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

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

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

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

**C** Name of organization: Hartford HealthCare Corporation  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: One State Street Suite 19  
 City or town, state or country, and ZIP + 4: Hartford, CT 06103

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

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

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

**G** Gross receipts \$ 127,286,566

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

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

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1985 **M** State of legal domicile: CT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 Hartford HealthCare provides health care system support, management and governance to a fully integrated health care system including a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals, the state's most extensive behavioral health services network, a statewide clinical laboratory operation, a Medical Foundation, a regional home care system, an array of senior care services, and a physical therapy rehabilitation network

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	959
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	12
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	69,798,778
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	3,190,215

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	118,037,212	125,736,756
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356,711	98,910
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,367,813	1,450,900
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,761,736	127,286,566

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	266,670
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,185,428	69,228,522
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	133,890,142	65,759,834
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	148,075,570	135,255,026
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-28,313,834	-7,968,460

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	684,868,914	1,077,552,025
<b>21</b> Total liabilities (Part X, line 26)	440,335,424	454,919,548
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	244,533,490	622,632,477

**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: 2014-08-08  
 Thomas Marchozzi Exec VP & CFO  
 Type or print name and title

**Paid Preparer Use Only**

Preparer's name: Wendy J Clavin  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 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 III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Hartford HealthCare's mission is to improve the health and healing of the people and communities we serve Today, Hartford HealthCare is creating a better future for health care in Connecticut and beyond Our health care system is a community of caregivers engaged in developing a coordinated, consistent high standard of care We use research and education as partners in care delivery We create and engage in meaningful connections to enhance access to services We invest in technology and develop new pathways to improve the timeliness, efficiency and accuracy of our services HHC is guided by its values of Caring, Safety, Excellence and Integrity The values guide our vision to be nationally respected for excellence in patient care and most trusted for personalized coordinated care

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 131,788,895 including grants of \$ 266,670 ) (Revenue \$ 57,487,788 )

Hartford HealthCare (HHC) is organized as a support organization to govern, manage and provide support services to its member organization subsidiaries that are organized exclusively for public welfare, charitable, scientific and educational purposes The organization provides support and management services to further the programs and activities of its member organization subsidiaries, which include Hartford Hospital, MidState Medical Center, The William W Backus Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital, Natchaug Hospital, Rushford Center, Inc , Hartford HealthCare At Home, Inc , Clinical Laboratory Partners, Hartford HealthCare Medical Group, Hartford HealthCare Rehabilitation Network, LLC, and other subsidiaries HHC in conjunction with its member organization subsidiaries develops and implements programs to further the quality and accessibility of health care services, create efficiency in the utilization of health care facilities and services, and provide high-quality, coordinated care to the public through initiatives that are designed to transform care delivery Examples of these initiatives include \* The HHC Cancer Institute Our Cancer Institute was established to deliver comprehensive, coordinated care for more than 6,000 new patients each year, no matter where at each of our cancer centers patients need us In recognition of our multidisciplinary approach and excellence, Memorial Sloan Kettering (MSK) selected the Hartford HealthCare Cancer Institute as its charter member of its Cancer Alliance in 2013 This partnership - unique in cancer care - means HHC Cancer Institute patients will have unprecedented access to MSK clinical trials conducted by HHC physicians in HHC communities where they live \* CESI The Center for Education, Simulation and Innovation (CESI) at Hartford Hospital is the region's leading site for advance simulation training and biotechnology evaluation CESI provides skill-based training to clinicians and emergency responders from across the U S and around the world It is one of only 78 Level-I Comprehensive Accredited Education Institutes certified by the American College of Surgeons CESI also works in collaboration with industry leaders to assess emerging medical technologies and training techniques \* LIFE STAR Hartford Hospital operates Connecticut's only critical air helicopter service, which responds to and provides air transport for patients who require advanced care due to trauma or a severe accident around the clock LIFE STAR matters when seconds count the aircraft can be airborne within minutes of a request for service, and can travel at 155 miles per hour Each year, about 900 patients are transported on LIFE STAR's two specially equipped aircraft More than 20,000 patients have been served since the program was established \* ICP Integrated Care Partners (ICP) is Hartford HealthCare's physician-led organization dedicated to delivering personalized, comprehensive and coordinated care to patients It is a community of both employed and private-practice physicians that defines shared performance objectives, quality standards and evidence-based medicine protocols ICP forges partnerships with health plans, employers and providers Its mission is to be a high-performing network of integrated providers, successfully delivering value-based population health HHC member organizations subsidiaries serve as crucial community safety nets, provide charity care to our most vulnerable neighbors and are active corporate citizens in their regions In FY2012, Hartford HealthCare member organization subsidiaries provided \$170 million in community benefits, \$86 million of which was charity care Other innovative and outcomes-oriented community benefits programs include \* Hartford Hospital's Black Men's Health Project, a comprehensive approach to addressing the health prospects of black men and the disparities relative to the rate at which they suffer from chronic diseases like hypertension, diabetes, cancers and other health challenges \* The Hospital of Central Connecticut's M O M S (Mothers Offering Mothers Support) program, which provides mentors to help women 21 and under become successful and confident mothers \* Backus Hospital's Healthy Community program, which effectively integrates community benefits and services, community health education, and sustainability efforts to improve health care access in Eastern Connecticut's areas of greatest health care need

