	10,000		FMV		To provide \$25,000 scholarships for women in science at Bay Path College and at Quinnipiac University

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Spanish American Merchants Association95 Park St Hartford, CT 06106	06- 1390672	501(c)(3)	50,000		FM∨		SAMA serves as a vehicle for the economic growth of small business, in particular Latino, to acquire a better understanding of basic business management and economic principles through technical assistance, education and advocacy SAMA's office is a neighbor of the Hospital's Women's Ambulatory Health Center and a strong presence in the Latino community
University of Connecticut Foundation2390 Alumni Drive Unit 3206 Storrs, CT 06269	06- 6070722	501(c)(3)	15,000		FMV		UConn Health Center Mission Fund for expenses related to education and conferences

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League140 Woodland St Hartford, CT 06105	06- 6066491	501(c)(3)	10,000		FM∨		To support programs in the areas of workforce development and training, education and youth development and economic empowerment services to individuals in the Connecticut Capital Region

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DLN: 93493217009643

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Hartford Hospital 06-0646668 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? **4**a Yes 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

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

Ident if ier	Return Reference	Explanation
	,	Tax imdemnification and gross-up payments to individuals for benefits are included as taxable income on Form W-2. The box related to health or social club dues or initiation fees is checked. Hartford Hospital, a member of Hartford HealthCare Corporation maintains memberships at two local clubs. These clubs do not allow for corporate memberships, therefore, the membership fees are paid directly to the clubs, but accounts are assigned to individual executives. These executives do not derive any personal benefit from the use of the clubs and any use is for business purposes only. These executives are not taxed, and are required to sign an annual attestation that they do not derive any personal benefit from the use of these club memberships. The memberships reside at Hartford Hospital and can be reassigned at will
		The organization does not have a formal written policy relating to gross-up payments. Requests for gross-up payments are reviewed by both the Tax & Payroll departments to ensure compliance with Federal and State regulations. Payments are included in the recipient's form W-2 and are taxed as required
	4 a - b	Mr Stephan O'Neill (former Officer) severance payment began in September of 2011 Total severance payment in 2011 was \$111,660 Mr Paul Besson (former Officer) severance payment began in January of 2011 Total severance payment in 2011 was \$345,050 Ms Linda B Spivack (former Officer) severance payment began in July of 2011 Total severance payment in 2011 was \$113,556 Dr Joseph J Klimek was paid a lump sum amount of \$2,371,573 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP Total compensation to Dr Klimek including the SERP payment was \$2,994,907 2011 SERP accruals made on behalf of the following individuals Dr Harold Schwartz \$68,596 Dr Paul Thompson \$74,454 Dr Orlando Kirton \$14,867 Elliot Joseph \$90,789
		The hospital has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 06-0646668
Name: Hartford Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Jeffrey Flaks	(1) (11)		367,920 0	18,372 0	32,425 0	34,806 0	1,032,018 0	0
Andrew L Salner MD	(I) (II)		0	0	0 0	0 0	203,414	0
Neil Yeston MD	(I) (II)		80,268 0	15,290 0	4 9,973 0	28,994 0	647,795 0	0
Joseph J Klimek MD	(I) (II)		72,496 0	2,413,255 0	0	55,124 0	2,994,907	2,371,573
Harold I Schwartz MD	(I) (II)		109,137 0	33,788 0	146,322 0	29,092	750,045 0	0
Jamie M Roche MD	(I) (II)		76,869 0	17,971 0	4 5,900 0	26,683 0	495,835 0	0
Thomas J Marchozzı	(I) (II)		173,443 0	20,502	36,100 0	26,426 0	753,503 0	0
Wendy E Elberth	(I) (II)		36,000 0	720 0	26,012 0	16,024	321,391 0	0
Laurine Bow	(I) (II)		0	1,909 0	36,678 0	23,128	261,550 0	0
Carol S Garlick	(1) (11)		23,470 0	856 0	19,190 0	14,685 0	233,113	0
Rocco Orlando	(I) (II)		110,160 0	23,363	59,375 0	29,258 0	673,367 0	0
Bımal Patel	(I) (II)		216,211 0	588 0	33,832 0	14,368 0	531,512 0	0
Donna Handley	(I) (II)		40,688 0	1,882	18,325 0	24,503 0	332,508 0	0
James M Blazar	(1) (11)		120,943	6,011 0	38,586 0	25,177 0	590,319 0	0
Richard G Stys	(I) (II)	•	94,536	1,628	24,228	25,657 0	455,442 0	0
Sonal Shah	(I) (II)		54,961 0	4,572 0	18,604	16,201	310,166	0
Yvette Melendez	(I) (II)		41,785	2,116	18,975	22,598	312,565	0
Mıchele B Bush Esq	(I) (II)	431,766 0	65,173	6,476 0	56,389	15,333	575,137 0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Karen T Goyette	(I) (II)		59,666 0	408	14,700 0	23,749 0		0	
Betsy Boatman	(I) (II)	184,586 0	27,945 0	356 0	15,022 0	14,651 0	242,560 0	0	
Rita Parisi	(I) (II)	243,049 0	56,505 0	14,097 0	41, 175 0	17,264 0	372,090 0	0	
Lenworth Jacobs MD	(I) (II)	564,368 0	0	30,108 0	0	26,252 0	620,728 0	0	
Cheryl Ficara	(I) (II)	232,799 0	21,658 0	400	29,400 0	24,035 0	308,292 0	0	
Tracy A Church	(I) (II)	197,762 0	34,000	5,895 0	15,908 0	17,123 0	270,688 0	0	
Luis Taveras	(I) (II)		42,000	50,511 0	15,821 0	18,541 0	371,287 0	0	
Susan Huntington	(I) (II)		68,750 0	1,161 0	17,150 0	12,062	-	0	
Orlando C Kırton MD	(I) (II)	553,542 0	0	39,119 0	54,642 0	29,410 0	676,713 0	0	
Joel I Sorosky MD	(I) (II)	519,805 0	0	18,822	39,775 0	28,603 0	607,005	0	
Paul Thompson MD	(I) (II)	516,304 0	0	20,064	152,303 0	26,974 0	715,645 0	0	
Mıchael Lındberg MD	(I) (II)	342,910 0	0	18,048 0	45,900 0	25,797 0	432,655 0	0	
Kevin P Keating MD	(I) (II)	375,100 0	0	17,996 0	45,900 0	25,531 0	464,527 0	0	
Judith Pepe MD	(I) (II)		0	14,085 0	36,601 0	25,458 0	402,764 0	0	
Vernon Y Kwok MD	(I) (II)		0	6,719 0	0	20,393	249,327 0	0	
Robert S Dicks MD	(I) (II)	201,320 0	0	826 0	32,027 0	23,124 0	257,297 0	0	
Alan Laites	(I) (II)		18,031 0	6,341 0	0	10,659 0	215,618 0	0	
Christopher Clyne MD	(I) (II)	389,684 0	77,562 0		39,775 0	27,737 0	•	0	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Karyn L Butler MD	(I) (II)	400,366 0	0 0	17,383 0	36,100 0	26,698 0	480,547 0	0 0
Inam Kureshı MD	(I) (II)	158,421 0	0 0	0	0	0	158,421 0	0 0
Paul W Crespi	(I) (II)	306,216 0	85,941 0	21,014 0	39,775 0	23,283 0	476,229 0	0 0
Alan J Smally MD	(ı) (ıı)	345,939 0	0	32,697 0	59,375 0	24,493 0	462,504 0	0
Detlef Wencker MD	(ı) (ıı)	360,429 0	0	13,986 0	33,010 0	24,473 0	431,898 0	0
Jonathan A Hammond MD	(I) (II)	409,257 0	0	0 0	0	· · · · · · · · · · · · · · · · · · ·	434,832	0
Patrıcıa Sheiner MD	(I) (II)	168,541 0	15,000 0	3,492 0	0		199,757 0	0
Jeffrey Kluger MD	(I) (II)	386,345 0	76,441 0	23,816	0	27,728 0	514,330 0	0
Steven L Zweibel MD	(ı) (ıı)	395,349 0	79,170 0	12,377 0	27,663 0		529,340 0	0
John F Greene Jr MD	(ı) (ıı)	384,018 0	0	41,894 0	39,775 0	14,717 0	480,404	0
Eric Crespo MD	(ı) (ıı)	318,422 0	63,240 0	297 0	24,647 0	13,049 0	419,655 0	0
Mark W Sebastian MD	(ı) (ıı)	495,113 0	0	773 0	34,835 0	19,410 0	550,131 0	0
Elliot T Joseph	(ı) (ıı)	1,058,368 0	486,360 0	106,563 0	130,564 0	44,737 0	1,826,592 0	0
Stephan O'Neill	(ı) (ıı)	219,520 0	0	119,224 0	38,434 0	22,290 0	399,468 0	0
James K Kınsella	(ı) (ıı)	92,668 0	0	129,135 0	66,478 0	13,911 0	302,192 0	0
Lında B Spıvack	(ı) (ıı)	110,541 0	0	114,441 0	9,155 0	10,513 0	244,650 0	0
Paul S Besson Esq	(I) (II)	0	0	346,063 0	276 0	•	358,936 0	0
Alfred Herzog MD	(I) (II)	106,605 0	0	17,097 0	0	· /	132,418 0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)		
Gary V Heller MD	(ı) (ıı)	368,516 0	0	2,953 0	52,257 0	13,034	436,760 0	0	

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As Filed Data -

DLN: 93493217009643

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of Hartford	of the organization Hospital			Employer identification number								
Part I	Excess Benefit Tran	nsacti	ons (s	ection 501	(c)(3) a	and section 501	(c)(4)		6-06466 zations (
raiti	Complete if the organizat										ıne 40b	
1	(a) Name of disq	ualıfıed	person			(b) Desc	of trans	action		Cor	(c) rected?	
											Yes	No
	ter the amount of tax impos								⁄ear unde ▶	r • \$		
	ter the amount of tax, if any								•	• \$		
Part I	Loans to and/or in Complete if the organize					Part IV line 26	or For	m 990-F	7 Part V	' line 38	а	
	complete if the organiz			1 103 0111	01111 330	1,1 41614,1111626	, 01 1 011	(f)			Sa	
(a) Nar	ne of interested person and		oan to om the	l l			(e)		Approved		(g)Writt	
. ,	purpose	organi	zation?			(d)Balance due	defau	111.7	by board or committee?		agreeme	nt?
		То	From				Yes	No	Yes	No	Yes	No
			<u> </u>					-		+		
								 				
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Γotal .					▶ \$							
Part II											•	
	Complete if the orga	nızatı				· · · · · · · · · · · · · · · · · · ·		27.				
	(a) Name of interested pers	on	(en interested per ganization	son	(c) A m	nount of g	rant or ty	pe of assis	stance
				411		<u>,</u>						

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organizat	dir answered res on	101111 330, 1 dic 14, 1	111c 20d, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues [?]
See Part V	organization			Yes	No
1) See Part V	See Part V		See Part V		Νo

Supplemental Information

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

Identifier	Return Reference	Explanation
	Business Transactions Involving Interested Persons	(a)Name of Person Douglas Elliot(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$4,407,727(d)Description of Transaction Mr Douglas Elliot is a board member of Hartford Hospital He is also an executive at the The Hartford Insurance Group (The Hartford) The Hartford provided Auto and Marine insurance policies to Hartford Hospital and Affiliates and received premium fees for the risk Mr Elliot has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No(a) Name of Person Greg Deavens(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$494,525(d)Description of Transaction Mr Greg Deavens is a board member of Hartford Hospital He is also an executive at Mass Mutual Life Insurance Company Mass Mutual provided certain insurance coverages to Hartford Hospital and affiliates Mr Deavens has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493217009643

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Hartford Hospital

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

NonCash Contributions

► Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

					06-0646668			
Pa	Types of Property	,						
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of d contributio	letermi	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	12	2,552,646	FMV			
	Securities—Closely held stock .							
l1	Securities—Partnership, LLC, or trust interests							
.2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
.4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
.7	Real estate—Other							
.8	Collectibles							
.9	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangement					300		
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a) is checked.			
	describe in Part II		, , , p - , p -	, ,	,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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 to provide any additional information.

• Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Name of the organization Hartford Hospital Employer identification number

06-0646668

T						
Identifier	Return Reference	Explanation				
	Form 990, Part VI, Section A, line 6	Hartford Hospital is organized as a non-stock not for profit entity Hartford HealthCare Corporation is the sole member				
	Form 990, Part VI, Section A, Ine 7a	The sole member of the organization has the authority to approve/deny members of the governing body				
	Form 990, Part VI, Section A, line 7b	The sole member of the organization has the right to review, approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc				
	Form 990, Part VI, Section B, Inne 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 final form was provided to the entire Board and reviewed by the Board at one of its scheduled meetings. 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 hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC) All directors, officers and senior management of the organization 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, officer or senior manager by virtue of his or her activities or the activities of related persons. Directors, officers and senior managers are urged to be inclusive in this disclosure since the disclosure of potential and actual conflicts of interest is essential to ensuring discussion of the conflict Conflict of Interest disclosure statements are returned to the HHC Office of Compliance, Audit & Privacy (OCAP). All disclosures are reviewed by OCAP under the direction of legal counsel and the HHC Executive Compliance. Steering Committee (ECSC), who shall exercise good faith judgment as to whether a conflict exists. Legal counsel and the ECSC shall be responsible for monitoring transactions or arrangements in which a director, officer and senior management may have a conflict of interest and for assuring that the director, officer or senior management serves the hospital's best interests. OCAP, legal counsel and/or the ECSC may consult with any director, officer or senior manager and obtain information necessary for an ordinarily prudent person to make a judgment as to whether a conflict exists and each director, officer or senior manager shall cooperate with such requests. OCAP, legal counsel and/or the ECSC shall provide guidance to the director, officer or senior manager and to the board of directors as to the appropriate course of action. Legal counsel and the ECSC shall seek the advice and approval of the full Board of Directors in determining whether a conflict of interest exists and that the director, officer or senior manager serves the organization's best interests. When a conflict of interest is discovered, such director, officer or s				
	Form 990, Part VI, Section B, Inne 15	The Independent Executive Compensation Committee hires an outside consultant, integrated Healthcare Strategies, to determine best practices in governing executive compensation for those employees who report directly to the CEO of Hartford HealthCare Corporation. The following steps are taken - Independent Executive Compensation. Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, established and regularly reviews Executive Compensation Philosophy - 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 selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors - Analysis of current total compensation versus market performed by independent third party compensation consulting firm, reviewed by the committee - Recommendations made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy - CEO compensation determined by Committee based on comparative market information and organizational performance - All changes reviewed and approved by Executive Compensation Committee The CEO compensation determination process is reviewed on an annual basis. All other executive compensation are regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.				
	Form 990, Part VI, Section C, line 19	Form 990, 990T and Form 1023 and its attachments are available upon request. Hartford Hospital's governing documents, financial statements and Conflict of Interest statements are also made available upon request.				
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 70792185 Sch K-1 Reconciling Items -295347 Pension Adjustment - 37733912 Transfer to Affiliates -50304508 Rounding -3 Total to Form 990, Part XI, Line 5 -17541585				
	Part IV, Line 12 and Part XII, Line 2b	Hartford Hospital did not receive a separate audited financial statement and is included in a consolidated audited financial statement				
Average Hours Per Week	Form 990 Part VII, Column B	Certain employees listed on Part VII of Form 990 share their time between Hartford Hospital and other related organizations. These are all full time employees that average 40-60 hours per week. Their hours and salaries are allocated between Hartford Hospital and Hartford Health Care Corporation for expenditure purposes.				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493217009643

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emai Revenue Service						ізресцю	
ame of the organization artford Hospital					dentification number		
Part I Identification of Disregarded Entities (Comple	ete if the organizati	on answered "Yes"	on Form 990, P	06-064666 art IV, line 33.)	68		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organis or more related tax-exempt organizations during t	zations (Complete the tax year.)	ıf the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
(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) Is Direct controlling entity		(g) 512(b)(1 trolled nization
See Additional Data Table						Yes	No
see Additional Data Table							
				1			
For Drivery Act and Danonwork Poduction Act Notice con the Instruction	one for Form 000	Cat No FO	1 2 E V		Schodulo D (Form 000	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												
											, in the second	_

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

(5)

(6)

					ı u	gc 5
Par	ITT V Transactions With Related Organizations (Complete if the organization answ	ered "Yes" on Form 990, P	art IV, line 34, 35, 3	5A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations listed in Pa	rts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)			1b		No
c	Gift, grant, or capital contribution from related organization(s)			1c	Yes	
d	Loans or loan guarantees to or for related organization(s)			1d	Yes	
e	Loans or loan guarantees by related organization(s)			1e	Yes	
f	Sale of assets to related organization(s)			1f		No
g	Purchase of assets from related organization(s)			1 g		No
h	Exchange of assets with related organization(s)			1h		No
i I	Lease of facilities, equipment, or other assets to related organization(s)			1i	Yes	
j	Lease of facilities, equipment, or other assets from related organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k	Yes	
1	Performance of services or membership or fundraising solicitations by related organization(s)			11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No
n	Sharing of paid employees with related organization(s)			1n	Yes	
o	Reimbursement paid to related organization(s) for expenses			10	Yes	
р	Reimbursement paid by related organization(s) for expenses			1 p	Yes	
q	Other transfer of cash or property to related organization(s)			1 q	Yes	
-	O ther transfer of cash or property from related organization(s)			1r	Yes	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered rela	ationships and transact	 ion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
(1) See	iee Additional Data Table	type(a-i)		IIIVOIVEC	1	
(2)						
(3)						
(4)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets		Osproprtionate allocations? Code V—UBI General or managing 20 of Schedule K-1 (Form 1065) General or managing partner?		ode V—UBI General or managing Schedule K-1 partner?		ons? Code V—UBI General or managing 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: **Software Version:**

