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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)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hartford Hospital		D Employer identification number 06-0646668
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 80 Seymour Street PO Box 5037	Room/suite	E Telephone number (860) 696-6200
	City or town, state or country, and ZIP + 4 Hartford, CT 061025037		G Gross receipts \$ 1,523,912,886
	F Name and address of principal officer Stuart Markowitz MD 80 Seymour Street Hartford, CT 06102		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HARTHOSP.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Hartford Hospital, founded in 1854, is one of the largest teaching hospitals and tertiary care centers in New England. The hospital is home to a particularly extensive surgical practice. It has been training physicians for over 130 years, primarily in collaboration with the University of Connecticut School of Medicine. It is a member of Hartford HealthCare Corporation, a large, diversified health care system. The hospital is an 867-bed regional referral center that provides high-quality care in all clinical disciplines, enhanced by robust research endeavors. Among its divisions are the Institute of Living, a 154-bed mental health facility, and Jefferson House, a 104-bed long-term care facility. The hospital's active medical staff includes over 1,300 physicians and dentists within 18 clinical departments. In 2013, the hospital had 41,809 discharges and 100,799 emergency department visits. The Hospital owns and operates the State's only Air Ambulance System (LifeStar).		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	15	
4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	8,335	
6	Total number of volunteers (estimate if necessary)	1,169	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,817,380	
7b	Net unrelated business taxable income from Form 990-T, line 34	-217,694	

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	50,463,051	44,343,052
	9	Program service revenue (Part VIII, line 2g)	994,234,347	998,448,361
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,910,378	120,288,577
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,625,136	12,521,021
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,078,232,912	1,175,601,011
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	267,919
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	597,207,276	626,663,531
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>1,383,551</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	409,536,237	438,839,660
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,007,011,432	1,065,688,191
19		Revenue less expenses Subtract line 18 from line 12	71,221,480	109,912,820
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	1,326,505,378	1,295,534,541
	21	Total liabilities (Part X, line 26)	765,877,368	670,075,768
	22	Net assets or fund balances Subtract line 21 from line 20	560,628,010	625,458,773

Part II Signature Block

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

Sign Here	Signature of officer			Date	
	Gerald J Boisvert Vice President, Finance Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Wendy J Clavin		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN P00870950	
	Firm's name ▶ Ernst & Young US LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 2005 Market St 700 Philadelphia, PA 19103			Phone no (215) 448-5000	

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

Part IIIS

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a	(Code)	(Expenses \$ 92,355,352	including grants of \$	(Revenue \$ 91,031,196)
<p>At the completion of Fiscal Year (FY)2013, there were 81 medical staff members in the Division of Cardiology, comprised of 13 hospital-employed faculty cardiologists, 56 private practice cardiologists, 6 full-time employed hospitalists, and three doctoral-level researchers. Four new physicians joined the full-time staff in FY 2013. The division received \$1,600,000 in research funding, including \$1,436,820 from industrial sources, \$99,667 from foundations and \$63,513 from internal grants. The number of cardiology full-time equivalent employees in FY13 was 179. The number of medical cardiology non-ICU discharges was 4,425. The number of medical cardiology non-ICU patient days was 21,053. The number of medical cardiology ICU discharges for FY2013 was 156 and the number of medical cardiology ICU patient days was 3,893. Division Of Cardiology Patient Care Activities *For FY2013 there were 3,856 total cases, 3,397 were coronary, 459 peripheral. Total cases were up approximately 2% from the previous year *For coronary procedures, 2,119 were diagnostic, 1,169 were angioplasties and 105 structural heart interventions such as Transcatheter Aortic Valve Replacement Procedure (TAVR) *112 Percutaneous Coronary Interventions (PCI) were done on an outpatient basis, up from 89 in FY2012. We expect this trend to continue for FY2014 *For peripheral procedures, there were 459 total cases. 110 diagnostic and 349 interventional. *90% of all cardiac interventions were stented, 79% received drug-eluting stents and 19% were bare metal. There was a 9% increase in the use of drug-eluting stents from FY2012. *Approximately 24% of all cardiac cases were done through the radial artery. This is double the amount done in FY2012 when only 12% were done via the radial artery. *The PCI length of stay was 3.53 days for FY2013, about a half day is trending downwards longer than the American College of Cardiology National Cardiovascular Data Registry (ACC NCDR) for PCI average for all comers. The LOS due to the increasing number of 1 day and less longer length of stays. *There was a near doubling of structural heart interventions. 56 in FY2012 and 105 in FY2013. There were 42 Valvuloplasties, 55 TAVRs and 33 Ventricular Assist Device (VAD) placements. *The Emergent case status for PCIs at Hartford Hospital was 25.8% compared to 16.2% for similar hospitals that report to the ACC NCDR. In addition 24% of all PCIs were ST Elevation Myocardial Infarctions (STEMIs) compared to 15% at similar-sized hospitals (source: Q2, 2013 ACC NCDR Report). *21% of our patients were direct transfers and 30.1% came in through the Hartford Hospital Emergency Department. This was a 7% increase in emergency patients from FY2012. *48% of all cardiac lab cases were elective, 41% urgent and 11% emergent. This was a slight increase in urgent cases from the previous year and a slight decrease in elective cases. Cardiac Electrophysiology Laboratory *For FY2013, there were a total of 1,173 procedures performed. This represents an overall 1% decrease in total procedures compared to FY2012. *There were 764 patient visits. This represents an overall 1% increase in patient visits compared to FY2012. *There were 189 cardiac ablations, this represents a 12% decrease from FY2012. *A total of 293 Implantable Cardioverter Defibrillator (ICD) cases were performed. Of these, 25% were ICD generator changes, of which 18% were biventricular ICD generator changes, 23% were initial biventricular ICD implants, and 34% were initial single or dual chamber ICD implants. *A total of 190 pacemaker (PM) cases were performed, a 23% increase from FY2012. Of these, 22% were PM generator changes, 11% were initial biventricular PM implants, and 67% were initial single or dual chamber PM implants. *16 laser lead extractions were performed, this represents a 0% change from FY2012. *35 lead cases other than laser, were performed. *222 lead/device explants were performed, this represents a 34% increase from FY2012. Nuclear Cardiology / Exercise Stress Test Laboratories There was a total 2,214 nuclear cardiology imaging studies performed at Hartford Hospital in FY2013. Cardiac Positron Emission Tomography (PET) represented 114 of the total procedures. Overall, FY2013 nuclear cardiology volume for both HH and satellites (including Cardiac PET) totaled 3,448 procedures. There were a total of 2,502 stress tests performed at Hartford Hospital in FY2013. Of these, 382 were standard Exercise Tolerance Test, 2,041 were combined with perfusion imaging, and 79 were with Cardiac PET Echocardiography. In FY2013, Hartford Hospital Echocardiography Lab performed 10,209 transthoracic studies, 769 transesophageal echocardiographic studies, and 164 stress echocardiograms. These totals represent a 5.4% increase compared to FY2012. Approximately 48% of transthoracic studies were performed at the bedside and 17.8% of studies were performed on outpatients. The lab was able to decrease turnaround time from time of order to completion within 36 hours to over 90% in FY2013. This decrease had a positive effect on overall length of stay. Cardiac Surgery *840 cases were done in FY2013, an 18% increase from FY2012. *There were 366 isolated Coronary Artery Bypass Grafting (CABG) surgeries, 146 CABG/Valve, 253 Valves and 75 Others. This represents a 37% increase in valve surgery and a 49% increase in CAB/Valve surgery. *41% of all CABG only surgeries were off pump. The National rate of Off-Pump CABG is 18%. *From the latest Society of Thoracic Surgeons report dated 11/1/13, which included cases from 1/1/13 through 6/30/13, our CABG operative mortality was 0.6%. Our risk adjusted observed to expected mortality was 0.71, which places us in the 98th percentile for the country. Our operative mortality last year was 1.9% and an odds ratio of 1.06. *Our observed to expected ratio for complications for CABG, Aortic Valve Replacement (AVR), Mitral Valve Replacement (MVR), AVR + CABG and MVR + CABG were all below 1.00 and at the 90th percentile for similar sized hospitals (average is 50th percentile). A ratio below 1 signifies that outcomes are better than expected. *12 Heart Transplants were done at Hartford Hospital in FY2013 compared to 14 the previous year. Advanced Heart Failure and Transplant Center. The Advanced Heart Failure (HF) Infusion Center continues to provide successful outpatient therapy for decompensated HF patients, reducing length of stay, preventing re-admission and allowing patients to stay in the comfort of their own home. Outpatient Infusion Therapy continues to be very popular and highly effective in stabilizing patients with acute HF syndrome. During FY2013, a total of 1,673 encounters and 1,222 infusions were performed. The Early Discharge HF heart failure Infusion Clinic (EDHFIC) program continues to screen patients in the ED to prevent (re)admissions to the hospital. Patients with HF are screened, and if they meet criteria they are assessed for treatment in the Infusion Center rather than being admitted. HH Heart Transplant Program (HHHTP) In FY2013, the HHHTP performed 12 heart transplants. Approximately 115 previously transplanted heart patients are followed by the Hartford Hospital Transplant team. HH Heart Transplant program's waiting list for the United Network for Organ Sharing continues to be one of the northeast's shorter than average wait times. At the same time the number of organ offers from with our Organ Procurement Organization was down in comparison to previous years. Most transplants are performed on VAD patients highlighting the importance of the VAD program to the continued success of the transplant program. The HHHTP continues to use Allomap blood testing which remains an adjunct to endomyocardial biopsy to help with the surveillance and management of rejection in Heart Transplant patients. Preventive Cardiology Preventive Cardiology includes cholesterol management, low-density lipoprotein (LDL) apheresis, cardiovascular sports medicine consultation 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. There were over 17,000 Cardiac Rehabilitation visits at the three sites. Hartford, Glastonbury and Farmington. Community Outreach Hartford Hospital actively supported the American Heart Association's Annual Heart Walk. Multiple heart health screenings were well attended at Big Y locations throughout Central Connecticut. Cardiac Rehab did multiple blood pressure screenings as part of Cardiac Rehab Week, and to raise awareness of their four sites across the region.</p>				

4b	(Code)	(Expenses \$ 74,895,608	including grants of \$	(Revenue \$ 64,152,677)
<p>The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. The most distinctive aspect of this year in regard to behavioral health, has been the roll out of the national dialogue on mental health which followed from the Sandy Hook Disaster. The IOL is proud to have played a role in the shaping of this dialogue through consultation with Vice President Biden's office and participation in numerous town hall panels, conferences and media appearances. Senior members of the IOL staff continued their efforts on the Governor's Sandy Hook Advisory Commission throughout the year. In response to Sandy Hook and the ensuing dialogue about mental health, the Connecticut legislature enacted a variety of provisions aimed at enhancing mental health services with a focus on early detection and intervention. Highlights of the year included renovation of the Purple Pod which will significantly enhance the capacity and the quality of the space devoted to psychiatric patients in the Hartford Hospital Emergency Department. The Purple Initiative was multispecialty, multidisciplinary effort to plan for an expansion of psychiatric services in the Emergency Department. Programmatic developments on the IOL campus included the continuation of the growth of the Young Adult Program as we implemented a Hartford Foundation for Public Giving grant with the development of outreach services for this population, growth of our Child and Adolescent Partial Hospital Program, planning for the establishment of a partial hospital track for LGBTQ (lesbian, gay, bisexual, transgender, queer) patients and expansion of inpatient geriatric services by an additional four beds. We continued our quality and safety focus on suicide prevention and seclusion/restraint reduction. Statistical Data: Total discharges for the year were 4,004. The number of adult day treatments was 8,084. The IOL treated 21,664 patients for eating disorder and 4,214 for Schizophrenia rehabilitation. A total of 1,536 patients received Geriatric day treatment, 4,040 received professional day treatment, 1,812 received extended day treatment, 7,190 received Child/Adolescent day treatment and 2,857 went through the Dialectical Behavioral Therapy (DBT) program. The average length of stay was 9.8 days and the average daily census was 109.1. Hartford residents accounted for 33% of admissions and 63% of admissions were from other areas within the state. Patient Care Activities and Program Development: Patient care activities and program development were guided by the IOL's internal goals for FY2013. Highlights included a focus on continued growth in the Young Adult and Child and Adolescent PHP/IOP Programs, an increase of Inpatient capacity by four beds on the Geriatric unit and the development of an expanded space and program in the Purple Pod in HH ED. Other program highlights for this year included: *Assessment Center. Clinicians evaluated nearly 6,500 patients in the Hartford Hospital Emergency Department, 2,437 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 (including the POTENTIAL Program). *Inpatient Services. Total discharges were 4,004 from three adult units, one geriatric unit, one child unit, one adolescent unit and one child/adolescent unit (CARES). *Child/Adolescent Division. Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent Practice and the Webb Schools (Hartford and Cheshire). The Webb Schools continue to operate the Transitional Learning Academy and have further developed vocational programming for the high school and transitioning students. *Geriatric Division. Expanded inpatient capacity by four beds and remained very active providing day hospital, outpatient and nursing home services. Electroconvulsive therapy utilization remains high and Transcranial Magnetic Stimulation volumes are stable. *Consultation/Liaison Service and Emergency Department. Consultation/Liaison group added a new physician to better respond to continued increase in volumes. Facilities and program plans were developed for Purple Pod expansion and construction was underway by year end. *Other specialty services included the Anxiety Disorders Center/Center for Cognitive Behavioral Therapy (which established new programs for insomnia, adult ADHD, phobias and depression), the Memory Disorders Center, the Mood Disorders Program and Transcranial Magnetic Stimulation. 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 quarterly to the IOL Board of Directors, and annually to the Hartford Hospital Quality Council. Highlights of this year's quality initiatives continue to include suicide prevention and assessment, reduction in the use of seclusion and restraint, and fall prevention. Specific to reduction in use of seclusion and restraint, new restraint equipment was implemented on all inpatient units. This new equipment consists of a restraint chair and transboard, almost fully replacing 4 point restraints and the canvas safety suit. Events and hours of seclusion were statistically significantly reduced this year. The trend over time supports the effectiveness of the cumulative interventions and specific components introduced during FY2013. Other quality/safety initiatives included the continued focus on our computerized clinical alert system, corporate compliance, and environment of care. We continue to collect data for "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. Compliance rate is greater than 85% on all measures, with 98% compliance on measures involving continuity of care. 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 Center, directed by David Tolin, Ph.D., researches treatments for Obsessive-Compulsive Disorder (OCD), Panic Disorder, Compulsive Hoarding and other disorders on the anxiety spectrum. The Braceland Center for Mental Health and Aging (Karen Blank, M.D., Director) addresses issues related to memory in normal aging and in individuals with Alzheimer's Disease or other dementing processes. Finally, the Burlingame Center for Psychiatric Research and Education, directed by John Goethe, M.D., focuses on outcomes and best practices research as well as pharmacogenetics, metabolic syndrome and treatment resistant mood disorders. Our research centers continued to perform well in competitive funding with a total of \$4.1 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 53 articles, book chapters, and books, made 52 presentations nationally, and received numerous awards and honors over the course of the year.</p>				


