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

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

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 131,788,895

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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>		No
<b>11</b> 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		
<b>a</b> 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>b</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>		No
<b>c</b> 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	
<b>d</b> 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>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> 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
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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>		No
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

<b>21</b>	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> . . . . . 	<b>21</b>	Yes	
<b>22</b>	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> . . . . . 	<b>22</b>		No
<b>23</b>	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> . . . . . 	<b>23</b>	Yes	
<b>24a</b>	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> . . . . . 	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . . 	<b>25a</b>		No
<b>b</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> . . . . . 	<b>25b</b>		No
<b>26</b>	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> . . . . . 	<b>26</b>		No
<b>27</b>	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> . . . . . 	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	<b>28b</b>	Yes	
<b>c</b>	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> . . . . . 	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . . 	<b>33</b>	Yes	
<b>34</b>	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> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . . 	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>36</b>		No
<b>37</b>	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> 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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 . . . . . [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
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
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





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>					
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> Laboratory Services _____	621500	95,459,151	25,660,373	69,798,778	
	<b>b</b> System Support Fee _____	541900	30,277,605	30,277,605		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
<b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		125,736,756				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>		88,074		88,074	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b> Royalties . . . . . <b>▶</b>					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . <b>▶</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		10,836		
		<b>b</b> Less cost or other basis and sales expenses		0		
		<b>c</b> Gain or (loss)		10,836		
	<b>d</b> Net gain or (loss) . . . . . <b>▶</b>		10,836		10,836	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>					
Miscellaneous Revenue		Business Code				
<b>11a</b> Income - Pass Thru Ent _____	900003	1,450,900	1,450,900			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		1,450,900				
<b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>		127,286,566	57,388,878	69,798,778	98,910	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	266,670	266,670		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	1,678,405	1,080,878	597,527	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	53,865,717	53,865,717		
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,394,314	1,389,626	4,688	
<b>9</b>	Other employee benefits	8,881,019	8,859,741	21,278	
<b>10</b>	Payroll taxes	3,409,067	3,399,166	9,901	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	2,049,771		2,049,771	
<b>c</b>	Accounting	391,198		391,198	
<b>d</b>	Lobbying	391,768		391,768	
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,591,356	16,591,356		
<b>12</b>	Advertising and promotion	1,220,599	1,220,599		
<b>13</b>	Office expenses	3,986,949	3,986,949		
<b>14</b>	Information technology	2,558,788	2,558,788		
<b>15</b>	Royalties				
<b>16</b>	Occupancy	4,124,404	4,124,404		
<b>17</b>	Travel	596,013	596,013		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	320,903	320,903		
<b>20</b>	Interest	606,510	606,510		
<b>21</b>	Payments to affiliates	1,273,168	1,273,168		
<b>22</b>	Depreciation, depletion, and amortization	5,119,384	5,119,384		
<b>23</b>	Insurance	263,847	263,847		
<b>24</b>	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)				
<b>a</b>	Medical Supplies	14,610,542	14,610,542		
<b>b</b>	Purchased Services	7,280,242	7,280,242		
<b>c</b>	Federal Income Tax	1,470,000	1,470,000		
<b>d</b>	Repairs & Maintenance	1,179,777	1,179,777		
<b>e</b>	All other expenses	1,724,615	1,724,615		
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	135,255,026	131,788,895	3,466,131	0
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,525	<b>1</b>	11,334,377
	<b>2</b> Savings and temporary cash investments . . . . .	8,373,399	<b>2</b>	8,647,707
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	6,245,789	<b>4</b>	9,574,192
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	8,546,298	<b>7</b>	38,842,356
	<b>8</b> Inventories for sale or use . . . . .	1,237,145	<b>8</b>	1,473,384
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,585,735	<b>9</b>	1,768,901
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 66,905,372		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 20,177,419	<b>10c</b>	46,727,953
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	31,519,526	<b>12</b>	7,671,569
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	243,209,801	<b>13</b>	569,816,439
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	353,265,663	<b>15</b>	381,695,147
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	684,868,914	<b>16</b>	1,077,552,025	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	22,882,727	<b>17</b>	53,434,906
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	817,376	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	330,790,655	<b>20</b>	327,920,287
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	85,844,666	<b>25</b>	73,564,355
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	440,335,424	<b>26</b>	454,919,548
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	205,302,490	<b>27</b>	572,276,477
	<b>28</b> Temporarily restricted net assets . . . . .	17,816,000	<b>28</b>	20,916,000
	<b>29</b> Permanently restricted net assets . . . . .	21,415,000	<b>29</b>	29,440,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	244,533,490	<b>33</b>	622,632,477	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	684,868,914	<b>34</b>	1,077,552,025	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	127,286,566
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	135,255,026
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-7,968,460
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	244,533,490
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	386,067,447
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	622,632,477