> **EIN:** 06-0646668 Name: Hartford Hospital

orm 990, Schedule R, Part II - Id	entification of R	elated Tax-	Exempt Orga	anizations	I	1
(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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
Connecticut Health System Inc 80 Seymour Street Hartford, CT 06102	Coordination of Health Care Delivery	СТ	501(C) (3)	11 (c)	N/A	Yes
22-2779421 Hartford HealthCare Corporation 80 Seymour Street Hartford, CT 06102 22-2672834	Support and Management Services to Hartford Hospital and Affiliates	СТ	501(C) (3)	11 (c)	N/A	Yes
Institute of Living 200 Retreat Avenue Hartford, CT 06106	Psychiatric Services	СТ	501(C) (3)		Hartford Hospital	Yes
06-0646683 Windham Community Memorial Hospital L12 Mansfield Avenue Willimantic, CT 06226 06-0646966	Healthcare Services	СТ	501(C) (3)	3	Hartford HealthCare Corp	Yes
Windham Hospital Foundation Inc L12 Mansfield Avenue Willimantic, CT 06226 56-2546632	Supporting Organization	СТ	501(C) (3)		Windham Community Memorial Hospital	Yes
Midstate Medical Center 435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	СТ	501(C) (3)	3	Hartford HealthCare Corp	Yes
Natchaug Hospital Inc 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	СТ	501(C) (3)	1 3	Hartford HealthCare Corp	Yes
/NA Health Care Inc LO3 Woodland Street Hartford, CT 06105 06-0646938	Home Healthcare	СТ	501(C) (3)		Hartford HealthCare Corp	Yes
Rushford Center Inc 383 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	СТ	501(C) (3)	7	Hartford HealthCare Corp	Yes
/NA Health Resources Inc LO3 Woodland Street Hartford, CT 06105 06-1161422	Home Healthcare	СТ	501(C) (3)	9	Hartford HealthCare Corp	Yes
Hartford Hospital Auxiliary co Hartford Hospital 30 Seymour Street Hartford, CT 06115	Fundraising	СТ	501(C) (3)	11 (c)	Hartford Hospital	Yes
06-6040747 The Hospital of Central CT and Bradley Memorial LOO Grand Street New Britain, CT 06050	Healthcare Services	СТ	501(C) (3)	3	Hartford HealthCare Corp	Yes
Central CT Senior Health Svc dba Southington Care 45 Meriden Avenue Southington, CT 06489	Sub-Acute & Long Term Healthcare	СТ	501(C) (3)	9	Hartford HealthCare Corp	Yes
22-2635676 Bradley Health Services .00 Grand Street New Britain, CT 06050	Healthcare Services	СТ	501(C) (3)	9	Hartford HealthCare Corp	Yes
Central CT Health Alliance .00 Grand Street New Britain, CT 06050	Support & Management Svcs to TOCC and Affiliates - Shell	СТ	501(C) (3)	11 (b)	Hartford HealthCare Corp	Yes
						Yes
he Orchards of Southington Hobart Street Outhington, CT 06489	Residential Services for Senior Care	СТ	501(C) (3)	9	Central CT Senior Health Services Inc	Yes
Community Mental Health Affiliates 270 John Downey Drive New Britain, CT 06051	Mental Health & Substance Abuse Treatment Provider	СТ	501(C) (3)	7	Hartford HealthCare Corp	Yes
Aulberry Gardens of Southington LLC 88 Mulberry Street Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	СТ	501(C) (3)	9	Central CT Senior Health Services Inc	Yes
The Hatch Hospital Corp 112 Mansfield Avenue Willimantic, CT 06226 06-6076412	Healthcare Services	СТ	501(C) (3)		Windham Community Memorial Hospital	Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - I	dentification of	iciated raz	t-Exempt O	gamzanoi	15		
(a) Name, address, and EIN of related organization	ss, and EIN of related Primary Activity Dom		(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 5 (b)(13) controlle organizat) ed
Windham Community Memorial Hospital Women's Auxiliary Inc 112 Mansfield Avenue Willimantic, CT 06226 06-0677728	Fundraising	СТ	501(C) (3)	11 (2)	Windham Community Memorial Hospital	Yes	
Midstate Medical Center Auxiliary 435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	СТ	501(C) (3)		Midstate Medical Center	Yes	
HHC PhysiciansCare Inc 80 Seymour Street Hartford, CT 06102 45-4456939	Practice Medicine and Provide Health Care Services to the Public	СТ	501(C) (3)		Hartford HealthCare Corp	Yes	
Hartford HealthCare Accountable Care Org Inc 200 Retreat Avenue FI 9 Hartford, CT 06102 46-0886367	To Manage and Coordinate Care for Medicare Beneficiares	СТ	501(C) (3)		HHC PhysiciansCare Inc	Yes	
Hartford HealthCare Corp Group (VEBA) 777 Main Street Hartford, CT 06102 26-6671355	Healthcare Services	СТ	501(C) (9)		Hartford HealthCare Corp	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (a) (c) (e) (j) (j) (j)												
(a) Name, address, and EIN of related organization	activity	or Foreign	(d) Direct Controlling Entity	Predominant income	(f) Share of total Income (\$)		(h) Disproj allocati	ortionate	Code V- UBI amount on Box 20 of K-1	Gen o Mana Part	eral r	(k) Percentage ownership
		Country)		under sections					(\$)			
Central CT Sports Medicine Center LLC				512-514)			Yes	No		Yes	No	
Drive Suite 104 Berlin, CT 06037 22-	Physical Therapy	СТ	N/A									
3196509 New Britain												
MRI Limited Partnership												
Street New Britain, CT 06050 06-	Magnetic Resonance Imaging	СТ	N/A									
1271349 New Britain Occupational Health Center LLC												
	O ccupational Healthcare	СТ	N/A									
Ambulance Service of												
Manchester LLC PO Box 300 Manchester, CT 06450	A mbulatory Services	СТ	N/A									
06- 1557358 Connecticut Imaging Partners LLC												
	Imaging Service	СТ	N/A	Unrelated	294,336	1,096,009		No			Νo	50 000 %
4298940 Glastonbury Endoscopy Center LLC												
Glastonbury, CT 06033 26-	Endoscopy Services	СТ	N/A	Related	448,859	123,624		No			Νo	50 000 %
1721234 Glastonbury Surgery Center LLC												
195 Eastern Boulevard Glastonbury, CT 06033 26- 2600828	Surgery Services	СТ	N/A	Related	1,463,349	-100,242		No			Νo	51 000 %
Hartford - Mıddlesex Clınıcal System LLC	A ffiliate											
80 Seymour		СТ	N/A	Unrelated	-135			No			Νo	50 000 %
Med-East Assoc LLC												
1703 West Main Street Willimantic, CT 06226 06-	O utpatient Care Clinic	СТ	N/A									
1469575 Hartford HealthCare Endowment LLC												
	Endowment Management	СТ	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

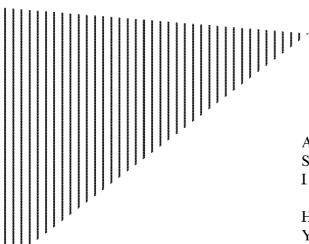
Form 990, Schedule R	, Part IV - 100	entificatioi	n of Related	Organiza	tions laxable a	s a Corporation	or Irust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
HHMOB Corporation & Subsidiary 80 Seymour Street Hartford, CT 06102 06-1140244	Real Estate Parking	СТ	N/A	С			
CHS Insurance LTD FB Perry Bld 40 Church St Hamilton BD	Captive Insurance	BD	N/A	С	21,681,320	21,874,429	42 500 %
Windham Health Services Inc 112 Mansfield Avenue Willimantic, CT 06226 06-1461101	Home Healthcare	СТ	N/A	С			
Windham Physician Hospital Organization 112 Mansfield Avenue Willimantic, CT 06226 06-1441614	Medical Services	СТ	N/A	С			
Windham Family Medical Services 112 Mansfield Avenue Willimantic, CT 06226 06-1491649	Medical Services	СТ	N/A	С			
CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Investment Management	СТ	N/A	С			
Grand Indemnity Co LTD 40 Church Street Hamilton BD 98-0609499	Professional Liability	BD	N/A	С			
Hartford Physician Services PC 80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	СТ	N/A	С			
Meriden Imaging Center 101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	СТ	N/A	S			
Hartford Physician Hospital Organization Inc 80 Seymour Street Hartford, CT 06102 22-2785918	Physician & Hospital Support	СТ	N/A	С	107,408	13,600,434	50 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount I nvolved (\$)	(d) Method of determining amount involved
(1)	CHS Insurance Ltd	К	1,205,004	FMV
(2)	CHS Insurance Ltd	Q	13,961,197	FMV
(3)	CHS Insurance Ltd	Р	293,541	FMV
(4)	CHS Insurance Ltd	R	21,874,430	FMV
(5)	Eastern Rehabilitation Network	L	2,238,553	FMV
(6)	Eastern Rehabilitation Network	N	13,808,102	FMV
(7)	Eastern Rehabilitation Network	Р	261,013	FMV
(8)	Eastern Rehabilitation Network	D	3,000,000	FMV
(9)	Eastern Rehabilitation Network	А	127,326	FMV
(10)	ннмов	N	648,444	FMV
(11)	ннмов	I	128,704	FMV
(12)	ннмов	Р	1,113,051	FMV
(13)	ннмов	J	882,162	FMV
(14)	ннмов	А	4,353	FMV
(15)	ннмов	0	936,511	FMV
(16)	ННМОВ	E	850,000	FMV
(17)	Immediate Medical Care Center	Р	304,169	FMV
(18)	Immediate Medical Care Center	К	429,226	FMV
(19)	Immediate Medical Care Center	А	662,484	FMV
(20)	Immediate Medical Care Center	N	544,632	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(21)	Immediate Medical Care Center	L	723,104	FMV
(22)	Immediate Medical Care Center	Q	2,248,482	FMV
(23)	Midstate Medical Center	Р	4,066,290	FMV
(24)	Midstate Medical Center	К	7,379,783	FMV
(25)	Midstate Medical Center	N	2,122,290	FMV
(26)	Natchaug Hospital Inc	Р	139,884	FMV
(27)	Rushford Center Inc	Р	106,168	FMV
(28)	Rushford Center Inc	А	8,995	FMV
(29)	The Hospital of Central Connecticut	К	1,704,602	FMV
(30)	The Hospital of Central Connecticut	Р	75,099	FMV
(31)	Institute Of Living	J	239,236	FMV
(32)	Institute Of Living	D	1,500,000	FMV
(33)	VNA Health Care Inc	К	259,045	FMV
(34)	VNA Health Care Inc	Р	102,703	FMV
(35)	Windham Hospital	К	223,503	FMV
(36)	Windham Hospital	Р	1,517,381	FMV
(37)	Windham Hospital	D	139,604	FMV
(38)	Institute Of Living	Р	50,583	FMV
(39)	Hartford Hospital Auxiliary	С	258,694	FMV
		1	1	1



AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Hartford Hospital Years Ended September 30, 2012 and 2011 With Report of Independent Auditors

Ernst & Young LLP



Audited Consolidated Financial Statements and Supplementary Information

Years Ended September 30, 2012 and 2011

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Report of Independent Auditors

Board of Directors Hartford Hospital

We have audited the accompanying consolidated balance sheets of Hartford Hospital (the Hospital) as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Hartford Hospital as of September 30, 2012 and 2011, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

As discussed in Note 1 to the accompanying consolidated financial statements, in 2012 the Hospital changed its method of reporting estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of the Accounting Standards Update No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*

Ernst + Young LLP

January 25, 2013

Consolidated Balance Sheets

	September 30			
		2012		2011
Assets				
Current assets				
Cash and cash equivalents	\$	90,420,865	\$	64,109,337
Accounts receivable, less allowances for doubtful accounts of				
\$27,241,000 in 2012 and \$29,331,000 in 2011		151,801,702		125,443,406
Other receivables		26,353,179		14,436,221
Due from affiliates, net		16,937,705		16,779,424
Inventories of supplies		11,444,006		11,054,904
Prepaid expenses and other assets		8,182,320		10,161,480
Current portion of assets whose use is limited		450,405		3,902,820
Total current assets		305,590,182		245,887,592
Assets whose use is limited				
Investments and other assets		262,973,702		216,442,837
Investments for restricted purposes		198,834,663		175.054.417
Escrow funds for long-term debt		23,210,563		54,673,488
Funds designated for debt service		7,125,567		6,943,069
		492,144,495		453,113,811
Funds held in trust by others		130,076,878		115,839,220
Other assets		93,329,541		81,481,163
Property plant and equipment net		368,556,833		325.855.972
	\$ 1	1,389,697,929	\$	1,222,177,758
Liabilities and net assets				
Current liabilities				
Accounts payable		27,220,741	\$	19,685,830
Salaries, wages, payroll taxes and amounts withheld from employees		21,692,976		18,652,603
Accrued expenses		37,950,571		38,265,848
Estimated third-party payor settlements		3,559,672		6,850,045
Current portion of long-term debt		64,503,933		16.971.544
Current portion of accrued pension liability		7,661,539		13,884,957
Current portion of other liabilities Total current liabilities		6,640,464		6,640,464
Accrued pension liability		372,843,056		340,366,785
Long-term debt, less current portion		188,810,879		191,588,806
Other liabilities		35,149,850		6,957,786
Net assets				
Unrestricted		294,595,271		271.222.494
Temporarily restricted		121,338,667		98.786.922
Permanently restricted		207,730,310		192,303,674
		623,664,248		562,313,090
		1,389,697,929	\$	1,222,177,758