4c	(Code)	(Expenses \$ 66,325,964	including grants of \$	(Revenue \$ 59,164,715)
<p>Hartford Hospital Department of Surgery (DOS) has exhibited another year of progress for FY2013, excelling in multiple clinical and administrative areas. The attending staff consisted of the following: Active Staff 64, Courtesy 30, Consulting 7, Refer and Follow 13, and there were 101 Advanced Practitioners. The Department of Surgery is comprised of 12 Divisions. In 2013, the Department ranks were increased by 13 Active Medical Staff members. Patient Care Activities - All Divisions within the Department of Surgery excelled within their clinical areas. Divisions include: Bariatric Surgery, Colorectal Surgery, Pediatric Surgery, Podiatric Surgery, Plastic Surgery, Surgical Critical Care, Surgical Oncology, Thoracic Surgery, Transplant Surgery, and Vascular Surgery. Trends in Frequency of Operations are depicted below. Note this information is based on surgical procedures and diagnostic procedures (IE. Colonoscopy) are excluded. Hence, surgical procedures performed by surgeons within their Division(s): Bariatric 879, Colorectal 1,451, General Surgery 2,626, Plastic 2,094, Podiatry 1,091, Surgical Oncology 1,587, Transplant 751, Trauma 164, Vascular 860 and Thoracic 303. The department continues to grow and continues to be dynamic with several changes over the past year. In-patient and Ambulatory Surgeries totaled 11,806 which are 261 cases. More than 49% of the cases were performed on an out-patient basis. With regards to Patient experience, the DOS exceeded its benchmarked Top Box Physician score of 84.4% in FY2013. To further improve patient experience scores, the Department continued to support the initiative "The Patient Experience, Building Physician and Nurse Leaders." This initiative has helped each of the DOS nursing units partner with physician leaders to identify key areas of focus to improve patient care and patient experience. Department of Surgery Research/Publications/Presentations- The Department of Surgery continues to participate in clinical and scientific research and has contributed significantly to the surgical body of knowledge. Members of the department have presented their findings at several prestigious forums and have published in a variety of referred journals. Division of Bariatric Surgery - 2013 was a successful year for the Center for Metabolic and Bariatric Surgery at Hartford Hospital. With more than 500 procedures for the year and more than 3500 cases completed since the inception of the program in 2004, Hartford Hospital is the leading provider for metabolic and bariatric surgery services in Connecticut. Division of Colorectal Surgery - There were 2 major initiatives of the colorectal division this year, growth and development of the robotic colorectal surgery program, and the multidisciplinary collaboration in the development of the pelvic floor program as detailed below. *Robotics. The goal is to utilize advanced technology in selected colorectal procedures where potential advantages may exist over traditional laparoscopic surgery. Our future goals include further growth of the program, while being mindful of the types of procedures, where the use of robotics may be beneficial to the patient. *Pelvic floor. The new Women's GI Health Center is working closely with varied disciplines on women's health issues. A new office procedure was introduced into practice to help treat rectal incontinence, Solesta injectable gel. In addition, the division is treating more patients with fecal incontinence with the use of interstim neural stimulator. Division of Podiatric Surgery - As a division that works heavily within the hospital with multiple specialties, our outcomes continue to be excellent for limb salvage. With the advent of new interventional vascular procedures by our vascular colleagues and diligent work by our division, limb salvage rates seem to stay high. We are working on different type of measures to quantify these results. Division of Plastic Surgery - The Plastic Surgery Department provides clinical services at the Connecticut Children's Medical Center and at Hartford Hospital. Our surgical volume has remained stable, and includes all types of plastic and reconstructive procedures. Our Plastic Surgeons frequently collaborate with other surgical specialists, providing state-of-the-art multidisciplinary surgical care. Common surgical procedures performed include: complex wound closures including flaps and grafts, craniofacial reconstruction, craniofacial fracture repair, cleft lip/palate reconstruction, breast surgery/ reconstruction, body contouring, skin/soft tissue tumor excision/repair, upper extremity/hand surgery/reconstruction, and cosmetic surgery/non-surgical cosmetic procedures. Division of Surgical Critical Care and Trauma - The Division of Surgical Critical Care is dedicated to providing state-of-the-art, comprehensive care to critically ill and injured patients. The Division is also committed to training fellows to assume leadership roles in the field of critical care and to insure that the educational goals of surgical and non-surgical residents are met. Patient Care - The Surgical Critical Care Division is comprised of three patient-focused intensive care units providing care in the area of General Surgery/Trauma, Cardiothoracic and Neurocritical care to over 3,100 critically ill or injured patients per year. The Division includes a total of 46 ICU beds and 12 stepdown beds to provide continuity of care throughout the patients' acute hospital course. Total SICU admissions continues to increase from 3,104 (FY2012) to 3,370 (FY2013). Average length of stay was lower in FY2013 at 4.1 days compared to 5.3 days in FY2012. Division of Surgical Oncology - The Division of Surgical Oncology had another successful year. The number of patients and surgical procedures continues to increase. Our division members not only continue to provide cutting-edge hospital services, but also participate in local and national meetings. We have also been very active providing community education through talks and television appearances. *Published manuscripts and abstracts - Over the past year, the division published articles in Surgery and Connecticut Medicine and updated three chapters on the Up to Date website for the treatment of cancer. *Invited presentations - The division presented "The Surgical Approach to Melanoma" at the annual Mary Brearey Cancer Symposium. Members of the division also gave various talks throughout the community educating the public on ductal carcinoma in situ of the breast, melanoma, and pancreas cancer. We had a poster presented at the New England Surgical Society annual meeting on partial breast irradiation in patients treated at Hartford Hospital. Division of Thoracic Surgery - FY2013 was marked by three new general thoracic surgeons joining the Hartford HealthCare ranks. STS General Thoracic Surgery Database shows Hartford Hospital to be in the upper 25th percentile regarding lowest morbidity and mortality for both pulmonary lobectomy and esophagectomy compared with the other 232 institutions participating in the STS General Thoracic Surgery database. Division of Transplant Surgery - The Vascular Access cases have increased by approx 20% and the Surgeons have met frequently with Nephrologists to meet their needs of establishing quality markers. Transplants were down 3 overall for the year. Clinical volume showed an increase of 25% for new Hepatology patients and opened South Windsor, Windham, and Manchester satellites for our program.</p>				

	(Code)	(Expenses \$ 668,056,489	including grants of \$	185,000)	(Revenue \$ 789,362,529)
<p>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, Glastonbury, Newington, West Hartford, Wethersfield, Windsor and South Windsor. Hartford Hospital has New England's second-busiest surgical practice, after Massachusetts General. It is ranked among the top 10 centers in the country for experience in robotic surgery and performs more minimally invasive 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 2013 Annual Report, Hartford Hospital is the second-largest provider of Medicaid services in the state. Assessing Community Health Needs: The 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 years 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. Partnerships - We 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 Groups - Individuals and families can obtain support and education from our more than 30 support groups. Outpatient Clinics - We operate several low- or no-cost outpatient clinics to provide the poorest among us with high-quality health care. Community Outreach - We 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 underserved. Contributions - We provide financial and in-kind contributions to nonprofit organizations that serve the community. Health Professions Education - Hartford 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 the enough qualified health professionals to meet the community's growing needs. Cancer Outreach - Hartford 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 problems. Emergency Services - From minor injuries to large-scale catastrophes, Hartford Hospital is the region's leading resource in an emergency. *Our Emergency Department had approximately 101,000 visits in FY2013. *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 900 patients in FY2013. *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 - In 2013, the Hospital supported approximately 290 community benefit research projects, expending a total of \$12,726,896. Our research helps expand the medical community's knowledge and gives our patients access to leading-edge treatments.</p>					

4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 668,056,489	including grants of \$	185,000)	(Revenue \$ 789,362,529)	
4e	Total program service expenses				

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 		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? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i> 		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? <i>If "Yes," complete Schedule D, Part I.</i> 		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? <i>If "Yes," complete Schedule D, Part II.</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	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 United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 		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 United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 		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? <i>If "Yes," complete Schedule G, Part II.</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	832	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,335	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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			
5a	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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	7d		
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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization'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 elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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 cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section 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), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Carol Wardell 80 Seymour Street Hartford, CT (860) 696-6200

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	28,029,761	2,256,310	3,947,328

\$100,000 of reportable compensation from the organization

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
University of Connecticut Health Center 263 Farmington Avenue Farmington CT 06030	Interns, Residents and Medical Services	23,747,922
Downes Construction Company LLC 200 Stanley Street New Britain CT 06051	Construction	22,846,763
FIP Construction Inc 10 Mckee Place Cheshire CT 06410	Construction	10,773,507
Allscripts Healthcare LLC 24630 Network Place Chicago IL 60673	Software Support Services	8,125,913
Connecticut Multispecialty Group PC 85 Seymour Street Hartford CT 06106	Medical Services	4,844,140
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶195		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	1,423,432			
	d	Related organizations 1d	207,096			
	e	Government grants (contributions) 1e	31,080,275			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,632,249			
	g	Noncash contributions included in lines 1a-1f \$	4,188,346			
	h	Total. Add lines 1a-1f	44,343,052			
Program Service Revenue	Business Code					
	2a	Patient Care	624100	991,753,396	991,753,396	
	b	Ref Testing & Fees	621500	4,163,402	2,700,106	1,463,296
	c	Free Bed Income	621400	2,287,771	2,287,771	
	d	Sale of By Products	900099	241,937	241,937	
	e	Library	541700	1,855		1,855
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	998,448,361			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	10,235,755			10,235,755
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real	(ii) Personal			
		2,433,037				
		0				
		2,433,037				
	d	Net rental income or (loss)	2,433,037			2,433,037
	7a	(i) Securities	(ii) Other			
		457,693,153	27,883			
		347,575,095	93,119			
		110,118,058	-65,236			
	d	Net gain or (loss)	110,052,822			110,052,822
	8a	Gross income from fundraising events (not including \$ 1,423,432 of contributions reported on line 1c) See Part IV, line 18				
	a	220,323				
	b	Less direct expenses b	643,661			
	c	Net income or (loss) from fundraising events	-423,338			-423,338
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	Inc From Inv - Other	900003	7,080,136	6,727,907	352,229
	b	Cafeteria Income	722210	3,431,186		3,431,186
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	10,511,322			
	12	Total revenue. See Instructions	1,175,601,011	1,003,711,117	1,817,380	125,729,462

Part IX

Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	108,000	108,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	77,000	77,000		
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.	17,252,810	10,445,654	6,807,156	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	7,566,887	3,029,534	4,537,353	
7	Other salaries and wages.	430,157,188	389,902,363	39,230,680	1,024,145
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	67,889,209	54,661,421	13,227,788	
9	Other employee benefits.	71,092,464	57,601,728	13,490,736	
10	Payroll taxes.	32,704,973	26,818,078	5,886,895	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	651,595	65,070	586,525	
c	Accounting.	366,852		366,852	
d	Lobbying.	111,310		111,310	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,460,885	1,460,885		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	68,286,773	56,129,760	12,157,013	
12	Advertising and promotion.	3,327,176	168,831	3,158,345	
13	Office expenses.	41,972,763	27,735,268	14,109,039	128,456
14	Information technology.	760,360	228,342	498,720	33,298
15	Royalties.				
16	Occupancy.	26,120,260	22,972,673	3,147,587	
17	Travel.	1,344,206	1,184,620	158,924	662
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	126,330	84,210	42,120	
20	Interest.	5,704,487	4,131,562	1,572,925	
21	Payments to affiliates.	14,766,187	12,447,033	2,319,154	
22	Depreciation, depletion, and amortization.	49,452,979	35,074,025	14,361,679	17,275
23	Insurance.	9,487,937	61,581	9,426,356	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical Supplies.	139,288,611	139,288,611		
b	Purchased Services.	46,045,335	31,421,786	14,448,027	175,522
c	Equipment & Ppty Maint.	15,739,731	13,430,932	2,308,799	
d	Miscellaneous Expenses.	7,942,548	7,561,487	381,061	
e	All other expenses.	5,883,335	5,542,959	336,183	4,193
25	Total functional expenses. Add lines 1 through 24e.	1,065,688,191	901,633,413	162,671,227	1,383,551
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		67,549,972	1	19,915,933
	2	Savings and temporary cash investments		53,372,534	2	13,806,708
	3	Pledges and grants receivable, net		6,555,214	3	5,080,340
	4	Accounts receivable, net		175,777,067	4	173,856,997
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,444,006	8	11,186,533
	9	Prepaid expenses and deferred charges		8,182,321	9	11,562,814
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,088,779,342		
	b	Less accumulated depreciation	10b	700,146,649	362,612,837	10c388,632,693
	11	Investments—publicly traded securities		387,217,959	11	447,048,832
	12	Investments—other securities See Part IV, line 11		128,093,912	12	134,914,172
	13	Investments—program-related See Part IV, line 11		67,518,507	13	52,241,424
	14	Intangible assets		25,811,034	14	25,811,034
	15	Other assets See Part IV, line 11		32,370,015	15	11,477,061
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,326,505,378	16	1,295,534,541
Liabilities	17	Accounts payable and accrued expenses		169,073,583	17	199,745,547
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		596,803,785	25	470,330,221
	26	Total liabilities. Add lines 17 through 25		765,877,368	26	670,075,768
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		259,069,182	27	299,792,317
	28	Temporarily restricted net assets		105,046,304	28	116,856,893
	29	Permanently restricted net assets		196,512,524	29	208,809,563
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		560,628,010	33	625,458,773
	34	Total liabilities and net assets/fund balances		1,326,505,378	34	1,295,534,541