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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	Yes	
<b>3a</b>	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?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-2672834  
**Name:** Hartford HealthCare Corporation

**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			
Elliot T Joseph Director - Pres & CEO	30 00	X		X				0	1,724,083	386,116
Nancy Dean Director	2 00	X						0	0	0
Brian MacLean Director	2 00	X						0	0	0
John E Dillaway Director	2 00	X						0	0	0
Elizabeth Conway Director	2 00	X						0	0	0
Greg Deavens Director	2 00	X						0	0	0
William H Trachsel Director	2 00	X						0	0	0
David P Hess Director	2 00	X						0	0	0
Laura R Estes Director	2 00	X						0	0	0
Ramani Ayer Chair	3 00	X		X				0	0	0
David B Hyman DDS Vice Chair	3 00	X		X				0	0	0
William A Conway MD Director	2 00	X						0	0	0
Lawrence McGoldrick Director	2 00	X						0	0	0
Anthony Joyce Director	2 00	X						0	0	0
John J Patrick Jr Director	2 00	X						0	0	0
Elsa M Nunez June 2013 Director	2 00	X						0	0	0
Rocco Orlando MD SVP	30 00			X				0	631,237	157,512
James E Fantus President - CLP	60 00			X				365,365	0	71,549
Thomas J Marchozzi EVP & CFO	30 00			X				0	732,298	139,261
James M Blazar SVP & Chief Strategy Officer	30 00			X				0	520,609	120,638
Richard G Stys SVP of Finance	30 00			X				0	474,611	112,551
Sonal Shah Chief Corp Compl Officer	10 00			X				0	266,341	36,499
Jeffrey A Flaks EVP	30 00			X				0	856,801	160,788
Tracy A Church SVP & Chief HR Officer	30 00			X				0	469,838	108,760
Luis Taveras SVP & Chief Information Officer	30 00			X				0	509,009	121,797

**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				
Rita Parisi VP	30 00			X					0	333,338	97,190
Lucille A Janatka SVP	30 00			X					0	681,989	149,577
Kent I Stahl VP	30 00			X					0	435,266	32,208
Jeffrey L Walter VP	20 00			X					0	253,008	42,327
Clarence Silvia VP	20 00			X					0	790,227	241,617
Ellen D Rothberg VP	20 00			X					0	286,089	59,337
Stephen W Larcen VP	20 00			X					0	605,497	131,389
Margaret Marchak SVP & Chief Legal Officer	60 00			X					0	0	0
David Whitehead SVP	30 00			X					0	1,054,517	39,768
James Cardon EVP & Chief Clinical Integration Officer	30 00			X					0	0	0
Anthony Mastroianni CFO - CLP	60 00				X				212,089	0	35,867
David J Molusis CIO - CLP	60 00					X			195,077	0	22,710
Gregory Makowski Dir on Tech Ops - CLP	60 00					X			248,487	0	38,016
John Presto Sales Rep - CLP	60 00					X			226,035	0	37,546
Laila O Mnayer Dir Molecular Path - CLP	60 00					X			226,011	0	37,837
Jaber Aslanzadeh Dir Microbiology - CLP	60 00					X			194,719	0	16,627
Donna Handley Former VP-HHC	0 00						X		0	294,225	49,399
Stephan O'Neill Former VP - HHC	0 00						X		0	222,133	19,887
Carol S Garlick Former VP - HHC	0 00						X		0	213,808	38,010
Paul S Besson ESQ Former VP - HHC	0 00						X		0	144,060	11,225
Yvette Melendez Former - VP-HHC	0 00						X		0	280,265	31,228
Michele B Bush ESQ Former - SVP & General Counsel	0 00						X		0	438,245	30,268
Jamie M Roche MD Former VP - HHC	0 00						X		0	420,352	80,160

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

**Name of the organization**  
Hartford HealthCare Corporation

**Employer identification number**

22-2672834

**Part 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No

(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	
See Additional Data Table									
<b>Total</b>									0

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶						

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 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).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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Schedule A, Part IV, Supplemental Information Hartford HealthCare (HHC) is organized as a support organization to govern, manage and provide support services to its member organization subsidiaries that are organized exclusively for public welfare, charitable, scientific and educational purposes. The organization provides support and management services to further the programs and activities of its member organization subsidiaries, which include Hartford Hospital, MidState Medical Center, The William W Backus Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital, Natchaug Hospital, Rushford Center, Inc, Hartford HealthCare At Home, Inc, Clinical Laboratory Partners, Hartford HealthCare Medical Group, Hartford HealthCare Rehabilitation Network, LLC, and other subsidiaries. HHC in conjunction with its member organization subsidiaries develops and implements programs to further the quality and accessibility of health care services, create efficiency in the utilization of health care facilities and services, and provide high-quality, coordinated care to the public through initiatives that are designed to transform care delivery. Examples of these initiatives include:

- \* The HHC Cancer Institute Our Cancer Institute was established to deliver comprehensive, coordinated care for more than 6,000 new patients each year, no matter where at each of our cancer centers patients need us. In recognition of our multidisciplinary approach and excellence, Memorial Sloan Kettering (MSK) selected the Hartford HealthCare Cancer Institute as its charter member of its Cancer Alliance in 2013. This partnership - unique in cancer care - means HHC Cancer Institute patients will have unprecedented access to MSK clinical trials conducted by HHC physicians in HHC communities where they live.
- \* CESI The Center for Education, Simulation and Innovation (CESI) at Hartford Hospital is the region's leading site for advance simulation training and biotechnology evaluation. CESI provides skill-based training to clinicians and emergency responders from across the U.S. and around the world. It is one of only 78 Level-I Comprehensive Accredited Education Institutes certified by the American College of Surgeons. CESI also works in collaboration with industry leaders to assess emerging medical technologies and training techniques.
- \* LIFE STAR Hartford Hospital operates Connecticut's only critical air helicopter service, which responds to and provides air transport for patients who require advanced care due to trauma or a severe accident around the clock. LIFE STAR matters when seconds count - the aircraft can be airborne within minutes of a request for service, and can travel at 155 miles per hour. Each year, about 900 patients are transported on LIFE STAR's two specially equipped aircraft. More than 20,000 patients have been served since the program was established.
- \* ICP Integrated Care Partners (ICP) is Hartford HealthCare's physician-led organization dedicated to delivering personalized, comprehensive and coordinated care to patients. It is a community of both employed and private-practice physicians that defines shared performance objectives, quality standards and evidence-based medicine protocols. ICP forges partnerships with health plans, employers and providers. Its mission is to be a high-performing network of integrated providers, successfully delivering value-based population health. HHC member organizations subsidiaries serve as crucial community safety nets, provide charity care to our most vulnerable neighbors and are active corporate citizens in their regions. In FY2012, Hartford HealthCare member organization subsidiaries provided \$170 million in community benefits, \$86 million of which was charity care. Other innovative and outcomes-oriented community benefits programs include:
- \* Hartford Hospital's Black Men's Health Project, a comprehensive approach to addressing the health prospects of black men and the disparities relative to the rate at which they suffer from chronic diseases like hypertension, diabetes, cancers and other health challenges.
- \* The Hospital of Central Connecticut's M O M S (Mothers Offering Mothers Support) program, which provides mentors to help women 21 and under become successful and confident mothers.
- \* Backus Hospital's Healthy Community program, which effectively integrates community benefits and services, community health education, and sustainability efforts to improve health care access in Eastern Connecticut's areas of greatest health care need.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-2672834  
**Name:** Hartford HealthCare Corporation

**Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Hartford Hospital	060646668	3	Yes		Yes		Yes		0
Midstate Medical Center	060646715	3	Yes		Yes		Yes		0
Windham Community Memorial Hospital	060646966	3	Yes		Yes		Yes		0
Natchaug Hospital	060966963	3	Yes		Yes		Yes		0
Hartford HealthCare at Home Inc	060646938	7	Yes		Yes		Yes		0
Hosp Of Central CT	060646768	3	Yes		Yes		Yes		0
Rushford Center Inc	060932875	3	Yes		Yes		Yes		0
William W Backus Hospital	060250773	3	Yes		Yes		Yes		0
Hartford HealthCare PhysiciansCare Inc	454456939	9	Yes		Yes		Yes		0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (Hartford HealthCare Corporation) and Employer identification number (22-2672834)

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> 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.)

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		1,000
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		390,768
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			391,768
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 HealthCare Corp paid Kenneth Przybysz LLC, Gaffney Bennett & Associates, Baker Donelson Bearman Caldwell & Berkowitz and Kozak & Salina for their lobbying efforts on behalf of the organization during the fiscal year. These vendors were paid \$15,940, \$158,250, \$201,078 and \$15,500 respectively. Their efforts mainly include the lobbying of Connecticut State Legislators in the interest of a group of affiliated hospitals in the State of Connecticut.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Hartford HealthCare Corporation

Employer identification number 22-2672834

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic structure), questions about monitoring, expenses, and reporting requirements.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No columns.

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.