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30		
	2012	2011	
Unrestricted revenues, gains and other support			
Net patient service revenue	\$ 926,633,05	1 \$ 853,959,278	
Provision for bad debts (see Note 1)	22,645,96	8 12,919,784	
Net patient service revenue less provision for bad debts	903,987,08	3 841,039,494	
Other operating revenue	164,924,45	9 121,952,140	
Net assets released from restrictions for operations	7,590,65	5 9,465,204	
•	1,076,502,19	7 972,456,838	
Operating expenses.			
Salaries	452,952,48	1 433,339,431	
Employee benefits	151,560,40	0 128,868,720	
Supplies and other	202,770,42	0 185,496,450	
Purchased services	165,509,61	8 157,979,941	
Depreciation and amortization	46,693,02	7 43,924,697	
Interest	4,517,04	3 1,556,400	
	1,024,002,98	951,165,639	
Income from operations before loss on early extinguishment			
of debt	52,499,20	8 21,291,199	
Loss on early extinguishment of debt		- (447,904)	
Income from operations	52,499,20		
Nonoperating income			
Income from investments, gifts and bequests, net	10,781,08	9,871,898	
Other	1,782,39		
	12,563,47		
Excess of revenues over expenses before change in		,	
unrealized gains and losses on investments	65,062,68	2 33,451,275	
Change in unrealized gains and losses on investments	43,722,09	4 (17,370,175)	
Excess of revenues over expenses	108,784,77	6 16,081,100	

Continued on next page

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30		
	2012	2011	
Unrestricted net assets			
Excess of revenues over expenses (continued)	\$ 108,784,776	\$ 16,081,100	
Transfer to affiliated entities	(51,031,423)	(3,748,398)	
Net assets released from restrictions for the purchase of			
equipment	3,353,335	2,672,750	
Change in pension and post-retirement funding obligation	(37,733,911)	(34,379,210)	
Increase (decrease) in unrestricted net assets	23,372,777	(19,373,758)	
Temporarily restricted net assets			
Restricted contributions	9,112,555	5,743,213	
Restricted investment income	3,312,218	7,989,646	
Change in unrealized gains and losses on investments	21,070,962	(10,186,931)	
Net assets released from restrictions for operations	(7,590,655)	(9,465,204)	
Net assets released from restrictions for the purchase of			
equipment	(3,353,335)	(2,672,750)	
Increase (decrease) in temporarily restricted net assets	22,551,745	(8,592,026)	
Permanently restricted net assets			
Restricted contributions	959,611	329,266	
Restricted investment income	229,367	359,236	
Change in unrealized gains and losses on funds held in			
trust by others	14,237,658	(4,077,820)	
Increase (decrease) in permanently restricted net assets	15,426,636	(3,389,318)	
Increase (decrease) in net assets	61,351,158	(31,355,102)	
Net assets at beginning of year	562,313,090	593,668,192	
Net assets at end of year	\$ 623,664,248	\$ 562,313,090	

See accompanying notes.

Consolidated Statements of Cash Flows

	Year Ended September 30 2012 2011		
Cash flows from operating activities	2012	2011	
Increase (decrease) in net assets	\$ 61,351,158	\$ (31,355,102)	
Adjustments to reconcile change in net assets to net cash	01,001,100	ψ (31,333,132)	
provided by operating activities			
Noncash items			
Depreciation and amortization	46,693,027	43,924,697	
Change in unrealized gains and losses on investments	(64,793,056)	27,557,106	
Change in unrealized gains and losses on funds held in	(0.1,17.1,01.0)		
trust by others	(14,237,658)	4,077,820	
Provision for uncollectible accounts	22,645,968	12.919.784	
Change in net assets related to post-retirement and	, ,		
pension plans	37,733,911	34,379,210	
Loss on early extinguishment of debt	_	447,904	
Transfer to affiliated entity	51,031,423	3,748,398	
Other changes in net assets			
Restricted contributions and investment income	(13,613,751)	(14,421,361)	
Changes in assets and liabilities, net (Note 14)	(47,657,183)	(14.195.790)	
Net cash provided by operating activities	79,153,839	67,082,667	
Cash flows from investing activities			
Purchase of property, plant and equipment, net	(89,393,888)	(69,067,336)	
Decrease (increase) in assets whose use is limited, net	29,214,787	(77,007,265)	
Cash paid in the acquisition of Constitution Surgery Centers	_	(27,526,034)	
Net cash used in investing activities	(60,179,101)	(173,600,635)	
Cash flows from financing activities			
Payments on long-term debt	(3,376,907)	(99,924,420)	
Proceeds on long-term debt	48,131,369	215,579,391	
Transfer to affiliated entity	(51,031,423)	(3,748,398)	
Restricted contributions and investment income	13,613,751	14,421,361	
Net cash provided by financing activities	7,336,790	126,327,934	
Net increase in cash and cash equivalents	26,311,528	19,809,966	
Cash and cash equivalents at beginning of year	64,109,337	44,299,371	
Cash and cash equivalents at end of year	\$ 90,420,865	\$ 64,109,337	

See accompanying notes

Notes to Consolidated Financial Statements

September 30, 2012

1. Significant Accounting Policies

The accounting policies that affect significant elements of Hartford Hospital's (the Hospital) consolidated financial statements are summarized below and in Note 2

Organization

The Hospital is a voluntary association incorporated under the General Statutes of the State of Connecticut, and is an affiliate of Hartford HealthCare Corporation (HHC). The Board of Directors of the Hospital, appointed by HHC, controls the operations of the Hospital. The accompanying consolidated financial statements include Hartford Hospital, Jefferson House and Cedar Mountain Commons (both of which are departments of the Hospital), and the Institute of Living

Prior to October 1, 2011, the Hospital had a 50% interest in Glastonbury Hand Center (the Center). Effective October 1, 2011, the Hospital acquired an additional one percent interest in the Center and began consolidating the Center in their financial statements with a corresponding non-controlling interest

All material intercompany accounts and transactions have been eliminated in the accompanying consolidated financial statements

Eye Surgery Center Acquisition

On February 4, 2011, the Hospital acquired certain assets of an eye surgery center from Constitution Surgery Centers. The acquisition was to enhance ophthalmology services available to patients Cash paid for the transaction was \$27.5 million. The Hospital accounted for this transaction as an asset purchase under Accounting Standards Codification (ASC) 958-805, *Business Combinations*, with the allocation of the purchase price to the related assets acquired and liabilities assumed based upon their respective fair values. The purchase price paid in excess of the fair value of identified assets aggregated \$25.8 million which has been recorded as goodwill

Goodwill

Goodwill represents the excess of cost of an acquired entity over the net of the amounts assigned to the fair value of assets acquired and liabilities assumed. As of September 30, 2012 and 2011, goodwill of \$25.8 million is recorded in the Hospital's consolidated balance sheets within other

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

assets Goodwill is reviewed annually for impairment or more frequently if events or circumstances indicate that the carrying value of an asset may not be recoverable. The impairment test for goodwill requires a comparison of fair value of each reporting unit that has goodwill associated with its operations with its carrying amount.

The impairment analysis includes estimating the fair value of each of the reporting units which have goodwill associated with their operations using discounted cash flow and multiples of cash earnings valuation techniques, plus valuation comparisons to recent public sales of similar businesses, if any These valuation methods require the Hospital to make estimates and assumptions regarding future operating results, cash flows, changes in working capital and capital expenditures, profitability, and the cost of capital Although the Hospital believes that the estimates and assumptions used are reasonable, actual results could differ from the estimates and assumptions

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

Regulatory Matters

The Hospital is required to file annual operating information with the State of Connecticut Office of Health Care Access

Fair Value of Financial Instruments

The carrying value of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of the Hospital's financial instruments are disclosed in Note 5.

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents include cash, commercial paper and corporate and government bonds, which are available to be converted to liquid assets within three months. Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Patient Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third party payor programs

The Hospital's primary concentration of credit risk is patient accounts receivable, which consist of amounts owed by various governmental agencies, insurance companies and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for uncollectible amounts. Significant concentrations of gross patient accounts receivable include 26% and 12%, and 29% and 10%, for Medicare and Medicaid, respectively, for the fiscal years ending September 30, 2012 and 2011, respectively

Investments

The Hospital's investment portfolio is classified as trading, with unrealized gains and losses included in the excess of revenues over expenses

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value using quoted market prices or model-driven valuations at the balance sheet date. Alternative investments consist of investments in hedge funds, and are measured at fair value or estimates of fair value if no readily determinable fair value exists. These estimates are determined based upon information from the funds' investment managers. The investment manager's estimates and assumptions of fair values of nonmarketable.

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

investments may differ significantly from the values that would have been used had a ready market existed, and may also differ significantly from the values at which such investments may be sold, and the differences could be material. The Hospital accounts for these investments using the equity method of accounting, except for investments held by the defined benefit pension plan, and reports its share of the increase or decrease in the funds value as investment gain or loss. Alternative investments held by the defined benefit pension plan are held at fair value as estimated in an unquoted market. Assets temporarily and permanently restricted (by donor) are recorded at fair value at the date of donation, which is then considered cost. Investment income (including realized gains and losses on investments, interest and dividends, and the change in unrealized gains and losses) is included in nonoperating income unless the income or loss is restricted by the donor or law. The cost of securities sold is based on the specific identification method.

The Hospital holds non marketable equity investments in private companies. At September 30, 2012 and 2011, the carrying value of the Hospital's portfolio of strategic investments totaled \$7,454,065 and \$5,596,866, respectively, of which 76,751 and \$126,751 are accounted for at cost and \$6,501,642 and \$5,470,115 are accounted for using the equity method of accounting at September 30, 2012 and 2011, respectively. These investments are included in other assets on the consolidated balance sheets. The Hospital's share of the income or losses of all equity method investees, using the most current financial information available, which reflects the financial performance three months in arrears, is included in nonoperating income.

Inventories

Inventories are stated at the lower of cost or market The Hospital values its inventories using the first-in, first-out method

Property, Plant and Equipment

Property, plant and equipment is stated on the basis of cost. The Hospital provides for depreciation of property, plant and equipment using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives.

Conditional asset retirement obligations recorded under the provisions of ASC 410-20, *Asset Retirement Obligations*, amounted to \$2,522,839 and \$3,141,783 as of September 30, 2012 and 2011, respectively These obligations are recorded in other liabilities in the accompanying

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

consolidated balance sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations. During 2012 and 2011, retirement obligations incurred and settled were approximately \$619,000 and \$2,500,000, respectively. Accretion expense was immaterial for the years ended September 30, 2012 and 2011

Assets Whose Use is Limited

Assets whose use is limited includes assets that are set aside internally for future capital improvements, research, education, escrow funds and debt service funds for existing obligations on outstanding long-term debt. Restricted investment income in excess of a predetermined spending limit has also been set aside as long-term investments. Investments for restricted purposes are those restricted based on donors' intents

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those where use by the Hospital has been limited by donors, to a specific time frame or purpose. Permanently restricted net assets have been restricted by donors and are maintained by the Hospital in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value. The investment income generated from these funds is expendable to support healthcare services and the assets are classified as permanently restricted.