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,175,601,011
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,065,688,191
3	Revenue less expenses Subtract line 2 from line 1	3	109,912,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	560,628,010
5	Net unrealized gains (losses) on investments	5	-46,556,472
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,474,416
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	625,458,773

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Flaks Exec VP and COO, HHC & Ex-Officio	30 00 30 00	X		X				856,801	0	160,788
Stacy R Nerenstone Ex-Officio	2 00	X						0	0	0
Douglas G Elliot Chair	3 00	X		X				0	0	0
Greg Deavens Director	2 00	X						0	0	0
Jeffry Nestler MD Ex-Officio	2 00	X						0	0	0
Andrew L Salner MD Director Cancer Program and BOD	60 00	X		X				483,116	0	48,664
Joseph Henry Director (August 2013)	2 00	X						0	0	0
Gregory M Jones Director	2 00	X						0	0	0
Roger Klene Director	2 00	X						0	0	0
David R McHale Director	2 00	X						0	0	0
Jarrold B Post Director	2 00	X						0	0	0
Magdalena Rodriguez Director	2 00	X						0	0	0
Westley V Thompson Director	2 00	X						0	0	0
James M Loree Director	2 00	X						0	0	0
Stuart Markowitz MD President and CEO & Ex-Officio	60 00	X		X				641,318	0	51,056
Rebecca Lobo Director	2 00	X						0	0	0
Joseph J Klimek MD Vice President	60 00			X				549,668	0	23,076
Harold I Schwartz MD Vice President	60 00			X				576,090	0	141,396
Jamie M Roche MD Vice President	60 00			X				420,352	0	80,160
Thomas J Marchozzi Exec VP & CFO	30 00 30 00			X				732,298	0	139,261
Wendy E Elberth Vice President	60 00			X				279,894	0	44,254
Carol S Garlick Vice President	60 00			X				213,808	0	38,010
Bimal Patel Vice President	60 00			X				327,199	0	35,316
Donna Handley Vice President	60 00			X				294,225	0	49,399
Yvette Melendez Vice President	60 00			X				280,265	0	31,228

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karen T Goyette Vice President	60 00			X				240,219	0	44,820
Betsy Boatman Vice President	60 00			X				214,801	0	29,417
Rita Parisi Vice President	30 00 30 00			X				333,338	0	97,190
Lenworth Jacobs MD Vice President	60 00			X				3,706,565	0	76,475
Cheryl Ficara Vice President	60 00			X				311,651	0	64,528
Peter Q Fraser Vice President	60 00			X				294,397	0	48,569
Gerald J Boisvert VP & CFO	60 00			X				0	0	0
Carolyn Hoban Vice President	60 00			X				0	0	0
Orlando C Kirton MD Dir Surgery	60 00				X			618,526	0	93,208
Joel I Sorosky MD Dir Womens' Health	60 00				X			551,247	0	76,126
Paul Thompson MD Dir Cardiology	60 00				X			1,939,027	0	157,731
Michael Lindberg MD Dir Medicine	60 00				X			366,278	0	77,003
Vernon Y Kwok MD Dir Dental Clinic	60 00				X			231,792	0	25,457
Alan Laites Dir Jefferson House	60 00				X			224,954	0	11,214
Christopher Clyne MD Dir Electrophysiology	60 00				X			450,856	0	70,949
Karyn L Butler MD Dir Surg Critical Care	60 00				X			396,986	0	69,982
Ikram Kureshi MD Dir Neurosurgery	60 00				X			187,907	0	0
Paul W Crespi Dir Managed Care Contract	60 00				X			414,670	0	75,015
Alan J Smally MD Dir ER Physicians	60 00				X			385,713	0	89,926
Patricia Sheiner MD Dir Transplant	30 00 30 00				X			0	913,486	41,874
Robert Hagberg MD Dir Cardiovascular Surger	30 00 30 00				X			0	780,677	33,180
Steven Shichman MD Dir Urology	30 00 30 00				X			0	562,147	71,675
Jeffrey Kluger MD Dir of Arrhythmia Center	60 00					X		452,315	0	30,010
Steven L Zweibel MD Dir Electrophysiology	60 00					X		462,803	0	71,070
John F Greene Jr MD Co-Dir WAHS	60 00					X		444,050	0	77,720

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles J Ingardia Dir Maternal Fetal Medicine	60 00					X		1,187,289	0	32,041
Adam Borgida Dir Maternal Fetal Medicine	60 00					X		382,035	0	63,801
Elliot T Joseph Former-President & CEO	0 00						X	1,724,083	0	386,116
Neil Yeston MD Former - Vice President	0 00						X	573,654	0	93,495
Stephan O'Neill Former - Vice President	0 00						X	222,133	0	19,887
Rocco Orlando Former - Senior Vice President	0 00						X	631,237	0	157,512
Paul S Besson Esq Former - Vice President	0 00						X	144,060	0	11,225
James M Blazar Former - Vice President	0 00						X	520,609	0	120,638
Richard G Stys Former - Vice President	0 00						X	474,611	0	112,551
Sonal Shah Former - Vice President	0 00						X	266,341	0	36,499
Michele B Bush Esq Former - Vice President	0 00						X	438,245	0	30,268
Gary V Heller MD Former - Director	0 00						X	374,038	0	63,339
Alfred Herzog MD Former-Vice President	0 00						X	122,831	0	8,937
Tracy A Church Former - Vice President	0 00						X	469,838	0	108,760
Luis Taveras Former - Vice President	0 00						X	509,009	0	121,797
Kevin P Keating MD Former - Director	0 00						X	372,937	0	76,455
Judith Pepe MD Former - Director	0 00						X	344,546	0	65,423
Robert S Dicks MD Former - Director	0 00						X	205,599	0	62,253
Detlef Wencker MD Former - Director	0 00						X	380,709	0	60,231
Jonathan A Hammond MD Former - Director	0 00						X	802,828	0	40,353

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
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		111,310
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			111,310
2a	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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	Hartford Hospital paid \$25,000 to Coalition to Protect America's Health Care for lobbying efforts on behalf of the organization during the fiscal year. Efforts mainly include the 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). CHA and AHA conduct lobbying activities on behalf of their members. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA and AHA conduct lobbying activities under current Medicare rules. The total amount of dues allocated for lobbying expenses for FY13 was \$86,310.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

Part I

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

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

Part II

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

1

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

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

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

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

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	119,653,630	108,251,287	112,783,609	106,412,056	111,529,519
b Contributions	4,719,250	959,611	329,266	1,357,240	175,575
c Net investment earnings, gains, and losses	11,853,804	14,072,208	106,788	6,795,833	-2,825,233
d Grants or scholarships					
e Other expenditures for facilities and programs	3,480,169	3,629,476	4,968,376	1,781,520	2,467,805
f Administrative expenses					
g End of year balance	132,746,515	119,653,630	108,251,287	112,783,609	106,412,056

2

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

a

Board designated or quasi-endowment

☒

b

Permanent endowment

☒ 56 000 %

c

Temporarily restricted endowment

☒ 44 000 %

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

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☒ No

(ii) related organizations

3a(ii)

☒ Yes

☐

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

☒

4

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,374,554		20,374,554
b Buildings		583,200,481	382,182,734	201,017,747
c Leasehold improvements				
d Equipment		485,204,307	317,963,915	167,240,392
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				388,632,693

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

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

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

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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	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. In addition to the Endowment Funds, other funds are set aside by management or by the Board of Directors for future capital improvements, research, education, and debt service funds for existing obligations and outstanding long term debt.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
Hartford Hospital

Employer identification number
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.

- 1 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 the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean	0	0	Program Services	Captive Insurance - Professional and General Liability	12,738,912
3a Sub-total	0	0			12,738,912
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			12,738,912

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

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

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

Part III

(a) Type of grant or assistance

(b) Region

(c) Number of recipients

(d) Amount of cash grant

(e) Manner of cash disbursement

(f) Amount of non-cash assistance

**(g) Description
of non-cash
assistance**

(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

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

[illegible]

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Black & Red Ball (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,643,755		1,643,755
	2	Less Contributions . . .	1,423,432		1,423,432
	3	Gross income (line 1 minus line 2)	220,323		220,323
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	45,608		45,608
	7	Food and beverages .	216,921		216,921
	8	Entertainment	249,588		249,588
	9	Other direct expenses .	131,544		131,544
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(643,661)
					-423,338

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in



a The organization's facility	13a	
b An outside facility	13b	

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

Name 

Address 

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


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

c If "Yes," enter name and address of the third party

Name 

Address 

16 Gaming manager information

Name 


Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

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

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,960,183		8,960,183	0 840 %
b Medicaid (from Worksheet 3, column a)			180,277,662	137,616,683	42,660,979	4 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .						
d Total Financial Assistance and Means-Tested Government Programs .			189,237,845	137,616,683	51,621,162	4 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,666,832	1,036	6,665,796	0 630 %
f Health professions education (from Worksheet 5)			52,515,768	16,242,180	36,273,588	3 400 %
g Subsidized health services (from Worksheet 6)			6,147,652	2,655,579	3,492,073	0 330 %
h Research (from Worksheet 7)			12,726,896		12,726,896	1 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			19,608,599	11,814,379	7,794,220	0 730 %
j Total. Other Benefits			97,665,747	30,713,174	66,952,573	6 280 %
k Total. Add lines 7d and 7j .			286,903,592	168,329,857	118,573,735	11 120 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		11,324		11,324	0 %
2	Economic development		2,631		2,631	0 %
3	Community support		97,311	7,860	89,451	0 010 %
4	Environmental improvements		300	120	180	0 %
5	Leadership development and training for community members		109,687		109,687	0 010 %
6	Coalition building		1,933		1,933	0 %
7	Community health improvement advocacy		112,293		112,293	0 010 %
8	Workforce development		11,761	120	11,641	0 %
9	Other					
10	Total		347,240	8,100	339,140	0 030 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

17,413,292

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

266,874,001

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

238,271,154

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

28,602,847

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Hartford Hospital 80 Seymour Street Hartford, CT 06102	X	X		X		X	X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Hartford Hospital

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

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

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>250 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

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

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

12

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		Part I, Line 3c Hartford Hospital used Federal Poverty Guidelines to determine eligibility
		Part I, Line 7 The organization utilized an overall cost to charge ratio, (RCC), developed from the Medicare Cost Report Total expense was adjusted for medicaid provider taxes, directly identified community benefit expense and community building expenses This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies These costs were removed from the calculations above to avoid duplication Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g

Identifier	ReturnReference	Explanation
		Part I, Line 7g No physician clinic costs were included in the subsidized Health Services cost calculations
		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 \$300,000 on community building activities during fiscal year 2013 The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities Examples of these efforts to affect job opportunities and poverty, quality of housing, neighborhood safety, and education can be found in the following Community Building activities Advocacy for Community Health Improvement - Since the community the Hospital serves is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues Among these organizations are the Connecticut Coalition 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 Housing - Hartford Hospital is a member of the Southside Institutions Neighborhood Alliance (SINA), a collaborative effort of Hartford Hospital, Connecticut Children's Medical Center and Trinity College The City of Hartford has one of the lowest percentages of home ownership in the country Renters are often exposed to lead paint, a potentially dangerous toxin to children SINA has endeavored to address the need for safe, clean housing and provide commitment to and pride for the neighborhood and community by promoting homeownership In the past year, SINA completed construction of 10 single family homes, which were all sold to first time home buyers with incomes less than 80% of area median income Hartford Hospital directly provided a significant portion of the funds that made this project a success Additionally, SINA began construction of four two family homes and one single family home which also will be sold to first time home buyers with incomes less than 80% of area median income 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 19 of the Audited Financial Statement Part III, Line 3 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 2013 would be immaterial
		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
Hartford Hospital		Part V, Section B, Line 3 Input was solicited from leading health care and social services providers, not for profit business leaders, and local residents Specifically input was received in the following ways 1 Key Informant Interviews Each partner identified 5 to 10 people in management or leadership positions with various community organizations including health and human services, religious organizations, and government agencies, 85 in all Respondents were asked, via phone interview, to critically evaluate health needs pertinent to the community through their experience Survey questions focused on underserved populations and access to care issues in the City of Hartford In total, 59 interviews were conducted See appendix for complete list of participants 2 Hartford Survey Project In order to better understand Hartford's human service needs and barriers to receiving services, a face to face survey by Urban Alliance, a local non profit organization, was conducted 402 resident surveys were completed at 12 locations throughout the city to promote geographical and ethnic diversity among respondents, these locations include grocery stores, pharmacies, and community events and programs Respondents were asked to identify if they would benefit from any of 12 service areas, the possible barriers to obtaining these services, and which three areas of the 12 have a need for additional services In addition they were asked to rank the top three service areas in Hartford that they believed were in most need Of the total respondents 57% were female and 43% were male The ethnicity breakdown was 39% African American, 37% Latino, 9% White, and 8% West Indian Age categories for respondents were 27% between 18 and 29 years old, 42% between 30 and 49, 2% between 50 and 64 and 6% were 65 and older