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

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

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

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

**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
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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hartford HealthCare Corporation

**Employer identification number**

22-2672834

**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** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean	1	2	Investment In Captive		46,309,504
<b>3a</b> Sub-total	1	2			46,309,504
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	1	2			46,309,504

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> 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 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



**Schedule I (Form 990)**

OMB No 1545-0047

**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

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hartford HealthCare Corporation

Employer identification number  
22-2672834

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to 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
(1) Connecticut Women's Hall of Fame 320 Fitch Street New Haven, CT 06515	06-1492895	501(C)(3)	10,000		FMV		Sponsorship for the 19th Annual Induction Ceremony and Celebration Proceeds from the sponsorship are used to further the mission to honor publicly the achievements of Connecticut women and preserve their stories, educate the public and inspire the continued achievements of women
(2) New Britain Museum of American Art 56 Lexington Street New Britain, CT 06052	06-1422234	501(C)(3)	10,000		FMV		Sponsorship of the 2013 Art Party of the Year Event The proceeds from the party are used to support the organization's mission which is to educate and engage thousands of visitors
(3) Travelers Championship 90 State House Hartford, CT 06103	42-1684133	501(C)(3)	85,000		FMV		The Greater Hartford Community Foundation, Inc was formed on October 21, 2005 as a nonprofit organization to promote community based fundraising activities and events, including sporting, cultural, educational and other charitable fundraising activities and events, The Foundation's primary fundraising activity is the Travelers Championship, Connecticut's annual PGA TOUR golf tournaments The net proceeds realized by the tournament and other such activities and events are for the benefit of the citizens, social welfare organizations and other institutions of the community
(4) Hartford Business Improvement District 31 Pratt St Fl 5 Hartford, CT 06103	41-2229120	501(C)(3)	22,300		FMV		2013 Hartford Has It Street Banner Sponsorship The proceeds from sponsorship are used to assist the organization in completing its mission To bring about positive and lasting change by enhancing the economic vitality and quality of life within the district
(5) Connecticut Science Center 250 Columbus Boulevard Hartford, CT 06103	06-1538101	501(C)(3)	5,000		FMV		Reef Sponsorship The proceeds from the sponsorship are used to assist the organization in accomplishing its mission to inspire life-long learning through the operation of a statewide science center
(6) Leadership Greater Hartford Inc 30 Laurel Street Hartford, CT 06106	06-1167174	501(C)(3)	7,500		FMV		The proceeds from the sponsorship are used to assist the organization in accomplishing its mission to develop, connect and inspire diverse leaders to build strong and vibrant communities throughout Greater Hartford
(7) Juvenile Diabetes Sponsoship 26 Broadway Fl 14 New York, NY 10004	23-1907729	501(C)(3)	5,000		FMV		HHC donated \$5,000 to an event Pceeds from the sponsorship were used to assist the organization to accomplish its mission to find a cure for Type I diabetes and its complications through the support of research

**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

**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
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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hartford HealthCare Corporation

Employer identification number

22-2672834

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes 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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 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?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**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	Please see Sch O, Part VI, Section B, Line 15 for comments regarding 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. Ms Michele B Bush (former SVP General Counsel) severance payment began in May 2012. Total severance payment in 2012 was \$324,450. 2012 SERP accruals made on behalf of the following individual: Mr Elliot Joseph \$294,854; Mr Thomas Marchozzi \$71,508; Mr James Fantus \$36,659; Mr Stephen Larcen \$55,350; Mr Jeffrey Walter \$23,339; 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	Hartford Hospital (a related organization) has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Compensation Committee discretionary assessment of annual performance and individual contribution to results.



**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				
Gregory Makowski	(i)	201,660	46,311	516	6,190	31,826	286,503	0
	(ii)	0	0	0	0	0	0	0
John Presto	(i)	121,797	103,335	903	6,371	31,175	263,581	0
	(ii)	0	0	0	0	0	0	0
Laila O Mnayer	(i)	204,635	21,100	276	6,325	31,512	263,848	0
	(ii)	0	0	0	0	0	0	0
Jaber Aslanzadeh	(i)	176,280	17,923	516	5,254	11,373	211,346	0
	(ii)	0	0	0	0	0	0	0
Donna Handley	(i)	0	0	0	0	0	0	0
	(ii)	250,443	41,408	2,374	19,873	29,526	343,624	0
Stephan O'Neill	(i)	0	0	0	0	0	0	0
	(ii)	0	0	222,133	113	19,774	242,020	0
Carol S Garlick	(i)	0	0	0	0	0	0	0
	(ii)	175,463	37,177	1,168	20,585	17,425	251,818	0
Paul S Besson ESQ	(i)	0	0	0	0	0	0	0
	(ii)	0	0	144,060	0	11,225	155,285	0
Yvette Melendez	(i)	0	0	0	0	0	0	0
	(ii)	230,501	47,648	2,116	19,624	11,604	311,493	0
Michele B Bush ESQ	(i)	0	0	0	0	0	0	0
	(ii)	107,319	0	330,926	10,948	19,320	468,513	0
Jamie M Roche MD	(i)	0	0	0	0	0	0	0
	(ii)	328,465	73,416	18,471	47,000	33,160	500,512	0

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hartford HealthCare Corporation

Employer identification number

22-2672834

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	State of Connecticut Health & Education Facilities Authority	06-0806186	20774Y CZ8	09-29-2011	330,863,039	Refund portions of existing debt and obtain funds for future capital needs		X		X	X	