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Unrestricted contributions are recorded, net of expenses, within other operating revenue.

Pledges receivable to be received after one year are discounted to present value and an allowance for uncollectible pledges is recorded. Amortization of the discount is recognized as revenue and is reflected in accordance with donor-imposed restrictions, if any, on the contributions

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are unrestricted contributions in the accompanying financial statements, except those relating to donations of long-lived assets

Bond Issuance Costs

Bond issuance costs associated with long-term debt for capital projects are amortized over the term of the debt using a method that approximates the effective interest method. Bond issuance costs of \$2,176,559 and \$2,245,199 are recorded in other assets in the consolidated balance sheets as of September 30, 2012 and 2011, respectively

Other Operating Revenue

Other operating revenue includes services to other subsidiaries of HHC and other institutions, electronic health record incentive program revenue, equity earnings of CHS Insurance Limited, school tuition, rental income, grant income, research income and unrestricted contributions

Nonoperating Income

Nonoperating income includes income on invested funds, realized and unrealized gains and losses on invested funds, restricted gifts, bequests, and the excess of revenues over expenses of Jefferson House and Cedar Mountain Commons

Excess of Revenues over Expenses

The consolidated statements of operations and changes in net assets include the excess of revenues over expenses as the performance indicator Changes in unrestricted net assets, which are excluded from the excess of revenues over expenses, include the changes in pension and post-retirement funding obligations, net assets released from restrictions for the purchase of equipment, and permanent transfers of assets to and from affiliates

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Professional Liability and Workers' Compensation Insurance

Coverage for medical malpractice insurance is provided on a claims-made basis. The primary level of coverage is \$10,000,000 per claim and \$39,000,000 in the aggregate. The excess indemnity coverage is layered with four different insurance companies at \$15,000,000 per claim and \$15,000,000 in the aggregate per layer and is reinsured through the captive. The primary coverage is with CHS Insurance Limited, a captive insurance company in which the Hospital has a 25% ownership interest. The Hospital's ownership is accounted for under the equity method and is included in other assets in the accompanying consolidated balance sheets. The investment activity of CHS Insurance Limited is included in other operating revenue within the accompanying consolidated statement of operations and changes in net assets, and was \$25,653,000 and \$10,430,000 for the years ended September 30, 2012 and 2011, respectively Malpractice claims are discounted at 2 49% and the incurred-but-not-reported liability was \$10,382,000 and \$10,456,000 at September 30, 2012 and 2011, respectively

The Hospital has an established policy of self-insuring the deductible portion of its workers' compensation insurance. The deductible limits are \$1,000,000 per claim for fiscal years ended September 30, 2012 and 2011. In connection with this self-insurance program, Bank of America issued an irrevocable direct pay letter of credit to the Travelers Indemnity Company, the primary insurer, for an amount not to exceed \$7,100,000.

Income Taxes

The Hospital and its subsidiaries are not-for-profit corporations as described in Section 50l(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 50 I (a) of the Code

Electronic Health Record Incentive Program

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The Hospital utilizes a grant accounting model to recognize EHR incentive revenues. EHR incentive revenues are recognized ratably over the relevant cost report period to determine the amount of reimbursement. Accordingly, the Hospital recognized approximately \$4.7 million of EHR revenues during the year ended September 30, 2012, approximately \$3.2 million and \$1.5 million relating to Medicare and Medicaid, respectively. EHR incentive revenues are included in other operating revenues in the accompanying consolidated statements of operations and changes in net assets.

The Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated

New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Recoveries* (ASU 2010-24), which provides clarification to companies in the health care industry on the accounting for professional liability and similar insurance. ASU 2010-24 states that insurance liabilities should not be presented net of insurance recoveries and that an insurance receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. ASU 2010-24 is effective for fiscal years beginning after December 15, 2010 and was adopted by the Hospital on October 1, 2011. The adoption of this standard increased other current assets and other current liabilities by approximately \$9.4 million, and other assets and other long-term liabilities by approximately \$28.8 million in the consolidated balance sheet as of September 30, 2012 as compared to September 30, 2011.

In July 2011, FASB issued ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts (ASU 2011-07) The provisions of ASU 2011-07 require certain health care entities to present the provision for bad debts associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) rather than as an operating expense Additional

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

disclosures relating to sources of patient service revenue and the allowance for doubtful accounts will also be required. The guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Hospital adopted those provisions as of and for the year ended September 30, 2012 and retrospectively applied the presentation requirements to all periods presented. See Note 1 and Note 2 for additional disclosures required by ASU 2011-07. There was no material impact to the Hospital's consolidated financial statements aside from the required changes in presentation.

In August 2010, the FASB issued ASU 2010-23, *Measuring Charity Care for Disclosure* (ASU 2010-23). ASU 2010-23 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided ASU 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care ASU 2010-23 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 The Hospital adopted this guidance in 2012 which had no material impact to the consolidated financial statements. Refer to Note 2 for the related disclosures

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2011 balances previously reported in the consolidated balance sheets and statements of operations and changes in net assets in order to conform with the year ended September 30, 2012 presentation. These reclassifications relate to classifications of the provision for allowance for bad debts which was moved to net revenue from operating expenses.

2. Revenue from Services to Patients and Charity Care

Revenues from the Medicare and Medicaid programs accounted for approximately 43% and 12%, and 40% and 43%, respectively, of the Hospital's net patient service revenue for the years ended September 30, 2012 and 2011, respectively Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing Compliance with such laws and regulations can be subject to future government review and

Notes to Consolidated Financial Statements (continued)

2. Revenue from Services to Patients and Charity Care (continued)

interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

The following table summarizes net patient service revenue.

	Year Ended September 30			
	2012	2011		
Gross revenues from patients				
Inpatients	\$ 1,483,172,404	\$ 1,378,020,729		
Outpatients	772,588,784	671,298,555		
	2,255,761,188	2,049,319,284		
Deductions				
Allowances	1,303,734,039	1,175,001,400		
Charity Care	25,394,098	20,358,606		
Net patient service revenue	926,633,051	853,959,278		
Provision for bad debts	22,645,968	12,919,784		
Net patient service revenue less provision for bad debts	\$ 903,987,083	\$ 841,039,494		

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations. During 2012 and 2011, the Hospital recorded net changes in estimates of approximately \$12.8 million and \$3.2 million, respectively, which primarily relate to better than previously estimated third party payor settlements.

Notes to Consolidated Financial Statements (continued)

2. Revenue from Services to Patients and Charity Care (continued)

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying balance sheets Additionally, certain payors' payment rates for various years have been appealed by the Hospital If the appeals are successful, additional income applicable to those years might be realized

The Hospital has agreements with various health maintenance organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the HMOs make fee-for-service payments to the Hospital for certain covered services based upon discounted fee schedules.

The Hospital's estimation of the allowance for doubtful accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances, the effectiveness of the Company's reserve policies and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following.

Revenue and volume trends by payor, particularly the self-pay components,

Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients,

Various allowance coverage statistics

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for doubtful accounts.

Notes to Consolidated Financial Statements (continued)

2. Revenue from Services to Patients and Charity Care (continued)

The Hospital accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Hospital Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Hospital utilizes the generally recognized poverty income levels for the State of Connecticut, but also includes certain cases where incurred charges are significant when compared to incomes

The Hospital provides services without charge or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such services are not reported as revenue. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are recorded as part of the provision for bad debts. In distinguishing charity care from the provision for bad debts, a number of factors are considered, certain of which require a high degree of judgment.

The estimated cost of charity care provided was \$11,173,400 and \$8,957,790 for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data

Patient service revenue, net of contractual allowances and before the provision for bad debts, recognized in the period from major payor sources for the year ended September 30, 2012, is as follows:

Medicare	40%
Medicaid	11%
Self pay	4%
All other	45%
	100%

Notes to Consolidated Financial Statements (continued)

3. Net Assets

Temporarily restricted net assets are available for the following purposes at September 30

	2012	2011
Health care services		
Free beds	\$ 29,499,059	\$ 24,458,498
Research	35,343,894	30,689,521
Education	11,758,617	10,094,964
Capital replacement	11,778,741	7,237,273
Other health care services	32,958,356	26,306,666
	\$ 121,338,667	\$ 98,786,922

Permanently restricted net assets at September 30 are restricted for:

	2012	2011
Investments to be held in perpetuity, the income from which is expendable to support health care services	\$ 56,149,656	\$ 55,190,045
Endowment requiring income to be added to original gift to support health care services Restricted funds held in trust by others, the income from	21,503,776	21,274,409
which is expendable to support health care services	130,076,878	115,839,220
	\$ 207,730,310	\$ 192,303,674

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

The Board of Directors of the Hospital has interpreted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"), as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently net restricted assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation is added to the fund. The

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted funds.

- 1) The duration and preservation of the fund
- 2) The purposes of the Hospital and the donor-restricted endowment fund
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and the appreciation of investments
- 6) Other resources of the Hospital
- 7) The investment policies of the Hospital

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

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based alternative investments to achieve its long-term objective within prudent risk constraints.

The Hospital has a policy of appropriating for distribution each year of 4% of the four quarter average market value of each fiscal year in which the distribution is planned. This is consistent with the Hospital's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment returns.

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

Changes in endowment funds for the fiscal year ended September 30, 2012 consisted of the following

	 Temporarily Restricted]	Permanently Restricted	Total
Endowment net assets at beginning of year	\$ 53,862,717	\$	76,464,454	\$ 130,327,171
Investment return. Investment income Net appreciation (realized and unrealized)	615,382 17,285,715		229,367	844,749 17,285,715
Total investment return	 17,901,097		229,367	18,130,464
Contributions	-		959,611	959,611
Appropriation of endowment assets for expenditure	(4,489,751)		_	(4,489,751)
Endowment net assets at end of year	\$ 67,274,063	\$	77,653,432	\$ 144,927,495

Changes in endowment funds for the fiscal year ended September 30, 2011 consisted of the following

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	\$ 59,918,239	\$75,775,952	\$ 135,694,191
Investment return Investment income Net depreciation (realized and unrealized) Total investment return	421,733 (839,351) (417,618)	359.236 - 359.236	780,969 (839,351) (58,382)
Contributions Appropriation of endowment assets for expenditure	(5,637,904)	329.266	329.266 (5.637.904)
Endowment net assets at end of year	\$ 53,862,717	\$76,464,454	\$ 130,327,171

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

From time to time, the fair value of assets associated with individual donor-restricted endowments funds may fall below the level that the donor, as stipulated by UPMIFA requires the Hospital to retain as a fund of perpetual duration. These deficiencies periodically result from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions in which case the Board of Directors may deem unprudent the continuation of appropriation for a limited period. There were no significant deficiencies of this nature which are reported in unrestricted net assets as of September 30, 2012 or 2011.