Identifier	ReturnReference	Explanation
Hartford Hospital		Part V , Section B, Line 4 Hartford Hospital conducted the needs assessment with two other hospital facilities Saint Francis Hospital and Connecticut Children's Medical Center
Hartford Hospital		Part V , Section B, Line 5c The needs assessment was published in March 2012 and is available on the hospital's website In addition, copies were distributed to local non-profit organizations, colleges, churches, and state and local government representatives These reports are also made available in waiting areas of the various departments within the hospital

Identifier	ReturnReference	Explanation
Hartford Hospital		Part V , Section B, Line 7 At a meeting in April 2012, the hospitals, Hartford's Department of Health and Humans Services, and local partners met to prioritize the health issues determined by the needs assessment Participants engaged in a ranking exercise and rated each issue on a 5 point likert Scale based on the following criteria scope & severity, ability to impact and gaps in services The higher the average, the greater perceived significance of the issue Access to Care, Obesity, Diabetes, Cardiovascular disease, and Mental and Behavioral health rose to the top Sexually Transmitted Diseases, Infant Mortality, Oral Health, Environmental Health, Asthma, and Cancer were at the bottom of the list Participants came to the consensus that all the health issues identified in the needs assessment were important, but they noted the need to focus resources and efforts toward specific health issues such as the five identified However, they stressed the importance of adopting broad reaching system changes that would improve coordination of care for individuals living in the City of Hartford
Hartford Hospital		Part V , Section B, Line 14g A public notice regarding financial assistance and availability of free beds funds are posted at all of the admission sites, including admitting and emergency department Patients are also encouraged to call service center if they need financial assistance

Identifier	ReturnReference	Explanation
Hartford Hospital		Part V , Section B, Line 20d Hartford Hospital is in the process of adopting proposed 501r regulations Once the regulations are final the hospital will be in compliance
		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 least 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
		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 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 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
		<p>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 well-being The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at other hospitals These services are provided regardless of a patient's ability to pay 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 Hartford Hospital 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</p>
		<p>Part VI, Line 6 Hartford Hospital is a subsidiary 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 cost containment strategies</p>

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

Additional Data

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

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

Name and address	Type of Facility (describe)
Eye Center - Newington 505 Willard Avenue Newington, CT 06111	Eye Center
West Hartford Surgery Center 65 Memorial Road Suite 500 West Hartford, CT 06102	Eye Center
The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Eye Center
Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Eye Center
Glastonbury Surgery Center LLC 195 Eastern Boulevard Glastonbury, CT 06033	Eye Center
Glastonbury Endoscopy Center LLC 300 Western Boulevard Glastonbury, CT 06033	Eye Center
Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Eye Center
Hartford Hosp Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Eye Center
Hart Hosp Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Eye Center
Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Eye Center
Enfield Family Wellness Center 100 Hazard Avenue Enfield, CT 06082	Eye Center
South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Eye Center

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number

06-0646668

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

13

3

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

1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Tapestry Awards	3	10,000			
(2) Sons and Daughters Scholarship Awards	67	67,000			

Part IV

Supplemental Information.

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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 Sons and Daughters/Tapestry Scholarships are available to children of Hartford Hospital employees who meet eligibility requirements The applicant must be financially dependent on the employee by being claimed on either parent's tax return The applicant must be enrolled as a full-time student in an Accredited Undergraduate Program or attending any of Hartford Hospital's School of Allied Health Programs The applicant must be the son or daughter (biological, adopted, stepchild, or legal ward) of a Hartford Hospital employee (full-time or part-time, budgeted to work at least 20 hours per week) The dependent of a Hartford Hospital employee who is also employed at Hartford Hospital is eligible to apply if they are budgeted to work less than 20 hours per week at Hartford Hospital If the student is budgeted to work more than 20 hours at Hartford Hospital, the student is not eligible for the scholarship, but may instead apply for tuition reimbursement from the hospital Applicant must have a verifiable GPA of 3 0 or higher to apply Applicants are chosen on 3 criteria 1 Based on parent's years of service to Hartford Hospital 2 GPA (must be at least a 3 0 or higher to apply) 3 Essay score

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation35 Cold Spring Road 411 Rocky Hill, CT 06067	06-0672782	501(c)(3)	25,000		FMV		Annual support for the Arthritis Foundation programs and services to those who suffer from arthritis, as well as to fund vitally important research
Connecticut Children's Medical Center282 Washington St Hartford, CT 06106	22-2619869	501(c)(3)	5,000		FMV		To provide funding for state-of-the-art equipment and innovative programs and enable the Medical Center to invest in new equipment and research initiatives

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501(c)(3)	5,000		FMV		To support science education, exhibits and programs
Greater Hartford Arts Council 45 Pratt St Hartford, CT 06123	23-7111486	501(c)(3)	10,000		FMV		Donation provided for a nationally recognized program for inner-city teens to participate in a formal arts apprenticeship program to develop valuable life-long career skills in the arts, as well as interviewing skills and how to write a resume

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leadership Greater Hartford 30 Laurel St Hartford, CT 06106	06-1167174	501(c)(3)	5,000		FMV		To develop programming and allow people to attend who could not otherwise afford these programs
University of Connecticut Foundation 10 Talcott North Road Farmington, CT 06032	06-6070722	501(c)(3)	12,500		FMV		To support the Uconn Health Center Bioscience educational, reseach and clinical programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League140 Woodland St Hartford,CT 06105	06-6066491	501(c)(3)	5,000		FMV		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
Analeh TV Productions38 Sinclair Street Windsor,CT 06095	06-1524408	501(c)(3)	5,500		FMV		\$ 1,500 for Nutrition progamming, part of which changes traditional Latino recipes to be more healthful with less fat and sodium \$4,000 to provide sponsorship for production of this Spanish language talk television program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Public Broadcasting Network1049 Asylum Avenue Hartford, CT 06105	06-0758938	501(c)(3)	5,000		FMV		To sponsor CPTV's 50th Anniversary gala to support educational programming for children and adults
Girl Scouts of Connecticut 340 Washington St Hartford, CT 06106	06-0653117	501(c)(3)	5,000		FMV		Two \$2,500 donations to support the Girl Scouts programs and camps to inspire girls to do their best, reach new heights, become true leaders, and serve their community

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Marathon41 Sequin Drive Glastonbury,CT 06033	06-1415320	501(c)(3)	10,000		FMV		The Hartford Marathon Foundation holds events to raise health awareness in the community, as well as putting over \$1.5 million into the area economically annually
Latino News Network11 Talcott Notch Road Farmington,CT 06032	45-5100303	C Corp	5,000		FMV		To produce "Health Tips", a regularly-featured article that educates the leadership of this on-line Latino publication on health promotion

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Unversity of Hartford200 Bloomfield Avenue West Hartford,CT 06117	06-0731360	501(c)(3)	5,000		FMV		Two \$2,500 donations to provide scholarship funds, tuition assistance and educational programming for students
Wadsworth Atheneum600 Main Steet Hartford,CT 06103	06-0653111	501(c)(3)	5,000		FMV		To support the Atheneum's ongoing exhibitions and public programs

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Tax indemnification and gross-up payments to individuals for benefits were included as taxable income on their 2012 Form W-2. The box related to health or social club dues or initiation fees is checked. Hartford Hospital maintains memberships at two local clubs. These clubs do not allow for corporate memberships, therefore, the membership fees are paid directly to the clubs, but accounts are assigned to individual executives. These executives do not derive any personal benefit from the use of the clubs and any use is for business purposes only. These executives are not taxed, and are required to sign an annual attestation that they do not derive any personal benefit from the use of these club memberships. The memberships reside at Hartford Hospital and can be reassigned at will.
	Part I, Line 1b	In 2013, the Organization implemented a new Tax Gross-Up policy which restricts the use of future gross-up. For calendar 2012, no such policy was in place.
	Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare Corporation, on behalf of Hartford Hospital, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation.
	Part I, Lines 4a-b	Mr. Stephan O'Neill (former Officer) severance payment began in September of 2011 and ended August 2012. Total severance payment in 2012 was \$223,320. Mr. Paul Besson (former Officer) severance payment began in January of 2011 and ended May 2012. Total severance payment in 2012 was \$143,771. Dr. Neil Yeston (former Vice President) severance payment began in July of 2012. Total severance payment in 2012 was \$277,529. Ms. Michele B. Bush (former SVP General Counsel) severance payment began in May of 2012. Total severance payment in 2012 was \$324,450. Dr. Charles J. Ingardia was paid a lump sum amount of \$813,451 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. Ingardia including the SERP payment was \$1,187,289. Dr. Lenworth M. Jacobs was paid a lump sum amount of \$3,001,990 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. Jacobs including the SERP payment was \$3,706,565. Dr. Paul T. Thompson was paid a lump sum amount of \$1,397,231 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. Thompson including the SERP payment was \$1,939,027. 2012 SERP accruals made on behalf of the following individuals: Mr. Elliot Joseph \$294,854; Mr. Thomas Marchozzi \$71,508; Dr. Harold Schwartz \$31,515; Dr. Paul Thompson \$33,052; Dr. Orlando Kirton \$16,106; Mr. James Blazar \$51,905; Ms. Tracy Church \$44,642; Mr. Jeffrey Flaks \$83,981; Dr. Rocco Orlando \$60,226; Ms. Rita Parisi \$29,820; Mr. Richard Stys \$51,030; Mr. Luis Taveras \$50,904.
	Part I, Line 7	The hospital has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

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 of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jeffrey Flaks	(i) (ii)	628,837 0	208,912 0	19,052 0	120,981 0	39,807 0	1,017,589 0	0 0
Andrew L Salner MD	(i) (ii)	480,146 0	0 0	2,970 0	17,500 0	31,164 0	531,780 0	0 0
Stuart Markowitz MD	(i) (ii)	459,913 0	175,110 0	6,295 0	17,500 0	33,556 0	692,374 0	0 0
Joseph J Klimek MD	(i) (ii)	455,816 0	72,222 0	21,630 0	0 0	23,076 0	572,744 0	0 0
Harold I Schwartz MD	(i) (ii)	433,936 0	97,350 0	44,804 0	105,659 0	35,737 0	717,486 0	0 0
Jamie M Roche MD	(i) (ii)	328,465 0	73,416 0	18,471 0	47,000 0	33,160 0	500,512 0	0 0
Thomas J Marchozzi	(i) (ii)	546,278 0	165,018 0	21,002 0	108,509 0	30,752 0	871,559 0	0 0
Wendy E Elberth	(i) (ii)	239,928 0	38,340 0	1,626 0	25,670 0	18,584 0	324,148 0	0 0
Carol S Garlick	(i) (ii)	175,463 0	37,177 0	1,168 0	20,585 0	17,425 0	251,818 0	0 0
Bimal Patel	(i) (ii)	267,512 0	59,099 0	588 0	22,917 0	12,399 0	362,515 0	0 0
Donna Handley	(i) (ii)	250,443 0	41,408 0	2,374 0	19,873 0	29,526 0	343,624 0	0 0
Yvette Melendez	(i) (ii)	230,501 0	47,648 0	2,116 0	19,624 0	11,604 0	311,493 0	0 0
Karen T Goyette	(i) (ii)	189,136 0	50,144 0	939 0	14,700 0	30,120 0	285,039 0	0 0
Betsy Boatman	(i) (ii)	184,916 0	29,529 0	356 0	13,083 0	16,334 0	244,218 0	0 0
Rita Parisi	(i) (ii)	248,026 0	72,611 0	12,701 0	70,173 0	27,017 0	430,528 0	0 0
Lenworth Jacobs MD	(i) (ii)	574,069 0	91,943 0	3,040,553 0	0 0	76,475 0	3,783,040 0	3,001,990 0
Cheryl Ficara	(i) (ii)	256,034 0	51,155 0	4,462 0	33,165 0	31,363 0	376,179 0	0 0
Peter Q Fraser	(i) (ii)	241,970 0	50,750 0	1,677 0	17,500 0	31,069 0	342,966 0	0 0
Orlando C Kirton MD	(i) (ii)	577,407 0	1,500 0	39,619 0	56,856 0	36,352 0	711,734 0	0 0
Joel I Sorosky MD	(i) (ii)	530,683 0	0 0	20,564 0	40,750 0	35,376 0	627,373 0	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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Paul Thompson MD	(i)	519,049	0	1,419,978	107,357	50,374	2,096,758	1,397,231
	(ii)	0	0	0	0	0	0	0
Michael Lindberg MD	(i)	350,150	0	16,128	44,580	32,423	443,281	0
	(ii)	0	0	0	0	0	0	0
Vernon Y Kwok MD	(i)	225,568	0	6,224	0	25,457	257,249	0
	(ii)	0	0	0	0	0	0	0
Alan Laites	(i)	182,841	37,153	4,960	0	11,214	236,168	0
	(ii)	0	0	0	0	0	0	0
Christopher Clyne MD	(i)	392,105	39,945	18,806	40,750	30,199	521,805	0
	(ii)	0	0	0	0	0	0	0
Karyn L Butler MD	(i)	379,089	0	17,897	37,000	32,982	466,968	0
	(ii)	0	0	0	0	0	0	0
Ikram Kureshi MD	(i)	187,907	0	0	0	0	187,907	0
	(ii)	0	0	0	0	0	0	0
Paul W Crespi	(i)	311,409	81,707	21,554	46,640	28,375	489,685	0
	(ii)	0	0	0	0	0	0	0
Alan J Smally MD	(i)	350,401	0	35,312	60,750	29,176	475,639	0
	(ii)	0	0	0	0	0	0	0
Patricia Sheiner MD	(i)	0	0	0	0	0	0	0
	(ii)	791,292	100,000	22,194	0	41,874	955,360	0
Robert Hagberg MD	(i)	0	0	0	0	0	0	0
	(ii)	651,077	90,000	39,600	0	33,180	813,857	0
Steven Shichman MD	(i)	0	0	0	0	0	0	0
	(ii)	562,147	0	0	34,500	37,175	633,822	0
Jeffrey Kluger MD	(i)	388,799	39,367	24,149	0	30,010	482,325	0
	(ii)	0	0	0	0	0	0	0
Steven L Zweibel MD	(i)	404,182	40,973	17,648	37,000	34,070	533,873	0
	(ii)	0	0	0	0	0	0	0
John F Greene Jr MD	(i)	400,750	0	43,300	47,000	30,720	521,770	0
	(ii)	0	0	0	0	0	0	0
Charles J Ingardia	(i)	339,498	0	847,791	0	32,041	1,219,330	813,451
	(ii)	0	0	0	0	0	0	0
Adam Borgida	(i)	370,387	0	11,648	31,063	32,738	445,836	0
	(ii)	0	0	0	0	0	0	0
Elliot T Joseph	(i)	1,113,869	498,420	111,794	335,604	50,512	2,110,199	0
	(ii)	0	0	0	0	0	0	0
Neil Yeston MD	(i)	229,382	56,417	287,855	58,439	35,056	667,149	0
	(ii)	0	0	0	0	0	0	0
Stephan O'Neill	(i)	0	0	222,133	113	19,774	242,020	0
	(ii)	0	0	0	0	0	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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Rocco Orlando	(i)	468,271	139,077	23,889	120,976	36,536	788,749	0
	(ii)	0	0	0	0	0	0	0
Paul S Besson Esq	(i)	0	0	144,060	0	11,225	155,285	0
	(ii)	0	0	0	0	0	0	0
James M Blazar	(i)	410,711	103,809	6,089	90,359	30,279	641,247	0
	(ii)	0	0	0	0	0	0	0
Richard G Stys	(i)	367,600	105,300	1,711	81,582	30,969	587,162	0
	(ii)	0	0	0	0	0	0	0
Sonal Shah	(i)	219,533	44,770	2,038	17,901	18,598	302,840	0
	(ii)	0	0	0	0	0	0	0
Michele B Bush Esq	(i)	107,319	0	330,926	10,948	19,320	468,513	0
	(ii)	0	0	0	0	0	0	0
Gary V Heller MD	(i)	369,828	0	4,210	35,372	27,967	437,377	0
	(ii)	0	0	0	0	0	0	0
Alfred Herzog MD	(i)	106,605	0	16,226	0	8,937	131,768	0
	(ii)	0	0	0	0	0	0	0
Tracy A Church	(i)	339,398	103,020	27,420	77,971	30,789	578,598	0
	(ii)	0	0	0	0	0	0	0
Luis Taveras	(i)	423,134	84,840	1,035	93,061	28,736	630,806	0
	(ii)	0	0	0	0	0	0	0
Kevin P Keating MD	(i)	354,415	0	18,522	47,000	29,455	449,392	0
	(ii)	0	0	0	0	0	0	0
Judith Pepe MD	(i)	322,899	11,250	10,397	33,374	32,049	409,969	0
	(ii)	0	0	0	0	0	0	0
Robert S Dicks MD	(i)	204,774	0	825	32,611	29,642	267,852	0
	(ii)	0	0	0	0	0	0	0
Detlef Wencker MD	(i)	368,953	0	11,756	31,171	29,060	440,940	0
	(ii)	0	0	0	0	0	0	0
Jonathan A Hammond MD	(i)	490,873	311,955	0	0	40,353	843,181	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) See Part V	See Part V		See Part V		No