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired								
<b>2</b>	Amount of bonds legally defeased								
<b>3</b>	Total proceeds of issue		331,293,047						
<b>4</b>	Gross proceeds in reserve funds		19,572,000						
<b>5</b>	Capitalized interest from proceeds								
<b>6</b>	Proceeds in refunding escrows								
<b>7</b>	Issuance costs from proceeds		4,652,264						
<b>8</b>	Credit enhancement from proceeds								
<b>9</b>	Working capital expenditures from proceeds								
<b>10</b>	Capital expenditures from proceeds		43,371,997						
<b>11</b>	Other spent proceeds		254,544,730						
<b>12</b>	Other unspent proceeds		8,722,025						
<b>13</b>	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue?		X						
<b>15</b>	Were the bonds issued as part of an advance refunding issue?	X							
<b>16</b>	Has the final allocation of proceeds been made?		X						
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0%		%		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		%		%		%	
<b>6</b> Total of lines 4 and 5	0%		%		%		%	
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
See Additional Data Table		

**Software ID:**  
**Software Version:**  
**EIN:** 22-2672834  
**Name:** Hartford HealthCare Corporation

**Form 990 Schedule K, Part VI - Supplemental Information**

Identifier	Return Reference	Explanation
Form 990, Schedule K		<p>On September 29, 2011 Hartford HealthCare Corporation (Corporation) issued approximately \$ 330,863,000 of CHEFA Revenue Bonds Series A &amp; B. In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and Midstate Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations. The HHC 2011 Bonds were issued to refund portions of existing debt under the Corporation, and to obtain funds for future capital needs. The total refunded amount of debt was \$189,706,774. This consisted of various types of bonds held by the obligated group. These Series A, B &amp; C Bonds were issued on the following dates: 8/1/1996, 12/22/1997, 8/3/2000, 5/16/2002, 11/15/2007, 3/29/2007, 8/2/2008, 6/18/2008. An amount of \$95,450,067 was set aside for future construction and equipment purchase. The construction cost of approximately \$60,450,000 was designated for a parking garage, an emergency department construction and various other construction projects. The balance of the \$95M was designated for the purchase of medical equipment.</p>

**Form 990 Schedule K, Part VI - Supplemental Information**

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part III, Line 4		HHC monitors and calculates percent of private business use on an annual basis or if a significant event occurs during the year

**Form 990 Schedule K, Part VI - Supplemental Information**

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part III, Line & Part V		HHC is aware of the bond requirements and although a written policy is not yet in place, H HC would evaluate remediation and any violation of federal tax requirements as necessary The organization is currently drafting such policies and expect the policies to be in plac e by the end of fiscal year 2014

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Hartford HealthCare Corporation

Employer identification number 22-2672834

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

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (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 Transaction Involving Interested Persons	<p>(a) Name of Interested Person Gregory Makowski, MD                      (b) Relationship between Interested Person and Organization Key Employee, CLP                      (c) Amount of Transactions \$40,911                      (d) Description of Transaction Dr Makowski's spouse, Dr Melinda L Ramsby of Farmington Arthritis and Rheumatology, has an in-office phlebotomist provided by Clinical Laboratory Partners (CLP) CLP is single member LLC owned by Hartford HealthCare Corporation The phlebotomist services represent a cost of \$40,911 to CLP This cost is incurred for the convenience of the patients as outlined in a formal technical agreement between CLP and Dr Ramsby This arrangement is mutually beneficial to both parties (e) Sharing of Organization Revenues? = No</p> <p>(a) Name of Interested Person Brian MacLean                      (b) Relationship between Interested Person and Organization Director                      (c) Amount of Transactions \$6,368,136                      (d) Description of Transaction Mr Brian MacLean is a board member of Hartford HealthCare Corporation Mr MacLean is also an Executive Officer of the Travelers Insurance Company The company provides certain insurance coverages for Hartford HealthCare and subsidiaries A substantial portion of the transactions between HHC and Travelers relates to self insurance reimbursement Mr MacLean has no personal involvement in any of these transactions which are not material to the financial position of Travelers (e) Sharing of Organization Revenues? = No</p> <p>(a) Name of Interested Person Greg Deavens                      (b) Relationship between Interested Person and Organization Director                      (c) Amount of Transactions \$443,116                      (d) Description of Transaction Mr Greg Deavens is a board member of Hartford HealthCare Corporation Mr Deavens is also an Executive at Mass Mutual Life Insurance Company Mass Mutual provided certain insurance coverage to Hartford HealthCare and subsidiaries Mr Deavens has no personal involvement in any of these transactions which are not material to the financial position of Mass Mutual (e) Sharing of Organization Revenues? = No</p>