4. Assets Whose Use is Limited

Included in assets whose use is limited at September 30 are the following

	2012	2011
Cash and cash equivalents	\$ 16,906,268	\$ 2,071,049
Money market funds	30,786,535	65,519,377
Domestic equity securities	41,186,599	34,729,511
Fixed income securities		
US	41,073,215	25,730,197
International	_	8,844,634
Mutual funds		
US	67,764,935	73,786,682
International	82,054,217	62,759,657
Common collective funds.		
US	129,916,194	127,659,082
International	41,493,797	40,179,160
Alternative investments		
US	20,888,454	_
Other notes and accounts receivable	129,856	200,522
Pledges receivable, net	4,187,423	1,752,715
Due from affiliated entities, net	16,207,407	13,784,045
	\$ 492,594,900	\$ 457,016,631

Notes to Consolidated Financial Statements (continued)

4. Assets Whose Use is Limited (continued)

The Hospital advances funds to affiliates to provide capital for the expansion of certain mission-related activities. The Hospital expects these advances to be repaid, generally with interest. Periodically, amounts outstanding are reviewed for collectability and adjustments are provided where collection is doubtful

The composition and presentation of nonoperating income in the consolidated statements of operations and changes in net assets, is as follows

	Year Ended September 30		
	2012	2011	
Interest and dividend income	\$ 6,942,439	\$ 4,075,682	
Realized gains on investments, net	5,901,416	7,928,671	
Contributions	804,629	650,919	
Other	(1,085,010)	(47,291)	
	\$ 12,563,474	\$ 12,607,980	

5. Fair Values of Financial Instruments

As defined in ASC 820-10, fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, ASC 820-10 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

Financial assets carried at fair value in the accompanying consolidated balance sheets, excluding assets invested in the Hospital's defined benefit pension plan, are classified in the table below in one of the three categories described above

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Assets	•			
Cash and cash equivalents	\$ 90,420,865	\$ -	\$ -	\$ 90,420,865
Assets limited as to use:				
Cash and cash equivalents	16,906,268	_	_	16,906,268
Money market funds	30,786,535	_	_	30,786,535
Equity securities				
US	41,186,599	_	_	41,186,599
International	_	_	_	_
Fixed income bonds				
U S	_	41,073,215	_	41,073,215
International	_	_	_	_
Mutual funds				
US	67,764,935	_	_	67,764,935
International	82,054,217	_	_	82,054,217
Common collective funds.				
U S	_	129,916,194	_	129,916,194
International	_	41,493,797	_	41,493,797
Other assets				
Domestic mutual funds	6,318,194	_	_	6,318,914
Funds held in trust by others	_	130,076,878	_	130,076,878

The amounts reported in the table above do not include alternative investments totaling \$20,888,454 that are accounted for under the equity method of accounting

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2011 are classified in the table below in one of the three categories described above

	September 30, 2011				
	Level 1	Level 2	Level 3	Total	
Assets					
Cash and cash equivalents	\$ 64,109,337	\$ -	\$ - \$	64,109,337	
Assets limited as to use					
Cash and cash equivalents	2,071,049	_	_	2,071,049	
Money market funds	65,519,377	_	_	65,519,377	
Domestic equity securities	34,729,511	_	_	34,729,511	
Fixed income securities					
US	_	25,730,197	_	25,730,197	
International	_	8,844,634	_	8,844,634	
Mutual funds					
US	73,786,682	_	_	73,786,682	
International	62,759,657	_	_	62,759,657	
Common collective funds.					
US	_	127,659,082	_	127,659,082	
International	_	40,179,160	_	40,179,160	
Other assets					
Domestic mutual funds	4,208,400	_	_	4,208,400	
Funds held in trust by others	_	115,839,220	_	115,839,220	

Financial assets carried at fair value included in the cash balance retirement plan as of September 30, 2012 are held in a master trust. The Hospital owns participant units in the trust which was established on May 1, 2012. Financial assets classified within the trust are 43 3% Level 1, 45 4% Level 2 and 11 3% for Level 3.

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

Financial assets carried at fair value included in the defined benefit cash balance retirement plan as of September 30, 2011 are classified in the table below in one of the three categories described above.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 10,518,470	\$ -	\$ -	\$ 10,518,470
Domestic equity securities	40,514,124	_	_	40,514,124
Fixed income securities				
US	_	49,049,039	_	49,049,039
International	_	14,305,453	_	14,305,453
Mutual funds				
U S	91,097,250	_	_	91,097,250
International	59,483,410	_	_	59,483,410
Common collective funds				
US	_	201,803,168	_	201,803,168
International	_	45,570,541	_	45,570,541

Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based upon model-based valuations techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including public market participants, dealers and brokers.

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

Notes to Consolidated Financial Statements (continued)

6. Property, Plant and Equipment

Property, plant and equipment consist of the following at September 30

	2012	2011
Land and land improvements Buildings and fixed equipment Movable equipment	\$ 24,168,711 556,370,268 407,092,717	\$ 23,011,190 526,586,817 383,220,441
	987,631,696	932,818,448
Less accumulated depreciation	682,475,713 305,155,983	635,128,928 297,689,520
Construction in process (estimated cost to complete - \$26,700,000)	63,400,850	28,166,452
	\$ 368,556,833	\$ 325,855,972

The Hospital capitalized interest expense of \$1,083,286 for the years ended September 30, 2012

7. Pensions and Other Post-retirement Benefits

The Hospital has a cash balance retirement plan, the Retirement Plan for Employees of Hartford Hospital, covering substantially all employees, and a noncontributory, supplemental defined-benefit retirement plan for certain executive employees (collectively, the pension plans)

The Hospital provides health care and life insurance benefits to its retired employees who meet certain eligibility requirements. The Hospital's policy is to fund the cost of post-retirement benefits, other than pensions, as incurred

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic benefit cost

	2012	2011
Unrecognized actuarial loss	\$ 384,158,111	\$ 344,687,961
Unrecognized prior service credit	(7,267,193)	(5,530,954)
	\$ 376,890,918	\$ 339,157,007

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Post-retirement Benefits (continued)

The actuarial loss and prior service credit included unrestricted net assets at September 30, 2012, and expected to be recognized in net periodic benefit cost during the year ending September 30, 2013, are as follows.

Unrecognized actuarial loss	\$ 25,812,146
Unrecognized prior service credit	 (3,659,810)
	\$ 22,152,336

The following table sets forth the plans' funded status and amounts recognized in the consolidated balance sheets:

	Pension Benefits			tirement Benefits	
	2012	2011	2012	2011	
Change in benefit obligations					
Benefit obligation at beginning of year	\$ (782,262,134)		\$ (75,948,756)	\$ (76.107.566)	
Service cost	(31,677,554)		(2,469,488)	(2.247.313)	
Interest cost	(38,864,858)	(38,240,998)	(3,855,362)	(3.887,066)	
Plan participants' contributions	_	_	(3,436,765)	_	
Benefits paid	49,219,473	46,950,284	8,860,557	3.840.944	
Actuarial gains and losses	(127,629,437)	(2.083.677)	8,842,454	3,020,947	
Plan amendments	_	_	_	(568,702)	
Benefit obligation at end of year	(931,214,510)	(782,262,134)	(68,007,360)	(75.948.756)	
Change in plan assets					
Fair value of plan assets at beginning of					
year	512,341,455	552,985,060	_	_	
Actual return on plan assets	105,653,734	6,223,548	_	_	
Benefits paid	(49,219,473)	(46,950,284)	(8,860,557)	(3.840.944)	
Employer contribution	60,684,245	83,131	8,860,557	3.840.944	
Fair value of plan assets at end of year	629,459,961	512,341,455	_		
Funded Status of the Plan	\$ (301,754,549)	\$ (269,920,679)	\$ (68,007,360)	\$ (75,948,756)	
C					
Components of net periodic benefit cost	0 21 (77 55)	¢ 21 100 970	© 3.460.400	Ф 2.217.212	
Service cost	\$ 31,677,554	\$ 31.499.870	\$ 2,469,488	\$ 2.247.313	
Interest cost	38,864,858	38.240.998	3,855,362	3.887.066	
Expected return on plan assets	(43,310,053)		-	-	
Net amortization and deferral	17,637,965	7.676.567	118,934	319.311	
Loss on settlement	953,474	_	_		
Benefit cost	\$ 45,823,798	\$ 28,450,231	\$ 6,443,784	\$ 6.453.690	

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Post-retirement Benefits (continued)

The accumulated benefit obligation for the pension plans were \$877,682,091 and \$739,738,503 as of September 30, 2012 and 2011, respectively

The weighted-average assumptions used to develop net periodic benefit cost and the projected benefit obligation were as follows.

	2012	2011
Discount rate for projected benefit obligation	3,85%	5.00%
Discount rate for net periodic benefit cost	5.00%	5.05%
Expected long-term rate of return on plan assets	8.00%	8.00%
Measurement date	September 30	September 30

The Hospital has a defined contribution plan for all new employees. The cash balance retirement plan is frozen to all new members effective in fiscal year 2010 Expense for employer contributions was approximately \$11,193,634 and \$9,295,203 in 2012 and 2011, respectively These amounts are included in accrued pension liability on the consolidated balance sheets

The expected rate of return on plan assets was determined by the expected return on each asset class based on a model that considers historical and expected future performance

The weighted-average annual assumed rate of increase in the per capita cost of covered benefits (i.e., health care cost trend rate) is assumed to be 9%. Rates are assumed to decline to 5% through 2019. This health care cost trend rate assumption has a significant effect on the amounts reported. To illustrate, a one percentage point increase in the assumed health care cost trend rate would increase the service and interest cost and accumulated post-retirement benefit obligation by approximately \$365,483 and \$2,842,424 at September 30, 2012, respectively. A one percentage point decrease in the assumed health care cost trend rate would decrease the service and interest cost and accumulated post-retirement benefit obligation by approximately \$314,416 and \$2,499,267 at September 30, 2012, respectively

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Post-retirement Benefits (continued)

Plan Assets

The pension plan weighted-average asset allocations at September 30, by asset category, are as follows:

Target			
Asset Category	Allocation	2012	2011
Equity securities	57%	41%	59%
Fixed income/debt securities	25%	14%	33%
Commodities/inflation/real assets	8%	34%	7%
Other	10%	11%	1%
Total	100%	100%	100%

The goals of the plan are to provide a secure retirement benefit for plan participants and to manage plan assets for the exclusive benefit of the participants. The Investment Committee of the Board of Directors has responsibility for the development, review and monitoring of the investment policy. The plan assets are invested in accordance with the policy.