Part V 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 \$250,000(d)Description of Transaction Mr Douglas Elliot is a board member of Hartford Hospital Mr Elliot is also an executive at the The Hartford Insurance Group (The Hartford) The Hartford provides certain insurance services to Hartford Hospital and other member entities and received premium fees for the risk Mr Elliot has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No(a)Name of Person Greg Deavens(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$443,116(d)Description of Transaction Mr Greg Deavens is a board member of Hartford Hospital Mr Deavens is also an executive at Mass Mutual Life Insurance Company Mass Mutual provided certain insurance coverages to Hartford Hospital and other member entities Mr Deavens has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No(a)Name of Person James Loree(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$1,582,270(d)Description of Transaction Mr James Loree is a board member of Hartford Hospital Mr Loree is an Officer of Stanley Black & Decker an entity that sells commercial security and other services to Hartford HealthCare Corporation member entities including Hartford Hospital Total payments received from Hartford HealthCare member entities were \$1,582,270 (e)Sharing of Organization's Revenue? No(a)Name of Person Jarrod Post(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$4,052,379(d)Description of Transaction Mr Jarrod Post is a board of Hartford Hospital Mr Post is currently a CEO of Connecticut Multispecialty Group P C The P C provides services to Hartford HealthCare member entities Total transactions between the P C and HHC member entities were \$4,052,379 during the year (e)Sharing of Organization's Revenue? No(a)Name of Person Jeffry Nestler, M D (b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$1,017,000(d)Description of Transaction Dr Jeffry Nestler is a board of Hartford Hospital Dr Nestler is currently the President of Connecticut GI PC The PC provides services to Hartford Hospital Total transactions between the PC and Hartford Hospital were approximately \$1,017,000 during the year (e)Sharing of Organization's Revenue? No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	4,188,346	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2012

Open to Public Inspection

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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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, line 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, line 11	The Form 990 was prepared by Hartford HealthCare's Tax Department It was then reviewed by an independent accounting firm It was then forwarded to the organization's top management including the VP of Finance for review The final form was forwarded to the entire Board for review Once the review process was completed, the form was signed by the VP of Finance and then filed with the Internal Revenue Service
	Form 990, Part VI, Section B, line 12c	The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC) HHC's Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP) All employee disclosures are reviewed by OCAP to determine if there is a potential conflict Legal counsel will review all cases where the individual has a significant financial interest and these cases are forwarded to the System Executive Compliance Steering Committee The System Executive Compliance Steering Committee will assess and may recommend 1) the conflict be eliminated, 2) the proposed activity be prohibited, or 3) a Conflict of Interest management plan be implemented Results of the survey of board members is reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable
	Form 990, Part VI, Section B, line 15	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation The following steps were taken - 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 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 is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability
	Form 990, Part VI, Section C, line 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 9	Sch K-1 Reconciling Items -352,229 Pension Adjustment 153,353,962 Transfer to Affiliates -151,527,317

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e Yes

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l Yes

1m Yes

1n No

1o Yes

1p Yes

1q Yes

1r Yes

1s Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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.

[illegible]

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Part VII Supplemental Information

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

Identifier		Return Reference		Explanation								
Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
New Britain MRI Limited Partnership 100 Grand Street New Britain, CT 06050 06-1271349	Magnetic Resonance Imaging	CT	N/A									
Omni Home Health Services ECT LLC dba 12 Case Steet - 317 Norwich, CT 06360 06-1458837	Backus Home Health Care	CT	N/A									
Ambulance Service of Manchester LLC PO Box 300 Manchester, CT 06450 06-1557358	Ambulatory Services	CT	N/A									
Connecticut Imaging Partners LLC 111 Founders Plaza East Hartford, CT 06108 13-4298940	Imaging Service	CT	N/A	Unrelated	351,478	1,447,487		No			No	50 000 %
Glastonbury Endoscopy Center LLC 300 Western Boulevard Glastonbury, CT 06033 26-1721234	Endoscopy Services	CT	N/A	Related	664,069	127,621		No			No	50 000 %
Glastonbury Surgery Center LLC 195 Eastern Boulevard Glastonbury, CT 06033 26-2600828	Surgery Services	CT	N/A	Related	4,919,949	516,628		No			No	51 000 %
Hartford - Middlesex Clinical System LLC 80 Seymour Street Hartford, CT 06110 06-1543605	Affiliate Support Services	CT	N/A	Unrelated	-135			No			No	50 000 %
Med-East Assoc LLC 1703 West Main Street Willimantic, CT 06226 06-1469575	Outpatient Care Clinic	CT	N/A									
Hartford HealthCare Endowment LLC 80 Seymour Street Hartford, CT 06102 45-4181103	Endowment Management	CT	N/A	Excluded Under 512	14,783,902	501,056,685		No			No	70 920 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HHMOB Corporation & Subsidiary 80 Seymour Street Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	N/A	C					No
CHS Insurance LTD FB Perry Bld 40 Church St Hamilton BD	Captive Insurance	BD	N/A	C					No
Windham Health Services Inc 112 Mansfield Avenue Willimantic, CT 06226 06-1461101	Home Healthcare	CT	N/A	C					No
Windham Physician Hospital Organization 112 Mansfield Avenue Willimantic, CT 06226 06-1441614	Medical Services	CT	N/A	C					No
Windham Family Medical Services 112 Mansfield Avenue Willimantic, CT 06226 06-1491649	Medical Services	CT	N/A	C					No
CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Holding Company	CT	N/A	C					No
Grand Indemnity Co LTD 40 Church Street Hamilton BD 98-0609499	Professional Liability	BD	N/A	C					No
Hartford Physician Services PC 80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	CT	N/A	C					No
Meriden Imaging Center 101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S					No
Hartford Physician Hospital Organization Inc 80 Seymour Street Hartford, CT 06102 22-2785918	Physician & Hospital Support	CT	N/A	C	-253,281	2,444,211	50 000 %		No
Aetna Ambulance Service Inc POBOX 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C					No
Metro Wheelchair Service Inc POBOX 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C					No
WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094836	Holding Company	CT	N/A	C					No
ConnCare Inc 326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C					No
Backus Medical Center Condo Assoc Inc 330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Windham Profeesional Office Condominium Association Inc 1120 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C					No
Select Physicians Network 112 Mansfield Avenue willimantic, CT 06226 06-1426901	Managing offices of physicians and surgeons	CT	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHS Insurance Ltd	O	1,915,931	FMV
CHS Insurance Ltd	P	227,321	FMV
CHS Insurance Ltd	S	31,895,118	FMV
CHS Insurance Ltd	R	10,286,455	FMV
Eastern Rehabilitation Network	O	15,408,402	FMV
Eastern Rehabilitation Network	Q	381,736	FMV
Eastern Rehabilitation Network	E	300,000	FMV
Eastern Rehabilitation Network	A	100,350	FMV
HHMOB	E	1,155,841	FMV
HHMOB	O	469,406	FMV
HHMOB	Q	784,624	FMV
HHMOB	J	131,251	FMV
HHMOB	L	342,458	FMV
HHMOB	K	996,073	FMV
HHMOB	A	908,048	FMV
HHMOB	S	3,323,450	FMV
Immediate Medical Care Center	Q	110,793	FMV
Immediate Medical Care Center	L	283,165	FMV
Immediate Medical Care Center	A	63,878	FMV
Immediate Medical Care Center	O	131,490	FMV
Immediate Medical Care Center	M	199,547	FMV
Immediate Medical Care Center	P	114,768	FMV
Immediate Medical Care Center	S	73,402	FMV
Midstate Medical Center	O	2,261,309	FMV
Midstate Medical Center	R	3,268,815	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Midstate Medical Center	L	9,744,663	FMV
Rushford Center Inc	O	217,622	FMV
Rushford Center Inc	L	713,763	FMV
Rushford Center Inc	A	8,218	FMV
The Hospital of Central Connecticut	O	473,168	FMV
The Hospital of Central Connecticut	L	6,499,739	FMV
The Hospital of Central Connecticut	P	68,100	FMV
Institute Of Living	Q	37,929	FMV
Institute Of Living	A	254,910	FMV
Windham Hospital	L	4,039,182	FMV
Windham Hospital	O	967,382	FMV
Windham Hospital	R	7,324,652	FMV
Hartford Hospital Auxiliary	C	207,096	FMV
Natchaug Hospital Inc	O	630,387	FMV
Natchaug Hospital Inc	L	810,458	FMV
Hartford HealthCare At Home Inc	L	1,468,009	FMV
Hartford HealthCare At Home Inc	O	109,185	FMV
Hartford HealthCare PhysicianCare Inc	M	2,145,985	FMV
Hartford HealthCare PhysicianCare Inc	A	329,439	FMV
Hartford HealthCare PhysicianCare Inc	Q	75,846	FMV
Hartford HealthCare PhysicianCare Inc	R	3,429,722	FMV
Hartford HealthCare PhysicianCare Inc	O	2,567,597	FMV
Hartford HealthCare PhysicianCare Inc	L	2,673,105	FMV
Hartford HealthCare At Home Inc	Q	90,694	FMV

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Hartford Hospital
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

ENCLOSURE

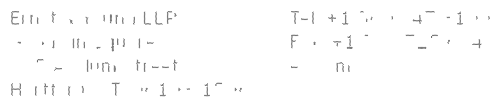


Building a better
working world

Hartford Hospital
Consolidated Financial Statements and Supplementary Information
Years Ended September 30, 2013 and 2012

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Board of Directors
Hartford HealthCare Corporation

Management's Responsibility for the Financial Statements

Auditor's Responsibility

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Hartford Hospital at September 30, 2013 and 2012, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles

Supplementary Information

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations are presented for the purposes of additional analysis and are 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.