**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 HealthCare Corporation

**Employer identification number**

22-2672834

Identifier	Return Reference	Explanation
New Program Services	Form 990, Part III, line 2	On August 1, 2013 (the Acquisition Date), Hartford HealthCare Corporation (the Corporation) acquired Backus Corporation, a system of health care affiliates that provides services throughout the eastern region of Connecticut including The William W Backus Hospital (Backus), Backus Health Care, Inc , WWB Corporation, Omni Home Health Services of Eastern Connecticut LLC dba Backus Home Health Services, and Backus Physician Services, LLC The Corporation became the sole corporate member of Backus Corporation and a full corporate affiliation was completed Pursuant to the acquisition agreement, the Corporation acquired Backus Corporation by means of an inherent contribution where no consideration was transferred by the Corporation The Corporation accounted for this business combination by applying the acquisition method, and accordingly, the inherent contribution received was valued as the excess of assets acquired over liabilities assumed In determining the inherent contribution received all assets acquired and liabilities assumed were measured at fair value as of the Acquisition Date

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>The Hartford HealthCare 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 &amp; 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.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>Compensation reported on Hartford HealthCare Corporation's tax return is paid through its subsidiaries. The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation for the CEO and Senior Executives of Hartford HealthCare Corporation. All compensation reported on this tax return follows Hartford Hospital's compensation policy as outlined below. The following steps were taken:</p> <ul style="list-style-type: none"> <li>- Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare established and regularly reviews Executive Compensation Philosophy</li> <li>- Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"</li> <li>- National peer groups are selected for comparison based on organizational size, operating revenue, geography and other relevant factors</li> <li>- Analysis of current total compensation versus market performed by independent third party compensation consulting firm, reviewed by the committee</li> <li>- Recommendations made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy</li> <li>- CEO compensation determined by Committee based on comparative market information and organizational performance</li> <li>- All changes reviewed and approved by Executive Compensation Committee</li> </ul> <p>The compensation determination process for the CEO and other Senior Executives is reviewed on an annual basis.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The Form 990, 990T and Form 1023 and its attachments are available upon request. Hartford HealthCare Corporation's governing documents, financial statements and Conflict of Interest documents are also made available upon request.

Identifier	Return Reference	Explanation
Other Fees	Form 990, Part IX, line 11g	Medical Professional Fees Program service expenses 16,591,356 Management and general expenses 0 Fundraising expenses 0 Total expenses 16,591,356

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Transfers to Affiliates 66,417,000 True Up of K-1 Income 66 Misc -601 Transfer of Expenses - Related Organization -1,048,018 Backus Contribution 320,699,000

Identifier	Return Reference	Explanation
	Form 990, Part IV, Line 12 and Part XII, line 2	The organization's financial statements are included in the consolidated financial statement which was audited by an independent accounting firm. In addition, the organization has a committee that assumes responsibility for oversight of the audit of its financial statements.

Identifier	Return Reference	Explanation
Other Salaries & Wages	Form 990, Part VII and Part IX, line 7	The organization itself does not pay salaries or provide fringe benefits. A majority of the salaries and fringe benefits are allocated from related organizations. The remaining salaries and fringe benefits are from Clinical Laboratory Partners which is a wholly owned Limited Liability Company.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hartford HealthCare Corporation

**Employer identification number**

22-2672834

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

(a) Name, address, and EIN (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
<b>(1)</b> Clinical Laboratory Partners LLC 129 Patricia M Genova Drive Newington, CT 06111 06-1525596	Medical Laboratories	CT	4,422,000	24,237,000	Hartford HealthCare Corporation
<b>(2)</b> Practice Central LLC 85 Seymour Street Hartford, CT 06102 36-4692507	Health Care & Health Delivery	CT	-2,677,000	669,000	Hartford HealthCare Corporation
<b>(3)</b> Integrated Care Partners LLC One State Street Suite 19 Hartford, CT 06103 37-1740267	Electronic Health System Data Sharing Services	CT	0	0	Hartford HealthCare Corporation

**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
<b>1a</b>	Yes	
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	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			





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	Hartford HealthCare Corporation	C	-4,688,000	3,234,200	100 000 %	Yes	
Windham Family Medical Services  112 Mansfield Avenue Willimantic, CT 06226 06-1491649	Medical Services	CT	N/A	C				Yes	
CHS Insurance LTD  40 Church Street Hamilton BD	Captive Insurance	BD	Hartford HealthCare Corporation	C	11,535,078	184,767,121	100 000 %	Yes	
Windham Health Services Inc  112 Mansfield Avenue Willimantic, CT 06226 06-1461101	Home HealthCare	CT	N/A	C				Yes	
Windham Physician Hospital Organization  112 Mansfield Avenue Willimantic, CT 06226 06-1441614	Medical Services	CT	N/A	C				Yes	
CenConn Services Inc  100 Grand Street New Britain, CT 06050 22-2836001	Holding Company	CT	N/A	C				Yes	
Grand Indemnity Co LTD  40 Church Street Hamilton BD 98-0609499	Professional Liability	BD	N/A	C				Yes	
Hartford Physician Services PC  80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	CT	N/A	C				Yes	
Meriden Imaging Center  101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S				Yes	
Hartford Physician Hospital Organization Inc  80 Seymour Street Hartford, CT 06102 22-2785918	Physician & Hospital Support	CT	N/A	C				Yes	
Aetna Ambulance Service Inc  PO Box 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C	445,268	2,232,968	50 000 %	Yes	
Metro Wheelchair Service Inc  PO Box 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C	-29,678	118,100	50 000 %	Yes	
WWB Corporation  326 Washington Street Norwich, CT 06360 06-1094836	Holding Company	CT	N/A	C				Yes	
ConnCare Inc  326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C				Yes	
Backus Medical Center Condo Assoc Inc  330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C				Yes	

