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Part III

Statement of Program Service Accomplishments

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

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

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 78,438,762 including grants of \$) (Revenue \$ 77,313,781)
<p>At the completion of Fiscal Year (FY) 14, there were 133 medical staff members in the Division of Cardiology, comprised of 14 hospital-employed faculty cardiologists, 66 private practice cardiologists, 6 full-time employed hospitalists, 3 doctoral-level researchers, 18 cardiology fellows, 22 private and hospital employed APRNs, and 4 physician assistants. The division received \$857,641 in research funding, including \$810,546 from industrial sources and \$47,095 from foundations. The number of cardiology full-time equivalent employees in FY14 was 180. The number of medical cardiology non-ICU discharges was 4,258. The number of medical cardiology non-ICU patient days was 20,604. Cardiology division members published 96 publications (not including abstracts) in peer-reviewed journals in 2013/2014. Some of these articles were published in the top medical journals. For example, Dr. Paul Thompson published "How to Train for a Marathon" in the September 2014 Circulation and Dr. Parker published "Comparison of the Diagnostic Accuracy of PET and SPECT for Coronary Artery Disease" in the 2014 Current Cardiovascular Imaging Reports. Division of Cardiology Patient Care Activities: Cardiac Catheterization Laboratory: For FY14, there were 3,870 Total Cases, 3,441 were coronary, 429 Peripheral. Total cases were up approximately 1% from the previous year. For Coronary Procedures, 2,182 were Diagnostic, 1130 were Angioplasties and 103 were Structural Heart Interventions. 363 Percutaneous Coronary Intervention (PCI) were done on an Outpatient basis, up from 112 in FY13. Cardiac Surgery: 917 cases were done in FY2014, a 9% increase from FY13. According to the STS, Hartford Hospital continues to be in the top tier of hospitals performing Cardiac Surgery in terms of volume. There were 407 isolated CABG surgeries, 123 CABG/Valve, 305 Valves and 82 others. This represents an 11% increase in CAB surgery and a 33% increase in valve surgery. 73 of the Valve Replacements in FY13 were Trans Aortic Valve Replacements (TAVR). Of these 73, 58 replacements were with CoreValves and 15 with Edwards Sapien. 11 Heart Transplants were done at Hartford Hospital in FY14 compared to 11 the previous year. Advanced Heart Failure and Transplant Center: The Advanced Heart Failure (HF) Infusion Center continues to provide successful outpatient therapy for decompensated HF patients reducing length of stay, preventing re-admission and allowing patients to stay in the comfort of their own homes. Outpatient Infusion Therapy continues to be very popular and highly effective in stabilizing patients with acute HF syndrome. During FY14, a total of 1,930 patient encounters and 1,064 infusions were performed. The Emergency Department Heart Failure Infusion Clinic (EDHFIC) program continues to screen patients in the ED to prevent (re) admissions to the hospital. Patients with HF are screened, and if they meet criteria are assessed for treatment in the Infusion Center rather than being admitted. The Hartford Hospital Mechanical Circulatory Support or VAD Program has shown stable volume with about 20 implants in FY14. Approximately 40 VAD patients are currently managed in the outpatient setting, of which 50% are Destination Therapy (DT) with excellent quality of life and functional capacity. This DT Program continues to have significant potential for further growth considering that many end-stage HF patients are not eligible for heart transplantation. The Heartware device, a smaller durable VAD approved for bridge to transplant was introduced in 2014 allowing for intra-pencardial implantation by both the traditional and the minimally invasive/lateral thoracotomy approach. Nuclear Cardiology / Exercise Stress Test Laboratories: There were a total of 2,549 studies performed in the Non-Invasive Stress Laboratory at Hartford Hospital in FY14, which is stable from FY13 (down 45 studies or 1.7%). This consisted of 33 cardiopulmonary stress tests, 380 exercise treadmill tests, 1,938 Single-photon Emission Computed Tomography (SPECT) myocardial perfusion imaging studies, 177 cardiac Positron Emission Tomography (PET) studies, and 21 gated blood pool scans. Among the outpatient satellite nuclear cardiology programs, a total of 876 SPECT myocardial perfusion imaging studies were performed in FY14, with 168 scans performed in Avon, 153 scans performed in Glastonbury, 239 performed at Retreat Avenue, 114 performed at Blue Back Square, West Hartford, and 202 performed in Farmington. Overall, FY14 nuclear cardiology volume for the satellites was down 31.3% compared to FY13 due to planned closures of the