Ernst & Young LLP

January 31, 2014

Hartford Hospital

Consolidated Balance Sheets

	September 30	
	2013	2012
Assets		
Current assets		
Cash and cash equivalents	\$ 20,527,760	\$ 90,420,865
Interest in investments held by Endowment LLC	6,932,385	—
Accounts receivable, less allowances for doubtful accounts of approximately \$29,195,000 in 2013 and \$29,331,000 in 2012	150,689,067	151,801,702
Other receivables	25,411,846	26,353,179
Due from affiliates	19,748,698	23,556,883
Inventories of supplies	11,186,533	11,444,006
Prepaid expenses and other assets	11,562,812	8,182,320
Current portion of assets whose use is limited	450,405	450,405
Total current assets	246,509,506	312,209,360
Assets whose use is limited		
Investments and other assets	18,201,569	262,973,702
Interest in investments held by Endowment LLC	284,017,372	—
Donor-restricted interest in investments held by Endowment LLC	210,085,510	—
Investments for restricted purposes	8,513,381	198,834,663
Escrow funds for long-term debt	4,538,771	23,210,563
Funds designated for debt service	8,817,532	7,125,567
	534,174,135	492,144,495
Funds held in trust by others	137,029,182	130,076,878
Other assets	71,120,072	93,329,541
Property, plant, and equipment, net	394,196,561	368,556,833
Total assets	\$ 1,383,029,456	\$ 1,396,317,107
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 22,363,854	\$ 27,220,741
Salaries, wages, payroll taxes, and amounts withheld from employees	21,311,957	21,692,976
Due to affiliates	21,999,717	6,619,179
Accrued expenses	22,919,740	28,465,921
Estimated third-party payor settlements	13,084,951	3,559,672
Current portion of long-term debt	101,019,021	64,503,933
Current portion of accrued pension liability	8,047,176	7,661,539
Current portion of other liabilities	10,988,098	9,950,447
Total current liabilities	221,734,514	169,674,408
Long-term debt	210,952,088	188,810,879
Accrued pension liability	218,856,421	372,843,056
Other liabilities	37,533,464	41,324,516
Total liabilities	689,076,487	772,652,859
Net assets		
Unrestricted	338,503,669	294,595,271
Temporarily restricted	135,289,907	121,338,667
Permanently restricted	220,159,393	207,730,310
Total net assets	693,952,969	623,664,248
	\$ 1,383,029,456	\$ 1,396,317,107

See accompanying notes

Hartford Hospital

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
Unrestricted revenues, gains and other support		
Net patient service revenue	\$ 921,252,388	\$ 926,633,051
Provision for bad debts	17,467,613	22,645,968
Net patient service revenue less provision for bad debts	903,784,775	903,987,083
Other operating revenue	159,284,016	164,924,459
Net assets released from restrictions for operations	7,643,831	7,590,655
	1,070,712,622	1,076,502,197
Operating expenses		
Salaries and wages	470,455,992	452,952,481
Employee benefits	164,809,818	151,560,400
Supplies and other	209,551,581	202,770,420
Purchased services	176,397,290	165,509,618
Depreciation and amortization	48,796,972	46,693,027
Interest	5,704,487	4,517,043
	1,075,716,140	1,024,002,989
(Loss) income from operations	(5,003,518)	52,499,208
Nonoperating income		
Income from investments, gifts, and bequests, net	92,011,013	17,335,109
Other	(6,343,399)	(4,771,635)
	85,667,614	12,563,474
Excess of revenues over expenses before change in unrealized gains and losses on investments	80,664,096	65,062,682
Change in unrealized gains and losses on investments	(43,336,736)	43,722,094
Excess of revenues over expenses	37,327,360	108,784,776

Continued on next page

Hartford Hospital

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

	Year Ended September 30	
	2013	2012
Unrestricted net assets		
Excess of revenues over expenses (continued)	\$ 37,327,360	\$ 108,784,776
Transfer to affiliated entities	(152,363,815)	(51,031,423)
Net assets released from restrictions for the purchase of equipment	5,590,891	3,353,335
Change in pension and post-retirement funding obligation	153,353,962	(37,733,911)
Increase in unrestricted net assets	43,908,398	23,372,777
Temporarily restricted net assets		
Restricted contributions	5,592,477	9,112,555
Restricted investment income	3,377,925	(695,445)
Return on investments held by Endowment LLC	8,017,545	—
Change in unrealized gains and losses on investments	(20,176,933)	21,070,962
Realized gains on investments	30,374,948	4,007,663
Net assets released from restrictions for operations	(7,643,831)	(7,590,655)
Net assets released from restrictions for the purchase of equipment	(5,590,891)	(3,353,335)
Increase in temporarily restricted net assets	13,951,240	22,551,745
Permanently restricted net assets		
Restricted contributions	4,719,249	959,611
Restricted investment income	553,176	229,367
Return on investment held in Endowment LLC	204,354	—
Change in unrealized gains and losses on funds held in trust by others	6,952,304	14,237,658
Increase in permanently restricted net assets	12,429,083	15,426,636
Increase in net assets	70,288,721	61,351,158
Net assets at beginning of year	623,664,248	562,313,090
Net assets at end of year	\$ 693,952,969	\$ 623,664,248

See accompanying notes

Hartford Hospital

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2013	2012
Cash flows from operating activities		
Increase in net assets	\$ 70,288,721	\$ 61,351,158
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Noncash items:		
Depreciation and amortization	48,796,972	46,693,027
Change in unrealized gains and losses on investments	63,513,669	(64,793,056)
Change in investments held by Endowment LLC	(28,301,975)	—
Change in unrealized gains and losses on funds held in trust by others	(6,952,304)	(14,237,658)
Provision for bad debts	17,467,613	22,645,968
Change in net assets related to pension and post-retirement funding obligations	(153,353,962)	37,733,911
Transfer to affiliated entities	152,363,815	51,031,423
Other changes in net assets		
Restricted contributions and investment income	14,242,827	(13,613,751)
Changes in assets and liabilities, net (Note 14)	(9,944,651)	(47,657,183)
Net cash provided by operating activities	168,120,725	79,153,839
Cash flows from investing activities		
Purchase of property, plant, and equipment, net	(74,436,700)	(89,393,888)
(Increase) decrease in assets whose use is limited, net	(77,241,334)	29,214,787
Net cash used in investing activities	(151,678,034)	(60,179,101)
Cash flows from financing activities		
Payments on long-term debt	(5,971,334)	(3,376,907)
Proceeds from long-term debt	64,627,631	48,131,369
Transfer to affiliated entities	(130,749,266)	(51,031,423)
Restricted contributions and investment income	(14,242,827)	13,613,751
Net cash (used in) provided by financing activities	(86,335,796)	7,336,790
Net (decrease) increase in cash and cash equivalents	(69,893,105)	26,311,528
Cash and cash equivalents at beginning of year	90,420,865	64,109,337
Cash and cash equivalents at end of year	\$ 20,527,760	\$ 90,420,865

See accompanying notes

Hartford Hospital

Notes to Consolidated Financial Statements

September 30, 2013

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. Jefferson House is a nursing home facility that is operated as a department of the Hospital as mandated by legislation enacted in 1873. Cedar Mountain Commons is a senior living community that opened in February 2001 and is owned by the Hospital and Jefferson House. The Institute of Living is a mental health center in Hartford, Connecticut, and is a wholly owned subsidiary of the Hospital.

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.

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 consolidated 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.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

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.

Cash and Cash Equivalents

Cash and cash equivalents include cash, commercial paper, and corporate and government bonds that 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 23% and 10%, and 26% and 12%, for Medicare and Medicaid, respectively, for the fiscal years ended September 30, 2013 and 2012, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Interest in Investments Held by Hartford Healthcare Endowment LLC

Effective August 29, 2011, Hartford HealthCare Endowment LLC (Endowment LLC) was created to maintain and manage, on a pooled basis, the endowment funds of the Hospital, Windham Community Memorial Hospital, Inc., MidState Medical Center, The Hospital of Central Connecticut at New Britain General and Bradley Memorial, HHC, and Hartford HealthCare at Home, Inc. Endowment LLC, a wholly owned subsidiary of HHC, acts as manager and is named fiduciary for HHC within established investment guidelines. As of April 1, 2013, \$485,454,102 of the Hospital's investments were sold to Endowment LLC, at which time all previously unrealized gains and losses on the sold investments were realized. As of September 30, 2013, the Hospital has an interest in investments held by Endowment LLC, which is reflected in the accompanying consolidated balance sheets and represents the Hospital's pro rata share of Endowment LLC.

The Hospital reports its share of the increase or decrease in Endowment LLC as income or loss from investments in the excess of revenues over expenses, unless the income or loss is restricted by donor or law. Investments held by Endowment LLC 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 consolidated balance sheet date. Alternative investments (nontraditional, not-readily-marketable assets), some of which are structured such that Endowment LLC holds limited partnership interests, are reported based upon net asset value and derived from the application of the equity method of accounting. Individual investment holdings within the alternative investments may, in turn, include investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, Endowment LLC's holdings may be determined by the investment manager or general partner and for "fund of funds" investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Endowment LLC accounts for these investments using the equity method of accounting and reports its share of the increase or decrease in the funds' value as investment gain or loss. The financial statements of the investees are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with Endowment LLC's annual consolidated financial statement reporting.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

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 consolidated balance sheet date. In 2012, alternative investments consisted of investments in hedge funds. The Hospital accounted for these investments using the equity method of accounting, except for investments held by the defined benefit pension plan, and reported 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 nonmarketable equity investments in private companies. At September 30, 2013 and 2012, the carrying value of the Hospital's portfolio of strategic investments totaled \$7,746,899 and \$7,454,065, respectively, of which \$76,751 are accounted for at cost at September 30, 2013 and 2012, and \$6,791,082 and \$6,501,642 are accounted for using the equity method of accounting at September 30, 2013 and 2012, 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.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

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, 2013 and 2012, goodwill of approximately \$25.8 million is recorded in the Hospital's consolidated balance sheets within other 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. During 2013, the Hospital adopted the provisions of Accounting Standards Update (ASU) 2011-08, *Testing Goodwill for Impairment*, which allows the Hospital to first assess qualitative factors to determine whether it is necessary to perform the two-step quantitative impairment test for goodwill. Refer to New Accounting Pronouncements section.

The impairment test includes estimating the fair value of each of the reporting units that 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. No impairments were recorded for goodwill for the fiscal years ended September 30, 2012 and 2013.

Property, Plant, and Equipment

Property, plant, and equipment are stated on the basis of cost. The Hospital provides for depreciation of property, plant and equipment and assets under capital leases using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives, which range from 3 to 40 years.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Property, Plant and Equipment (continued)

Conditional asset retirement obligations recorded under the provisions of Accounting Standards Codification (ASC) 410-20, *Asset Retirement Obligations*, amounted to \$2,497,171 and \$2,522,839 as of September 30, 2013 and 2012, respectively. These obligations are recorded in other liabilities in the accompanying consolidated balance sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations. During 2013 and 2012, retirement obligations incurred and settled were approximately \$13,700 and \$619,000, respectively. Accretion expense was immaterial for the fiscal years ended September 30, 2013 and 2012.

Assets Whose Use is Limited

Assets whose use is limited includes assets that are set aside internally by management or by the Board of Directors for future capital improvements, research, donor-restricted assets, education, escrow funds, and debt service funds for existing obligations on outstanding long-term debt. Amounts that are restricted by the Board of Directors are not available for use without the approval of the Board of Directors. 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 assets whose 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.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

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 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 consolidated 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 \$2,430,387 and \$2,176,559 are recorded in other assets in the consolidated balance sheets as of September 30, 2013 and 2012, 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 in 2012, school tuition, rental income, grant income, research income, and unrestricted contributions.

Nonoperating Income

Nonoperating income includes income on investments, return on interest in investments held by Endowment LLC, realized and unrealized gains and losses on trading investments, restricted gifts, bequests, and the excess of revenues over expenses of Jefferson House and Cedar Mountain Commons.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

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.

Professional Liability and Workers' Compensation Insurance

Coverage for medical malpractice insurance is provided on a claims-made basis. The primary coverage is with CHS Insurance Limited (CHS), a captive insurance company that, effective October 1, 2012 became a wholly owned subsidiary of HHC. Prior to this the Hospital had a 25% ownership interest, which was repurchased by CHS and transferred to HHC. For the year ended September 30, 2012, the Hospital's ownership was accounted for under the equity method and was included in other assets in the accompanying consolidated balance sheets. The Hospital's share of the investment activity of CHS was included in other operating revenue within the accompanying consolidated statement of operations and changes in net assets and was approximately \$25,653,000 for the year ended September 30, 2012. As a result of the repurchase, the Hospital's equity investment of \$21,614,549 was derecognized, and \$31,758,335 of unrestricted net assets were transferred to HHC during 2013 to recapitalize CHS. This is reflected in the consolidated statements of operations and changes in net assets within transfer to affiliates.

On October 1, 2012, the policy limits were amended. The primary coverage went from \$10,000,000 per claim and \$39,000,000 in the aggregate to \$7,500,000 per claim and \$35,000,000 in the aggregate. The excess plan was restructured as well. The primary layer of \$20,000,000 is shared with two insurance carriers. The secondary layer is \$20,000,000 with a single insurance carrier. The third and fourth layers are \$10,000,000 each with two other insurance carriers, for a total excess coverage of \$60,000,000.

Malpractice claims are discounted at 2.08% and 2.49% and the incurred-but-not-reported liability was approximately \$10,023,000 and \$10,382,000 at September 30, 2013 and 2012, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Professional Liability and Workers' Compensation Insurance (continued)

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, 2013 and 2012. 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 \$8,750,000 and \$7,100,000 at September 30, 2013 and 2012, respectively. The reserve recorded by the Hospital is approximately \$12,015,000 and discounted at 4% as of September 30, 2013 and 2012.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(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, hospitals, and critical access hospitals, as defined, that are meaningful 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 uses 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. The Hospital recognized approximately \$3.3 million and \$4.7 million of EHR revenues during the fiscal years ended September 30, 2013 and 2012, respectively. Correspondingly, the Medicare and Medicaid components, respectively, of EHR revenues are approximately \$2.3 million and \$1.0 million and \$3.2 million and \$1.5 million for 2013 and 2012, respectively. EHR incentive revenues are included in other operating revenues in the accompanying consolidated statements of operations and changes in net assets.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

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 May 2011, the Financial Accounting Standards Board (FASB) issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, to amend the requirement for measuring and disclosing information about fair value that results in common principles between GAAP and International Financial Reporting Standards (IFRSs). The amendments clarify the FASB's intent about the application of existing fair value measurement and disclosure requirements and change particular principles and requirements for measuring or disclosing information about fair value. Principles changed include measuring fair value of financial instruments that are managed within a portfolio, application of premiums and discounts in the fair value measurement, and additional disclosures about fair value measurements. The standard became effective for the Hospital for annual reporting periods beginning after December 15, 2011. The Hospital adopted the provisions of this standard on October 1, 2012. The adoption had no effect on previously reported excess of revenues over expenses or net assets.