Contributions

The Hospital expects to contribute \$51,354,973 to its pension plans and \$4,241,435 to its other post-retirement benefit plan in 2013

Estimated Future Benefits Payments

The following benefit payments, which reflect expected future service, are expected to be paid as follows:

	Pension	Other Post-
	Benefits	Retirement Benefits
2013	\$ 62,863,250	\$ 4,241,435
2014	60,004,237	4,227,991
2015	60,928,661	4,339,617
2016	62,447,501	4,332,754
2017	65,444,360	4,437,166
2018-2022	333,890,921	22,531,277

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt

Details of long-term debt are as follows

	September 30		
	2012	2011	
Intercompany debt with HHC.			
Series A, consisting of a tax exempt serial bond			
and term bonds, interest at rates ranging			
from 4 4% to 5 0%	\$ 92,750,683	\$ 90,364,187	
Series B, tax-exempt variable rate term bond	48,221,793	48,221,793	
Series C, taxable variable rate term bond	28,831,592	28,831,592	
State of Connecticut Health and Educational			
Authority (CHEFA) Easy Loan	12,327,990	16,221,042	
Capital lease obligations	8,239,129	8,243,545	
Lines of credit	58,191,234	10,059,865	
Other notes	2,987,305	4,827,560	
Premium on long-term debt	1,765,086	1,790,766	
	253,314,812	208,560,350	
Less current portion	64,503,933	16,971,544	
	\$ 188,810,879	\$ 191,588,806	

On September 29, 2011, HHC issued approximately \$375,815,000 of CHEFA Revenue Bonds Series A, B, and C (the HHC 2011 Bonds) In conjunction with the issuance of the 2011 Bonds, an obligated group was formed. The members of the obligated group are HHC, Hartford Hospital, The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital and MidState Medical Center (collectively referred to as the "Obligated Group") 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. HHC 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 HHC with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, HHC may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the terms of the MTI, including payment of the outstanding obligations

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

The HHC 2011 Bonds were issued to refund portions of existing debt under HHC, and to obtain funds for future capital needs. As such, the HHC 2011 Bonds are reflected as intercompany debt in the schedule above. The HHC Series A Revenue Bonds consist of serial bonds that mature annually from July 1, 2014 through July 1, 2023 and the term bonds mature from July 1, 2024 through July 1, 2041. The HHC Series B Revenue Bonds consist of term bonds that mature from July 1, 2042 through July 1, 2049. The HHC Series B Revenue Bonds are secured by an irrevocable letter of credit issued by Bank of America which expires on September 29, 2018. The HHC Series C Revenue Bonds consist of term bonds that mature from July 1, 2042 through July 1, 2049. The HHC Series C Revenue Bonds are secured by an irrevocable letter of credit issued by JP Morgan Chase Bank which expires on October 1, 2016. The reimbursement terms of the letters of credit for the HHC Series B and C Revenue Bonds are such that in the event a letter of credit is drawn upon due to a failed remarketing the components available shall equal the aggregate principal and interest amount of bonds outstanding

The MTI and Supplemental MTI provide for the potential establishment and maintenance of a Debt Service Reserve Fund, a pledge of gross receipts, as defined, and parity with the HHC Series A Revenue Bonds that remain outstanding. The MTI and loan agreements establish certain restrictive covenants, including a debt service coverage ratio and days cash on hand requirement. No violations of covenants existed as of September 30, 2012 or 2011.

The fair value of the HHC 2011 Bonds was approximately \$396,836,000 and \$375,815,000 at September 30, 2012 and 2011, respectively. The carrying value of the HHC 2011 Bonds was \$375,815,000 as of September 30, 2012 and 2011. The fair value of the HHC 2011 Bonds was determined by the Hospital's investment advisor using a market approach that uses prices and other relevant information generated by market transactions involving identical or comparable liabilities. The carrying value of the Hospital's other long-term debt approximates fair value at September 30, 2012 and 2011.

In September 2010, the Hospital entered into a master financing agreement with CHEFA, for funds to be used to purchase all or a portion of the costs of various capital expenditures. The interest rate is 2.75% and payable in monthly installments of \$357,156 for a period of five years. The outstanding balance related to the master financing agreement as of September 30, 2012 and 2011 was \$12,327,990 and \$16,221,042, respectively

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

The Hospital entered into a capital lease for a satellite location. The lease is a twenty year lease with an option to purchase at the end of the thirty-seventh month. The monthly installments are \$71,637 with interest at 6.25%. The outstanding capital lease obligation was \$8,239,129 and \$8,243,545 as of September 30, 2012 and 2011, respectively

As part of the HHC 2011 Bonds, the Obligated Group entered into a new line of credit for \$20,000,000 from Bank of America. This line expires in March 2014. As of September 30, 2012 and 2011, the Hospital had drawn \$17,186,119 and \$10,059,865, respectively on this line of credit, with a variable rate of 1.32% and 1.25%, respectively and is included in current portion of long-term debt on the consolidated balance sheets. In 2012, Obligated Group obtained an additional \$60,000,000 line of credit with another bank. As of September 30, 2012, the Hospital had drawn \$41,005,115 on this line of credit, which is also included in current portion of long term debt with a variable rate of .92% which expires March 2013.

Scheduled principal repayments are as follows

2013	\$ 64,503,933
2014	13,562,948
2015	5,746,998
2016	1,558,621
2017	1,540,618
Thereafter	166,401,694
	\$ 253,314,812

Interest paid for the years ended September 30, 2012 and 2011 was \$4,517,043 and \$1,558,782, respectively

Notes to Consolidated Financial Statements (continued)

9. Pledges Receivable

Pledges receivable, included in board-designated investments and other assets, include the following unconditional promises to give as of September 30

September 30		
2012	2011	
\$ 371,159	\$ 1,178,882	
4,565,011	810,117	
4,936,170	1,988,999	
748,747	236,284	
\$ 4,187,423	\$ 1,752,715	
	\$ 371,159 4,565,011 4,936,170 748,747	

The discount recognizes the present value of the pledges. The allowance recognizes the estimated uncollectible portion of the pledges.

10. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital Such lawsuits and claims are either specifically covered by insurance as explained in Note I or are deemed to be immaterial. While the outcomes of the lawsuits cannot be determined at this time, management believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or changes in net assets of the Hospital

The Hospital has several operating lease agreements for certain real estate, medical equipment and computer equipment Certain of these leases have renewal options for periods up to five years and escalation clauses Rent is payable in equal monthly installments. Rent expense was \$30,069,300 and \$21,915,275 for the years ended September 30, 2012 and 2011, respectively.

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

The future minimum lease payments are as follows

2013	\$ 7,927,967
2014	5,818,488
2015	5,537,522
2016	5,610,220
2017	5,720,742
Thereafter	 65,059,254
	\$ 95,674,193

11. Related-Party Transactions

The Hospital provides general and administrative services to certain of its affiliates and is reimbursed for the cost of these services. Fees charged to affiliates for the year ended September 30, 2012 and 2011, which are included in other operating revenue in the consolidated statement of operations and changes in net assets, were approximately \$40,349,344 and \$35,132,123, respectively

Amounts due from affiliates related to these services at September 30 are as follows

	2012	2011
Intercompany receivable Notes receivable from affiliates	\$ 3,184,097 13,753,608	\$ 790,316 15,989,108
	\$ 16,937,705	\$ 16,779,424

12. Guarantees

The Hospital guarantees certain debt issues of related parties. The related parties would not have been able to obtain favorable financing terms and rates without the Hospital's guarantee. The term of the guarantees is equal to the term of the related debt, with maturities between 2013 and 2015. The maximum potential amount of future payments the Hospital could be required to make under its guarantees at September 30, 2012 and 2011 were approximately \$1,925,000. If the related party does not make the necessary principal and interest payments required by the debt agreements, the Hospital is required to pay the monthly debt service.

Notes to Consolidated Financial Statements (continued)

12. Guarantees (continued)

The Hospital also guarantees the termination value of a swap agreement of a related party. The arrangement relates to an interest rate swap contract with a counterparty with an original notional amount of \$19,745,000 to fix the variable rate debt at a rate of 4.15%. The Hospital would be responsible for any termination payments related to the swap in the event of either nonperformance by the counterparty or by the counterparty's election to terminate the swap agreement. This guarantee is expected to significantly reduce annual debt service payments of the related party. The swap's termination value was approximately \$4,387,733 and \$4,248,129 as of September 30, 2012 and 2011, respectively

In 2009, the Hospital entered into a guarantee agreement with two entities in which the Hospital has non-marketable equity investments in, for the issuance of financial guarantees in order to assist these entities in obtaining bank financing, which expire in June 2016 and September 2016, respectively. The Hospital believes that, based on its knowledge of their businesses, these entities continue to be an acceptable credit risk. The amount of the financial guarantees is approximately \$346,000 and \$5,000,000 at September 30, 2012 and 2011, respectively

13. Functional Expenses

The Hospital provides health care services to residents within its geographic location. Net expenses related to providing these services are as follows

	Year Ended S	Year Ended September 30		
	2012	2011		
Health care services	\$ 924,150,590	\$ 858,815,250		
Research	24,885,158	23,127,300		
Education	74,966,541	69,670,993		
	\$ 1,024,002,989	\$ 951,613,543		

Notes to Consolidated Financial Statements (continued)

14. Supplemental Cash Flow Information

The changes in assets and liabilities are as follows

Year Ended September 30					
2012	2011				
\$ (49,004,264)	\$ (21,003,837)				
(11,916,958)	4,310,524				
(158,281)	(6,738,805)				
1,590,058	895,438				
(11,848,378)	(15,010,483)				
(3,290,373)	4,869,382				
7,534,911	(22,252,539)				
2,202,373	(3,398,713)				
522,723	16,885,371				
16,711,006	27,247,872				
\$ (47,657,183)	\$ (14,195,790)				
	2012 \$ (49,004,264) (11,916,958) (158,281) 1,590,058 (11,848,378) (3,290,373) 7,534,911 2,202,373 522,723 16,711,006				

15. Subsequent Event

The Hospital evaluated subsequent events through January 25, 2013, which is the date the financial statements were issued. No other events occurred that require disclosure or adjustment to the consolidated financial statements. Effective October 1, 2012, the Hospital's ownership interest in CHS Insurance Limited was transferred to HHC as a result of HHC becoming the sole owner of CHS Insurance Ltd. In addition, the coverage levels for professional liability were amended. The primary level of coverage for all HHC entities will be \$7,500,000 per claim and \$30,000,000 in the aggregate. The primary level of excess coverage will be \$20,000,000, shared by two insurance companies. Three other companies each cover additional layers of \$10,000,000 for a total excess coverage of \$60,000,000.