outpatient sites. Echocardiography: In FY14, the Hartford Hospital Echocardiography Lab performed 12,230 transthoracic studies. These totals represent a 4% increase over budget and 2013 volume. Approximately 48% of transthoracic studies were performed at the bedside and 17.8% of studies were performed on outpatients. Cardiac Intensive Care Unit: The Cardiac Intensive Care Unit (CICU) at Hartford Hospital is a 12-bed, open unit that provides care to patients presenting with acute coronary syndromes, advanced heart failure, advanced atrioventricular block, and post-cardiac arrest. The post-resuscitation hypothermia program has helped hundreds of patients improve their neurologic outcome after cardiac arrest. The program is one of the largest intravascular hypothermia programs in the region. This therapy is offered exclusively in the Cardiac Intensive Care Unit. There were a total of 3,862 CICU visits during the fiscal year 2014. Of those, 51 underwent hypothermia therapy, 6 had an Impella device, and 2 underwent Aquapheresis. More recently we have cared for the first few patients post-mitral clip implantation. The CICU is also one of the major teaching sites for the UCONN Internal Medicine residency. Last year, a total of 67 residents rotated through our CICU. CICU also developed a core lecture series for residents, fellows and staff. The ratings of the rotation amongst residents averaged 4.33 out of a possible 5 on accomplishing its learning objectives and 4.64/5 on the quality of teaching by faculty/staff attendings. HH Heart Transplant Program (HHHTP): In FY14, the HH Heart Transplant Program (HHHTP) performed 11 heart transplant operations. Approximately 130 previously transplanted heart patients continue to be followed by the Hartford Hospital transplant team. In calendar year 2014, 14 transplants have been performed as compared to calendar year 2013 when 10 were performed. Overall, the program size is stable and remains limited by available organ donations. This is a nationwide trend with the total number of transplants performed in the U.S. remarkably stable over the past 20 years. The Ventricular Assist Device (VAD) program continues to remain strong and is certified, and remains an integral part of the Heart Transplant Program success and stability. The HHHTP continues to use AlloMap immunologic blood testing which remains an adjunct to reducing the need for endomyocardial biopsy to help with surveillance and management of rejection. Preventive Cardiology: Preventive Cardiology includes cholesterol management, Low-Density Lipoprotein (LDL) Apheresis, cardiovascular sports medicine consultation and cardiac rehabilitation. The LDL Apheresis Program treats patients' lipid disorders not responsive to traditional medical therapy. To qualify, patients must have diagnosed vascular disease and an LDL > 200 mg/dl or no known disease and an LDL > 300 mg/dl. Other medical patients, such as those with diabetes and persistently high LDL levels not reaching the above and patients with elevated Lp(a) levels are rarely, but occasionally, allowed to be treated by their insurance carriers. The program serves patients from Connecticut, Western Massachusetts, and Vermont and has doubled in size over the last few years to where 20 patients are presently being treated. Treatment is usually once per 2 weeks. Hartford's LDL Apheresis program is one of the largest programs in the country. There were 251 LDL Apheresis procedures performed in FY14, a 4% increase from FY13. Cardiac Rehabilitation continued to expand with an automatic referral system for patients being discharged with cardiac diagnoses. There were over 13,000 Cardiac Rehabilitation visits at the three sites.</p>	

4b	(Code) (Expenses \$ 73,063,526 including grants of \$) (Revenue \$ 62,583,378)
<p>The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. Fiscal 2014 marked the second year of the "national dialogue on mental health" which began following the devastating murders at the Sandy Hook School in December of 2012. As the dialogue rolled on, America continued to face a sobering reality with regard to the prevalence and incidence of mental illness. 2.6 million adults with schizophrenia, 6.1 million adults with bipolar disorder, 14.8 million adults with major depression and 42 million adults with anxiety disorders. Of these, approximately 10% to 14% live with serious mental illness and between 19% and 25% of adults experience a mental illness in a given year. The incidence and prevalence of mental illness among children and adolescents remains high and reported rates of depression among adolescents continue to climb. Rates of opioid abuse, particularly of prescription opioids have climbed alarmingly. While the rates of mental illness in Connecticut are slightly lower than the national average, they remain high and the rates of major depressive episodes, among adolescents in Connecticut continues to grow. Suicide rates, while