In July 2012, the FASB issued ASU 2011-08, *Intangibles – Goodwill and Other (Topic 350): Testing Goodwill for Impairment*, to allow an entity to first assess qualitative factors to determine whether it is necessary to perform the two-step quantitative goodwill impairment test. Under this standard, an entity would not be required to calculate the fair value of a reporting unit unless the entity determines, based on a qualitative assessment, that it is more likely than not that its fair value is less than its carrying amount. The standard became effective for the Hospital for annual reporting periods beginning after September 15, 2012. The Hospital adopted the provisions of this standard on October 1, 2012, and its adoption did not affect excess of revenues over expenses or net assets. Based on the examination of qualitative factors at September 30, 2013, the Hospital concluded that it was not more likely than not that the fair value was less than carrying value, therefore, no further testing of the goodwill was required.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the fiscal year ended September 30, 2012, balances previously reported in the consolidated balance sheet and statement of operations and changes in net assets in order to conform with the fiscal year ended September 30, 2013, presentation

2. Net Patient Service Revenue and Charity Care

Revenues from the Medicare and Medicaid programs, respectively, accounted for approximately 42% and 11% and 43% and 12% of the Hospital's net patient service revenue for the fiscal years ended September 30, 2013 and 2012, 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 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.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue and Charity Care (continued)

The following table summarizes net revenue from services to patients

	Year Ended September 30	
	2013	2012
Gross revenues from patients		
Inpatients	\$ 1,551,885,696	\$ 1,483,172,404
Outpatients	860,051,337	772,588,784
	<u>2,411,937,033</u>	<u>2,255,761,188</u>
Deductions		
Allowances and discounts	1,462,507,969	1,303,734,039
Charity care	28,176,676	25,394,098
Net patient service revenue	<u>921,252,388</u>	<u>926,633,051</u>
Provision for bad debts	17,467,613	22,645,968
Net patient service revenue less provision for bad debts	<u>\$ 903,784,775</u>	<u>\$ 903,987,083</u>

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 2013 and 2012, the Hospital recorded net changes in estimates of approximately \$0.8 million and \$12.8 million, respectively, which primarily related to better than previously estimated third-party payor settlements.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue 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 consolidated 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 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'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 Hospital'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 help determine the reasonableness of its process for estimating the allowance for doubtful accounts.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue and Charity Care (continued)

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.

Patient service revenue, net of contractual allowances and discounts and before the provision for bad debts, recognized in the period from major payor sources for the fiscal years ended September 30, 2013 and 2012, is as follows.

	2013	2012
Medicare	42%	40%
Medicaid	11	11%
Self-pay	4	4
All other	43	45
	100%	100%

The estimated cost of charity care provided was \$12,510,698 and \$11,173,400 for the fiscal years ended September 30, 2013 and 2012, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

3. Net Assets

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

	2013	2012
Health care services		
Free beds	\$ 37,657,208	\$ 29,499,059
Research	40,180,080	35,343,894
Education	12,996,298	11,758,617
Capital replacement	10,466,962	11,778,741
Other health care services	33,989,359	32,958,356
	<u>\$ 135,289,907</u>	<u>\$ 121,338,667</u>

Permanently restricted net assets at September 30 are restricted for:

	2013	2012
Investments to be held in perpetuity, the income from which is expendable to support healthcare services	\$ 60,868,896	\$ 56,149,656
Endowment requiring income to be added to original gift to support healthcare services	22,261,315	21,503,776
Restricted funds held in trust by others, the income from which is expendable to support healthcare services	137,029,182	130,076,878
	<u>\$ 220,159,393</u>	<u>\$ 207,730,310</u>

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

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 the accumulation is added to the fund. The 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 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 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 objectives within prudent risk constraints.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

The Hospital has a policy of appropriating for distribution each year 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. The Hospital also evaluated endowment spending based on need and current market conditions as well as long-term investment goals.

Changes in endowment funds for the fiscal year ended September 30, 2013, consisted of the following.

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 67,274,063	\$ 77,653,432	\$ 144,927,495
Investment return			
Investment income	1,505,374	757,530	2,262,904
Net appreciation (realized and unrealized)	12,816,728	–	12,816,728
Total investment return	14,322,102	757,530	15,079,632
Contributions	–	4,719,249	4,719,249
Appropriation of endowment assets for expenditure	(4,312,025)	–	(4,312,025)
Endowment net assets, end of year	\$ 77,284,140	\$ 83,130,211	\$ 160,414,351

Hartford Hospital

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, beginning of year	\$ 53,862,717	\$ 76,464,454	\$ 130,327,171
Investment return			
Investment income	615,382	229,367	844,749
Net appreciation (realized and unrealized)	17,285,715	—	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, end of year	\$ 67,274,063	\$ 77,653,432	\$ 144,927,495

From time to time, the fair value of assets associated with individual donor-restricted endowment 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 imprudent the continuation of appropriation for a limited period. There were no material deficiencies of this nature which are reported in unrestricted net assets as of September 30, 2013 or 2012.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

4. Assets Whose Use is Limited

Included in assets whose use is limited are the following amounts

	September 30	
	2013	2012
Cash and cash equivalents	\$ 5,089,009	\$ 16,906,268
Interest in investment held by Endowment LLC	494,102,882	—
Money market funds	13,806,709	30,786,535
Equity securities:		
U S	643,317	41,186,599
Fixed income securities		
U S	1,877,354	41,073,215
Mutual funds		
U S	—	67,764,935
International	—	82,054,217
Common collective funds		
U S	4,785,830	129,916,194
International	—	41,493,797
Alternative investments and other	—	20,888,454
Other notes and accounts receivable	109,809	129,856
Pledges receivable, net	2,842,378	4,187,423
Due from affiliated entities, net	11,367,252	16,207,407
	<u>\$ 534,624,540</u>	<u>\$ 492,594,900</u>

During 2013, a significant portion of the Hospital's assets whose use is limited was transferred to Endowment LLC, as discussed in Note 1

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 collectibility, and adjustments are provided where collection is doubtful.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

4. Assets Whose Use is Limited (continued)

The composition and presentation of income from investments, gifts, and bequests, net, which are included in nonoperating income in the consolidated statements of operations and changes in net assets, are as follows

	Year Ended September 30	
	2013	2012
Interest and dividend income	\$ 6,167,962	\$ 8,642,202
Return on interest in investments held by Endowment LLC	20,080,076	—
Realized gains on investments, net	65,522,494	7,888,278
Contributions	240,481	804,629
	<u>\$ 92,011,013</u>	<u>\$ 17,335,109</u>

5. Fair Values of Financial Instruments

As defined in ASC 820, *Fair Value Measurement*, 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 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 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.

Hartford Hospital

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 uses 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 and Endowment LLC, are classified in the following tables below in one of the three categories described above.

	September 30, 2013			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 20,527,760	\$ —	\$ —	\$ 20,527,760
Assets whose use is limited				
Cash and cash equivalents	5,089,009	—	—	5,089,009
Money market funds	13,806,709	—	—	13,806,709
Equity securities				
U S	643,317	—	—	643,317
Fixed income securities				
U S	—	1,877,354	—	1,877,354
Common collective funds				
U S	—	4,785,830	—	4,785,830
Other assets				
Domestic mutual funds	7,976,887	—	—	7,976,887
Funds held in trust by others	—	137,029,182	—	137,029,182
Total	\$ 48,043,682	\$ 143,692,366	\$ —	\$ 191,736,048

The Hospital has \$501,035,267 of financial assets as of September 30, 2013, that are held by Endowment LLC (refer to Note 1). Financial assets classified within the trust are 63.8% Level 1, and 36.2% Level 2.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 90,420,865	\$ —	\$ —	\$ 90,420,865
Assets whose use is limited				
Cash and cash equivalents	16,906,268	—	—	16,906,268
Money market funds	30,786,535	—	—	30,786,535
Equity securities				
U S	41,186,599	—	—	41,186,599
Fixed income bonds				
U S	—	41,073,215	—	41,073,215
Mutual funds.				
U S	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	—	—	6,318,194
Funds held in trust by others	—	130,076,878	—	130,076,878
Total	\$ 335,437,613	\$ 342,560,084	\$ —	\$ 677,997,697

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

Financial assets carried at fair value included in the cash balance retirement plan are held in an HHC master trust. The Hospital owns participant units in the trust. Financial assets classified within the trust are 53.4% Level 1, 34.4% Level 2, and 12.2% Level 3 as of September 30, 2013, and 43.3% Level 1, 45.4% Level 2 and 11.3% Level 3 as of September 30, 2012.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

Fair value for Level 1 assets is based upon quoted market prices. Fair value for Level 2 assets is based upon model-based valuation 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 market participants, dealers, and brokers.

The methods described above may produce a fair value that may not be indicative of net realizable value or reflect 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.

6. Property, Plant, and Equipment

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

	2013	2012
Land and land improvements	\$ 25,005,192	\$ 24,168,711
Buildings and building improvements	617,251,881	556,370,268
Equipment	430,555,831	407,092,717
	1,072,812,904	987,631,696
Less accumulated depreciation	(729,283,731)	(682,475,713)
	343,529,173	305,155,983
Construction in process (estimated cost to complete - \$20,122,000)	50,667,388	63,400,850
	\$ 394,196,561	\$ 368,556,833

The Hospital capitalized interest expense of \$2,223,468 and \$1,083,286 for the fiscal years ended September 30, 2013 and 2012, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement 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). Contributions to the pension plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to the plan participants. The assets of the pension plans are available to pay the benefits of eligible employees for participating entities based on their allocated share of assets. The service cost component of net periodic pension cost and all other components are actuarially determined as defined by each plan.

The benefits are based on years of service and the employees' compensation as defined by each of the plans. The Hospital makes contributions in amounts sufficient to fund the pension plans' current service cost, and the funding policy is to contribute amounts to these plans sufficient to meet the minimum funding requirement set forth by federal government regulations.

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

The Hospital has a defined contribution plan. Pension expense for the defined contribution plan was \$13,460,328 and \$11,193,634 for the fiscal years ended September 30, 2013 and 2012, respectively.

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

	2013	2012
Unrecognized actuarial loss	\$ 227,144,339	\$ 384,158,111
Unrecognized prior service credit	(3,607,383)	(7,267,193)
	<u>\$ 223,536,956</u>	<u>\$ 376,890,918</u>

The actuarial loss and prior service credit included in unrestricted net assets at September 30, 2013, and expected to be recognized in net periodic benefit cost during the fiscal year ending September 30, 2014, are as follows:

Unrecognized actuarial loss	\$ 15,924,601
Unrecognized prior service credit	(2,037,089)
	<u>\$ 13,887,512</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

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

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Change in benefit obligation				
Benefit obligation at beginning of year	\$ (931,214,510)	\$ (782,262,134)	\$ (68,007,360)	\$ (75,948,756)
Service cost	(35,893,918)	(31,677,554)	(1,871,428)	(2,469,488)
Interest cost	(35,588,455)	(38,864,858)	(2,609,456)	(3,855,362)
Employee contributions	—	—	(3,785,444)	(3,436,765)
Benefits paid	62,626,412	49,219,473	8,500,705	8,860,557
Actuarial gains and losses	81,707,762	(127,629,437)	4,567,687	8,842,454
Benefit obligation at end of year	(858,362,709)	(931,214,510)	(63,205,296)	(68,007,360)
Change in plan assets				
Fair value of plan assets at beginning of year	629,459,961	512,341,455	—	—
Actual return on plan assets	87,315,499	105,653,734	—	—
Benefits paid	(62,626,412)	(49,219,473)	(8,500,705)	(8,860,557)
Employer contribution	53,820,743	60,684,245	8,500,705	8,860,557
Fair value of plan assets at end of year	707,969,791	629,459,961	—	—
Underfunded status of the plans	\$ (150,392,918)	\$ (301,754,549)	\$ (63,205,296)	\$ (68,007,360)
Components of net periodic benefit cost				
Service cost	\$ 35,893,918	\$ 31,677,554	\$ 1,871,428	\$ 2,469,488
Interest cost	35,588,455	38,864,858	2,609,456	3,855,362
Expected return on plan assets	(42,758,963)	(43,310,053)	—	—
Net amortization and deferral	22,482,195	17,637,965	(328,660)	118,934
Settlement loss	368,442	953,474	—	—
Benefit cost included in the consolidated statements of operations and changes in net assets	\$ 51,574,047	\$ 45,823,798	\$ 4,152,224	\$ 6,443,784

The accumulated benefit obligation for the pension plans was \$814,150,407 and \$877,682,091 as of September 30, 2013 and 2012, respectively

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

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

	September 30	
	2013	2012
Discount rate for projected benefit obligation	4.65%	3.85%
Discount rate for net periodic benefit cost	3.85%	5.00%
Expected long-term rate of return on plan assets	7.50%	8.00%
Rate of compensation increase	3.50%	3.50%

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

The Hospital has a postretirement benefit plan. 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 8%. Rates are assumed to decline to 5% through 2018. 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 postretirement benefit obligation by \$2,520,503 and \$1,784,633 at September 30, 2013 and 2012, respectively. A one percentage point decrease in the assumed health care cost trend rate would decrease the service and interest cost and accumulated postretirement benefit obligation by \$2,227,871 and \$1,532,679 at September 30, 2013 and 2012, respectively.

Plan Assets

The Hospital's pension plans weighted-average asset allocations at September 30, by asset category, are as follows:

Asset Category	Target	2013	2012
Equity securities	57%	60%	41%
Fixed income/debt securities	25	24	14
Commodities/inflation/real assets	8	6	34
Other	10	10	11
Total	100%	100%	100%

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

The pension plan asset portfolio has target allocations similar to the allocations noted in the table above. The goals of the plans 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 is responsible for developing, reviewing, and monitoring the investment policy. The plans' assets are invested in accordance with the policy.

Contributions

The Hospital expects to make contributions of approximately \$39.3 million and \$4.5 million in fiscal year 2014 related to its defined benefit pension plan and its other postretirement benefit plan, respectively.