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Report of Independent Auditors on Supplementary Information

Board of Directors Hartford Hospital

We have audited the consolidated financial statements of Hartford Hospital as of and for the years ended September 30, 2012 and 2011, and have issued our report thereon dated January 25, 2013 which contained an unqualified opinion on those consolidated financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheet and statement of operations are presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

January 25, 2013

Ernst & Young LLP

Consolidating Balance Sheet

	Hartford Hospital	Jefferson House Combined (1)	The Institute of Living	Total
Assets				
Current assets				
Cash and cash equivalents	\$ 86,685,189	\$ 3,450,783	\$ 284,893	\$ 90,420,865
Accounts receivable, less allowances for doubtful accounts of \$27,241,000	149,897,688	1,904,014	_	151,801,702
Other receivables	26,338,847	4,309	10,023	26,353,179
Due from affiliates, net	14.295.347	1,737,406	904.952	16,937,705
Inventories of supplies	11,444,006	_	_	11,444,006
Prepaid expenses and other assets	8.148.253	34.068	(1)	8.182.320
Current portion of assets whose use is limited	450,405	_	_	450,405
Total current assets	297.259.735	7,130,580	1.199.867	305,590,182
Assets whose use is limited				
Investments and other assets	160,438,984	74,488,484	28,046,234	262,973,702
Investments for restricted purposes	166,867,237	5.947.939	26,019,487	198,834,663
Escrow funds for long-term debt	23,210,563	_	_	23,210,563
Funds designated for debt service	7.125.567	_	_	7.125.567
	357.642.351	80,436,423	54,065,721	492,144,495
Funds held in trust by others	103,637,269	24,456,643	1.982.966	130,076,878
Other assets	93.329.541	_	_	93,329,541
Property plant and equipment, net	353,071,642	9,541,195	5,943,996	368,556,833
	\$ 1,204,940,538	\$ 121,564,841	\$ 63,192,550	\$ 1.389.697.929

⁽¹⁾ Includes Cedar Mountain Commons

Consolidating Balance Sheet (continued)

	Hartford Hospital		 fferson House Combined ⁽¹⁾	The Institute of Living	Total
Liabilities and net assets					
Current liabilities					
Accounts payable	\$	27.045.389	\$ 175,352		\$ 27,220,741
Salaries, wages, payroll taxes and amounts withheld from employees		21,441,478	251,498		21,692,976
Accrued expenses		36,575,174	1.219.085	\$ 156,312	37.950.571
Estimated third-party payor settlements		3,559,672	_	_	3.559,672
Current portion of long-term debt		64,503,933	_	_	64,503,933
Current portion of accrued pension liability		7.661.539	_	_	7,661,539
Current portion of other liabilities		6,640,464	_	_	6,640,464
Total current liabilities		167,427,649	1.645.935	156,312	169.229.896
Accrued pension liability		372,843,056	_	_	372,843,056
Long-term debt. less current portion		188.810.879	_	_	188,810,879
Other liabilities		35,149,850	_	_	35,149,850
Net assets					
Unrestricted		169,620,159	89,449,024	35,526,088	294,595,271
Temporarily restricted		101.571.787	3,474,517	16,292,363	121.338.667
Permanently restricted		169,517,159	26,995,365	11,217,786	207,730,310
		440,709,105	119,918,906	63,036,237	623,664,248
	\$ 1.	.204.940.539	\$ 121,564,841	\$ 63,192,549	\$ 1,389,697,929

⁽¹⁾ Includes Cedar Mountain Commons

Consolidating Statement of Operations

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living		
Unrestricted revenues, gains and other support					
Net patient service revenue	\$ 926,633,051			:	\$ 926,633,051
Provision for bad debts	22,645,968				22,645,968
Net patient service revenue less provision for bad debts	903,987,083				903,987,083
Other operating revenue	164,600,638		\$ 563,057	\$ (239,236)	164,924,459
Net assets released from restrictions for operations	7,374,565	\$ 22,604	193,486	_	7,590,655
	1,075,962,286	22,604	756,543	(239,236)	1,076,502,197
Operating expenses					
Salaries	452,952,481				452,952,481
Employee benefits	151,560,400				151,560,400
Supplies and other	202,543,051	20,927	445,678	(239,236)	202,770,420
Purchased services	165,507,941	1,677	_	_	165,509,618
Depreciation and amortization	46,274,726	_	418,301	_	46,693,027
Interest	4,517,043	-	-	_	4,517,043
	1,023,355,642	22,604	863,979	(239,236)	1,024,002,989
Income from operations	52,606,644	_	(107,436)	-	52,499,208
Nonoperating income (loss)					
Income (loss) from investments, gifts and bequests, net	10,255,689		525,392		10,781,081
Other	(21,309)	1,803,702	_		1,782,393
	10,234,379	1,803,702	525,392	-	12,563,474
Excess (deficiency) of revenues over expenses before change in					
unrealized gains and losses on investments	62,841,023	1,803,702	417.956	=	65,062,682
Change in unrealized gains and losses on investments	28.516.089	10,496,812	4,709,193		43,722,094
Excess of revenues over expenses	\$ 91,357,112	\$ 12,300,514	\$ 5,127,150	\$ -	\$ 108,784,776

⁽¹⁾ Includes Cedar Mountain Commons

Consolidating Balance Sheet

	Hartford Hospital		Jefferson House Combined (1)	The Institute of Living	Total
Assets					
Current assets					
Cash and cash equivalents	\$ 60,477.	778	\$ 2,146,351	\$ 1,485,208	\$ 64,109,337
Accounts receivable, less allowances for doubtful accounts of \$29,331,000	123,703,	917	1.739.489	_	125,443,406
Other receivables	14,438,	542	_	(2.321)	14,436,221
Due from affiliates, net	16,276,	1 75	898,005	(395,056)	16,779,424
Inventories of supplies	11.054.	904	_	_	11.054,904
Prepaid expenses and other assets	10,118,	333	42,647	_	10,161,480
Current portion of assets whose use is limited	3,902,	320	_	_	3,902,820
Total current assets	239.973.	269	4.826,492	1.087.831	245.887.592
Assets whose use is limited					
Investments and other assets	129,222.	599	63,759,587	23,460,551	216,442,837
Investments for restricted purposes	146,779.	526	5,453,385	22.821.506	175.054.417
Escrow funds for long-term debt	54,673.	188	_	_	54,673,488
Funds designated for debt service	6,943.)69	_	_	6.943.069
	337.618.	782	69,212,972	46,282,057	453,113,811
Funds held in trust by others	92.291.	555	21.804.495	1.743.070	115.839.220
Other assets	81.481.	163	-	_	81,481,163
Property plant and equipment, net	309,372,	889	10,120,786	6,362,297	325,855,972
	\$ 1,060,737.	759 9	\$ 105,964,745	\$ 55,475,255	\$ 1,222,177,758

⁽¹⁾ Includes Cedar Mountain Commons

Consolidating Balance Sheet (continued)

	Hartford Hospital						Haitioid		Jefferson House Combined ⁽¹⁾		Jefferson House Combined (1)				iiai tioi u		Hai tiora		111		Inc institute			Total
Liabilities and net assets																								
Current liabilities																								
Accounts payable	\$	19,542,101	\$	143,729			\$	19,685,830																
Salaries, wages, payroll taxes and amounts withheld from employees		18,445,257		207.346				18,652,603																
Accrued expenses		36,997,829		1.157.741	\$	110.278		38.265.848																
Estimated third-party payor settlements		6,850,045		_		_		6.850.045																
Current portion of long-term debt		16.971.544		_		_		16,971,544																
Current portion of accrued pension liability		13.884.957		_		_		13,884,957																
Current portion of other liabilities		6,640,464		_		_		6,640,464																
Total current liabilities		119,332,197		1,508,816		110.278		120,951,291																
Accrued pension liability		340,366,785		_		_		340,366,785																
Long-term debt, less current portion		191.588.806		_		_		191,588,806																
Other liabilities		6.957.786		_		_		6.957.786																
Net assets																								
Unrestricted		163,006,762		77,148,434	3	31,067,298		271,222,494																
Temporarily restricted		82,502,856		2,964,277]	13,319,789		98,786,922																
Permanently restricted		156,982,566		24.343.218	1	10,977,890		192,303,674																
		402,492,184		104,455,929	5	55,364,977		562,313,090																
	\$ 1.	060,737,758	\$	105,964,745	\$ 5	55.475.255	\$ 1	1,222,177,758																

⁽¹⁾ Includes Cedar Mountain Commons

Consolidating Statement of Operations

	Hartford Hospital		son House ibined ⁽¹⁾		Institute Living	Eliminations		Total
Unrestricted revenues, gains and other support	•				·			
Net patient service revenue	\$ 853,959,278						\$	853,959,278
Provision for bad debts	12,915,771			\$	4,013			12,919,784
Net patient service revenue less provision for bad debts	841,043,507				(4.013)			841,039,494
Other operating revenue	121,645,764				545,612	\$ (239.236)	121,952,140
Net assets released from restrictions for operations	9,161,084	\$	26,403		277,717	_		9,465,204
	971,850,355		26,403		819,316	(239,236)	972,456,838
Operating expenses								
Salanes	433,339,431		_		_	_		433,339,431
Employee benefits	128,868,720		-		=	_		128,868,720
Supplies and other	185,371,396		23,281		341,009	(239,236)	185,496,450
Purchased services	157.976.819		3,122		_	-		157,979,941
Depreciation and amortization	43,450,600		_		474,097	_		43,924,697
Interest	1,556,400		_		-	_		1,556,400
	950,563,366		26,403		815,106	(239,236)	951,165,639
Income from operations before loss on early extinquishment of debt	21,286,989		_		4,210	_		21,291,199
Loss on early extinguishment of debt	(447,904))	_		_	_		(447,904)
Income from operations	20,839,085		_		4,210	_		20,843,295
Nonoperating income (loss)								
Income from investments, gifts and bequests, net	8.711.872		_	1	1,160,026	_		9.871.898
Other	(18,983))	2,755,065		-	_		2,736,082
	8,692,889		2,755,065	1	1,160,026	_		12,607,980
Excess of revenues over expenses before change in unrealized gains and losses on investments	29.531.974		2,755,065	1	1,164,236			33,451,275
Change in unrealized gains and losses on investments	(10,212,490)		(5,359,616)		1,798,069)			(17,370,175)
Excess (deficiency) of revenues over expenses	\$ 19,319,484	\$	(2,604,551)	\$	(633,833)	\$ _	\$	16,081,100

⁽¹⁾ Includes Cedar Mountain Commons

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