stable for adolescents in the last year are growing in other groups, alarmingly so for the baby boomer generation. The Institute of Living strives to address these issues through a broad array of programs addressed to individuals of all ages and special needs. Challenges this year included fiscal (the threatened downsizing of the Schizophrenia Rehabilitation Program, which was ultimately avoided, reductions in research support from the National Institute of Health (NIH), etc.) and access (nearly overwhelming demand for child/adolescent emergency and inpatient services). In each of these areas, and others, we have consistently advocated for our patients. New programs and services included the establishment of an LGBTQ track in our Young Adult Program, a pilot school program with the town of Avon, a psychosis track for adolescents in our partial hospital program, and the Access - CT program which connects pediatricians with 24/7 psychiatric consultation and services. Our research and training programs remain strong and, as this report demonstrates, extremely productive. As a component of the Hartford Healthcare Behavioral Health Network (the BHN), we have continued to develop a system approach to the rationalization of services, quality, financial management and the electronic health record. Statistical Data: Total discharges for the year were 4,280. The number of adult day treatments was 8,239. The IOL treated 1,814 patients for eating disorder and 4,501 for Schizophrenia rehabilitation. A total of 1,098 patients received Geriatric day treatment, 3,584 received professional day treatment, 1,657 received extended day treatment, 7,645 received Child/Adolescent day treatment and 2,531 went through the Dialectical Behavioral Therapy (DBT) program. The average length of stay was 9.4 days and the average daily census was 109.5. Hartford residents accounted for 33% of admissions and 63% of admissions were from other areas within the state. Patient Care Activities and Program Development: Patient care activities and program development were guided by the IOL's internal goals for FY2014. Highlights included a focus on continued growth in the Young Adult and Child and Adolescent PHP/IOP Programs, an increase of inpatient capacity by four beds on the Geriatric unit and the development of an expanded space and program in the Purple Pod in HH ED. Other program highlights for this year included: *Assessment Center: Clinicians evaluated nearly 6,200 patients in the Hartford Hospital Emergency Department. 2,474 children in the Connecticut Children's Medical Center Emergency Department and averaged 4,200 telephone interventions per month. *Adult Ambulatory Services: Provided over 73,000 services in eight specialty programs including Adult Day Treatment, Dialectical Behavior Therapy, Eating Disorders, Geriatric Day Treatment, Professionals Program and the Schizophrenia Rehabilitation Program. *Inpatient Services: Total discharges were 4,280 from three adult units, one geriatric unit, one child unit, one adolescent unit and one child/adolescent unit (CARES). *Child/Adolescent Division: Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent Practice and the Webb Schools (Hartford and Cheshire). The Webb Schools continue to operate the Transitional Learning Academy and collaborated with the Avon school district for a pilot program in that town. *Geriatric Division: Expanded inpatient capacity by four beds and remained very active providing day hospital, outpatient and nursing home-services. Electroconvulsive therapy utilization remains high and Transcranial Magnetic Stimulation volumes are stable. *Consultation/Liaison Service and Emergency Department: Consultation/Liaison group collaborated with the Medical groups in the hospital and the ED to develop criteria and a smoother process for transfers. The Purple Pod expansion and construction was completed and opened. *Other specialty services included the Anxiety Disorders Center/Center for Cognitive Behavioral Therapy (which established new programs for insomnia, adult ADHD, phobias and depression), the Memory Disorders Center and the Mood Disorders Program. The Institute of Living's Executive Quality Management Committee continues to oversee quality initiatives and activities. The committee collects and analyzes data to assess quality and safety outcomes of patient care. Results of performance indicators are reported quarterly to the IOL Board of Directors, and annually to the Hartford Hospital Quality Council. Highlights of this year's quality initiatives continue to include suicide prevention and assessment, reduction in the use of seclusion and restraint, and fall prevention. Specific to reduction in use of seclusion and restraint, we continue to have success with the new restraint equipment implemented on all inpatient units in FY 2013. Both hours of seclusion and restraint per event were statistically significantly reduced this