Estimated Future Benefits Payments

Future benefit payments are expected to be paid as follows:

Fiscal Year	Pension Benefits	Other Post- Retirement Benefits
2014	\$ 61,575,901	\$ 4,487,649
2015	61,520,225	4,485,564
2016	63,270,579	4,595,288
2017	69,361,298	4,618,548
2018	65,359,360	4,622,514
Years 2019 – 2023	337,126,453	22,713,351

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt

Details of long-term debt are as follows

	September 30	
	2013	2012
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%	\$ 114,454,804	\$ 92,750,683
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
Master financing agreement with State of Connecticut Health and Educational Authority (CHEFA) due in monthly installments with a fixed rate of 2.75% through September 17, 2015	8,327,342	12,327,990
Capital lease obligations, with option to purchase, due in monthly installments with interest at 6.25% and 7.16%	13,307,190	8,239,129
Revolving lines of credit	95,212,946	58,191,234
Other notes	1,447,256	2,987,305
Premium on bonds	2,168,186	1,765,086
	311,971,109	253,314,812
Less current portion	(101,019,021)	(64,503,933)
	\$ 210,952,088	\$ 188,810,879

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

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 HHC 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 has 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.

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 preceding schedule. The Hospital is party to the HHC 2011 Series A, Series B, and Series C Revenue Bonds. During 2013, the Hospital was allocated an additional \$22,010,772 of previously unallocated Series A Revenue Bonds by HHC in accordance with the plan of refinancing. 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. During 2013, the Hospital made advance payments of \$306,651 to HHC for the bonds maturing in 2014. 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 that 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.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

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 or for the fiscal years ended September 30, 2013 or 2012.

The fair value of the HHC 2011 Bonds was approximately \$377,885,000 and \$396,836,000 at September 30, 2013 and 2012, respectively. The carrying value of the HHC 2011 Bonds was \$375,815,000 as of September 30, 2013 and 2012. The fair value of the HHC 2011 Bonds was determined by HHC's investment advisor using a market approach that uses prices and other relevant information generated by market transactions involving identical or comparable liabilities and is categorized as Level 2 in the fair value hierarchy described in Note 5.

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, 2013 and 2012, was \$8,327,342 and \$12,327,990, respectively.

The Hospital has two capital lease obligations for satellite locations. Both leases are twenty-year leases with an option to purchase. On October 1, 2010, the Hospital entered into an arrangement with monthly installments of \$71,637 and interest at 6.25%. In November 2012, the Hospital entered into another arrangement with monthly installments of \$33,797 and interest at 7.16%. The outstanding capital lease obligations were \$13,307,190 and \$8,239,129 as of September 30, 2013 and 2012, 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, 2013 and 2012, the Hospital had drawn \$17,037,110 and \$17,186,119, respectively, on this line of credit, with a variable rate of 1.27% and 1.32%, respectively, and which is included in the current portion of long-term debt on the consolidated balance sheets. In 2012, the Obligated Group entered into an additional \$60,000,000 line of credit with another bank. In August 2013, the Obligated Group entered into an amendment increasing this line of credit to \$100,000,000. This line of credit expires in March 2014. As of September 30, 2013, and 2012, the Hospital had

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

drawn \$78,175,836 and \$41,005,115, respectively, on this line of credit, with a variable rate of 0.88% and 0.92%, respectively, and which is also included in the current portion of long-term debt

Principal payments due on long-term debt are as follows

Fiscal year ending September 30	
2014	\$ 101,019,021
2015	14,006,473
2016	7,251,367
2017	1,864,993
2018	2,018,338
Thereafter	183,642,731
	<u>\$ 309,802,923</u>

Interest paid for the fiscal years ended September 30, 2013 and 2012, was \$5,704,486 and \$4,517,043, respectively

9. Pledges Receivable

Pledges receivable, included in assets whose use is limited and other assets, include the following unconditional promises to give as of September 30

	September 30	
	2013	2012
Due within one year	\$ 846,323	\$ 371,159
Due in one to five years	2,288,560	4,565,011
	<u>3,134,883</u>	<u>4,936,170</u>
Less allowance and discount to present value	(292,505)	(748,747)
Pledges receivable, net	<u>\$ 2,842,378</u>	<u>\$ 4,187,423</u>

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

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 1 or are deemed to be immaterial. While the outcomes of the lawsuits cannot be determined at this time, management believes that any loss that 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 \$13,209,234 and \$13,558,793 for the fiscal years ended September 30, 2013 and 2012, respectively.

The future minimum lease payments are as follows:

2014	\$ 7,891,157
2015	4,056,375
2016	3,010,000
2017	2,896,689
2018	2,925,828
Thereafter	13,074,451
	<u>\$ 33,854,500</u>

11. Related-Party Transactions

The Hospital provides services to various HHC affiliates and is reimbursed for the cost of these services. Fees charged to affiliates for the fiscal years ended September 30, 2013 and 2012, which are included in other operating revenue in the consolidated statements of operations and changes in net assets, were \$74,839,946 and \$43,682,386, respectively. Other intercompany activity with subsidiaries of the Hospital includes recurring transactions associated with operations and cash management, which have been eliminated in consolidation.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

11. Related-Party Transactions (continued)

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

	2013	2012
Due from Hartford HealthCare	\$ 16,305,533	\$ 19,418,926
Due from Windham	—	1,478,846
Due from Hartford HealthCare at Home	2,048,334	487,500
Due from Hartford Medical Group	8,626	461,303
Due from Midstate Medical Center	1,386,205	250,802
Due from Natchaug	—	25,695
Due from PracticeCentral	—	1,433,810
	<u>\$ 19,748,698</u>	<u>\$ 23,556,882</u>

Amounts due to affiliates related to these services as of September 30 are as follows.

	2013	2012
Due to Hartford HealthCare	\$ (15,646,071)	\$ (3,395,572)
Due to Hartford HealthCare Rehabilitation Network	(2,735,988)	(2,566,205)
Due to Clinical Laboratory Partners	(257,706)	(276,021)
Due to HHMOB	(3,340,741)	(381,381)
Due to Hospital of Central Connecticut	(19,211)	—
	<u>\$ (21,999,717)</u>	<u>\$ (6,619,179)</u>

During 2013 and 2012, the Hospital transferred approximately \$152,364,000 and \$51,031,000 of unrestricted net assets primarily to provide additional funding of various affiliated organizations, and in 2013, approximately \$31,758,000 of unrestricted net assets were transferred to CHS (refer to Note 1)

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

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 2014 and 2015. The maximum potential amount of future payments the Hospital could be required to make under its guarantees at September 30, 2013 and 2012, was approximately \$1,167,000 and \$1,925,000, respectively. 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.

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 \$2,701,010 and \$4,387,733 as of September 30, 2013 and 2012, 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 September 30	
	2013	2012
Health care services	\$ 970,833,816	\$ 924,162,698
Support services	104,882,324	99,840,291
	<u>\$ 1,075,716,140</u>	<u>\$ 1,024,002,989</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

14. Supplemental Cash Flow Information

The changes in assets and liabilities are as follows

	Year Ended September 30	
	2013	2012
Increase in accounts receivable	\$ (16,354,978)	\$ (49,004,264)
Decrease (increase) in other receivables	941,333	(11,916,958)
Decrease (increase) in due to and from affiliates	19,188,723	(158,281)
Increase in interest in investments held by Endowment LLC	(6,932,385)	–
(Increase) decrease in inventories of supplies and prepaid expenses and other assets	(3,123,019)	1,590,058
Decrease (increase) in other assets	594,920	(11,848,378)
Increase (decrease) in estimated third-party settlements	9,525,279	(3,290,373)
(Decrease) increase in accounts payable	(4,856,887)	7,534,911
(Decrease) increase in salaries, wages, payroll taxes, and amounts withheld from employees	(381,019)	2,202,373
(Decrease) increase in accrued expenses	(5,546,181)	522,723
(Decrease) increase in accrued pension liability and other liabilities	(3,000,437)	16,711,006
	<u>\$ (9,944,651)</u>	<u>\$ (47,657,183)</u>

15. Subsequent Event

The Hospital evaluated subsequent events through January 31, 2014, which is the date the consolidated financial statements were issued, for potential recognition in the consolidated financial statements as of the balance sheet date for the fiscal year ended September 30, 2013. No events occurred that require disclosure or adjustment to the consolidated financial statements.

Supplementary Information

Hartford Hospital
Consolidating Balance Sheet
Year Ended September 30, 2013

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living	Eliminations	Total
Assets					
Current assets					
Cash and cash equivalents	\$ 13,453,682	\$ 6,462,251	\$ 611,827		\$ 20,527,760
Interest in investments held by Endowment LLC	6,932,385	—	—		6,932,385
Accounts receivable, less allowances for doubtful accounts of \$29,195,000	149,495,353	1,193,714	—		150,689,067
Other receivables	25,401,693	4,198	5,955		25,411,846
Due from affiliates	20,670,123	1,266,206	1,538,264	\$ (3,725,895)	19,748,698
Inventories of supplies	11,186,533	—	—	—	11,186,533
Prepaid expenses and other assets	11,528,573	34,240	(1)	—	11,562,812
Current portion of assets whose use is limited	450,405	—	—	—	450,405
Total current assets	239,118,747	8,960,609	2,156,045	(3,725,895)	246,509,506
Assets whose use is limited					
Investments and other assets	10,162,106	6,456,672	1,582,791	—	18,201,569
Interest in investments held by Endowment LLC	178,809,901	75,754,161	29,453,310	—	284,017,372
Donor-restricted interest in investments held by Endowment LLC	176,329,234	6,091,075	27,665,201	—	210,085,510
Investments for restricted purposes	7,553,978	213,551	745,852	—	8,513,381
Escrow funds for long-term debt	4,538,771	—	—	—	4,538,771
Funds designated for debt service	8,817,532	—	—	—	8,817,532
	386,211,522	88,515,459	59,447,154	—	534,174,135
Funds held in trust by others	109,092,405	25,821,767	2,115,010	—	137,029,182
Other assets	71,120,072	—	—	—	71,120,072
Property, plant and equipment, net	379,065,084	9,567,609	5,563,868	—	394,196,561
Total assets	\$ 1,184,607,830	\$ 132,865,444	\$ 69,282,077	\$ (3,725,895)	\$ 1,383,029,456

(1) Includes Cedar Mountain Commons

Hartford Hospital
Consolidating Balance Sheet (continued)

Year Ended September 30, 2013

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living	Eliminations	Total
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 22,176,748	\$ 187,106			\$ 22,363,854
Salaries, wages, payroll taxes and amounts withheld from employees	21,047,461	264,496			21,311,957
Due to affiliates	24,731,220	195,761	\$ 798,631	\$ (3,725,895)	21,999,717
Accrued expenses	21,726,074	1,204,416	(10,750)	—	22,919,740
Estimated third-party payor settlements	13,084,951	—	—	—	13,084,951
Current portion of long-term debt	101,019,021	—	—	—	101,019,021
Current portion of accrued pension liability	8,047,176	—	—	—	8,047,176
Current portion of other liabilities	10,988,098	—	—	—	10,988,098
Total current liabilities	222,820,749	1,851,779	787,881	(3,725,895)	221,734,514
Long-term debt, less current portion	210,952,088	—	—	—	210,952,088
Accrued pension liability	218,856,421	—	—	—	218,856,421
Other liabilities	37,533,464	—	—	—	37,533,464
Total liabilities	690,162,722	1,851,779	787,881	(3,725,895)	689,076,487
Net assets					
Unrestricted	201,002,168	98,790,149	38,711,352	—	338,503,669
Temporarily restricted	112,993,866	3,863,027	18,433,014	—	135,289,907
Permanently restricted	180,449,074	28,360,489	11,349,830	—	220,159,393
Total net assets	494,445,108	131,013,665	68,494,196	—	693,952,969
Total liabilities and net assets	\$ 1,184,607,830	\$ 132,865,444	\$ 69,282,077	\$ (3,725,895)	\$ 1,383,029,456

(1) Includes Cedar Mountain Commons

Hartford Hospital
Consolidating Statement of Operations
Year Ended September 30, 2013

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living	Eliminations	Total
Unrestricted revenues, gains and other support					
Net patient service revenue	\$ 921,252,388				\$ 921,252,388
Provision for bad debts	(17,467,613)				(17,467,613)
Net patient service revenue less provision for bad debts	903,784,775				903,784,775
Other operating revenue	158,990,982		\$ 532,270	\$ (239,236)	159,284,016
Net assets released from restrictions for operations	7,604,749	\$ 15,396	23,686	—	7,643,831
	1,070,380,506	15,396	555,956	(239,236)	1,070,712,622
Operating expenses					
Salaries and wages	470,455,992	—	—	—	470,455,992
Employee benefits	164,809,818	—	—	—	164,809,818
Supplies and other	209,462,025	11,308	317,484	(239,236)	209,551,581
Purchased services	176,393,202	4,088	—	—	176,397,290
Depreciation and amortization	48,416,843	—	380,129	—	48,796,972
Interest	5,704,487	—	—	—	5,704,487
	1,075,242,367	15,396	697,613	(239,236)	1,075,716,140
Loss from operations	(4,861,861)	—	(141,657)	—	(5,003,518)
Nonoperating income (loss)					
Income from investments, gifts and bequests, net	61,074,501	22,823,638	8,112,874	—	92,011,013
Other	(4,640,080)	(1,662,083)	(41,236)	—	(6,343,399)
	56,434,420	21,161,555	8,071,638	—	85,667,614
Excess of revenues over expenses before change in unrealized gains and losses on investments	51,572,559	21,161,555	7,929,981	—	80,664,096
Change in unrealized gains and losses on investments	(27,113,441)	(11,820,429)	(4,402,866)	—	(43,336,736)
Excess of revenues over expenses	\$ 24,459,118	\$ 9,341,126	\$ 3,527,116	\$ —	\$ 37,327,360

(1) Includes Cedar Mountain Commons

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