**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 Professional Office Condominium Association Inc  112 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C				Yes	
Select Physicians Network  112 Mansfield Avenue Willimantic, CT 06226 06-1426901	Managing offices of physicians and surgeons	CT	N/A	C				Yes	

--> 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
Hartford Hospital	M	21,858,010	FMV
Hartford Hospital	S	14,538,603	FMV
Hartford Hospital	Q	2,984,996	FMV
Hartford Hospital	D	22,010,772	FMV
Hartford Hospital	A	6,664,502	FMV
Hartford Hospital	L	17,301,322	FMV
Hartford Hospital	R	164,855	FMV
Hartford Hospital	O	772,665	FMV
Hartford Hospital	P	827,281	FMV
Hartford Hospital	S	236,131	FMV
Hartford Hospital	Q	87,709	FMV
Hartford Hospital	M	44,085	FMV
HHC PhysiciansCare Inc	M	103,166	FMV
HHC PhysiciansCare Inc	R	48,892,106	FMV
HHC PhysiciansCare Inc	O	50,749	FMV
HHC PhysiciansCare Inc	P	163,750	FMV
Central Connecticut Health Alliance	Q	245,379	FMV
CHS Insurance Ltd	P	227,725	FMV
HHMOB	D	3,220,000	FMV
HHMOB	R	4,245,752	FMV
HHMOB	A	191,924	FMV
HHMOB	Q	710,878	FMV
HHMOB	M	979,164	FMV
HHMOB	O	258,516	FMV
HHMOB	E	53,203	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
HHMOB	S	308,744	FMV
HHMOB	Q	111,781	FMV
Midstate Medical Center	S	3,021,907	FMV
Midstate Medical Center	Q	3,149,333	FMV
Midstate Medical Center	A	4,088,189	FMV
Midstate Medical Center	O	3,664,855	FMV
Midstate Medical Center	R	6,409,206	FMV
Natchaug Hospital	M	54,069	FMV
Natchaug Hospital	O	536,011	FMV
Natchaug Hospital	A	1,270	FMV
Natchaug Hospital	E	175,000	FMV
Natchaug Hospital	S	683,846	FMV
Natchaug Hospital	Q	270,610	FMV
Rushford Center Inc	M	51,908	FMV
Rushford Center Inc	D	2,350,000	FMV
Rushford Center Inc	S	423,344	FMV
Rushford Center Inc	O	135,419	FMV
Rushford Center Inc	A	3,632	FMV
Rushford Center Inc	E	2,351,979	FMV
Rushford Center Inc	Q	140,688	FMV
Hartford HealthCare at Home Inc	A	10,089	FMV
Hartford HealthCare at Home Inc	E	10,060	FMV
Hartford HealthCare at Home Inc	S	731,995	FMV
Hartford HealthCare at Home Inc	O	134,600	FMV
Windham Hospital	M	226,929	FMV

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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
Windham Hospital	S	1,360,155	FMV
Windham Hospital	O	712,088	FMV
Windham Hospital	Q	1,690,708	FMV
Windham Hospital	A	914,304	FMV
The Hospital of Central Connecticut	S	5,244,510	FMV
The Hospital of Central Connecticut	P	93,907	FMV
The Hospital of Central Connecticut	O	417,530	FMV
The Hospital of Central Connecticut	Q	1,597,503	FMV
The Hospital of Central Connecticut	A	1,599,601	FMV
The Hospital of Central Connecticut	E	1,756,246	FMV
The Hospital of Central Connecticut	R	2,472,263	FMV
Central CT Senior Health Services	Q	190,308	FMV
Central CT Senior Health Services	A	43,608	FMV
Hartford HealthCare PhysicianCare Inc	Q	10,541,128	FMV
Hartford HealthCare PhysicianCare Inc	S	1,506,087	FMV
Hartford HealthCare Rehabilitation Network	S	225,362	FMV
Hartford HealthCare Rehabilitation Network	E	300,000	FMV
Hartford HealthCare Rehabilitation Network	M	61,364	FMV
Midstate Medical Center	M	4,667,884	FMV
Hartford HealthCare at Home Inc	Q	821,805	FMV
Central CT Senior Health Services	S	374,823	FMV