year. The trend over time supports the effectiveness of the cumulative interventions and specific components introduced over the last 4 years. Other quality/safety initiatives included the continued focus on our computerized clinical "alert" system, corporate compliance, and environment of care. Research: The research enterprise at The Institute of Living is organized in four specialized centers. The Olin Neuropsychiatry Research Center, directed by Godfrey Pearlson, M.D., focuses on studies of the major psychiatric disorders using brain imaging and electrophysiological techniques along with genetic analysis. The Anxiety Disorders Center, directed by David Tolin, Ph.D., researches treatments for Obsessive-Compulsive Disorder (OCD), Panic Disorder, Compulsive Hoarding and other disorders on the anxiety spectrum. The Braceland Center for Mental Health and Aging (Karen Blank, M.D., Director) addresses issues related to memory in normal aging and in individuals with Alzheimer's Disease or other dementing processes. Finally, the Burlingame Center for Psychiatric Research and Education, directed by John Goethe, M.D., focuses on outcomes and best practices research as well as pharmacogenetics, metabolic syndrome and treatment resistant mood disorders. Our research centers continued to perform well in competitive funding with a total of \$2.7 million in new grants awarded to IOL researchers. The success of our research enterprise can be measured through grants awarded, the dissemination of important findings and the synergy between our research efforts and our training and clinical programs. IOL researchers and scholars published 88 articles, book chapters, and books, made 63 presentations nationally and internationally, and received numerous awards and honors over the course of the year. Training: The IOL's three psychiatry residency programs are complemented by psychology internship and post-doctoral programs as well as training opportunities in psychiatric social work, nursing and occupational/vocational therapies. Our training programs remain extremely competitive. Continuing Education: The mission of the Institute's Continuing Medical Education program is to support the hospital's quality care goals by promoting continuous improvement in clinical practice through education.</p>	






















4c	(Code) (Expenses \$ 68,723,106 including grants of \$) (Revenue \$ 61,302,967)
<p>Hartford Hospital Department of Surgery (DOS) has exhibited another year of progress for FY 14, excelling in multiple clinical and administrative areas. The attending staff consisted of the following: Active Staff 66, Courtesy 29, Consulting 6, Refer and Follow 12, and 114 Advanced Practitioners. The Department of Surgery is comprised of 12 Divisions: Patient Care Activities - All Divisions within the Department of Surgery excelled within their clinical areas. Divisions include: Bariatric Surgery, Colorectal Surgery, Podiatric Surgery, Plastic Surgery, Surgical Oncology, Thoracic Surgery, Transplant Surgery, Trauma Surgery, Vascular Surgery, and General Surgery. The DOS performed a total of 11,879 surgical procedures in FY 14, a 9% increase over the prior year. These surgical procedures do not include diagnostic procedures (eg. Colonoscopy). The surgeries referred to above include the following: 1,333 Colorectal, 3,189 General Surgery, 2,065 Plastic, 1092 Podiatry, 906 Surgical Oncology, 902 Transplant, 185 Trauma, 955 Vascular, 812 Bariatric and 440 Thoracic. With regards to patient experience, the overall score for the DOS as it relates to Communication with Doctors was 84.1%. To further improve patient experience scores, the Department continued to support the initiative "The Patient Experience, Building Physician and Nurse Leaders." This initiative has helped each of the DOS nursing units partner with physician leaders to identify key areas of focus to improve patient care and patient experience. Department of Surgery Research/Publications/Presentations - The DOS continues to participate in clinical and scientific research and has contributed significantly to the surgical body of knowledge. The Department has 31 Hartford Hospital active Institutional Review Boards (IRBs), participated in 18 invited regional and national presentations and 20 peer-review abstract presentations. The faculty had 10 peer-review publications and 7 book chapters published or in press. Metabolic and Bariatric Surgery - More than 500 cases were performed this year with an increase in sleeve Gastrectomy. The bariatric research program has continued to be very productive, with nationally prominent peer-reviewed presentations and publications. The collaboration with the Olin Center for Neuropsychiatry (under the direction of Dr. Godfrey Pearlson) is now in the third year of its novel Functional Magnetic Resonance Imaging (fMRI) study investigating the neuropsychiatric basis of obesity and bariatric surgery. Division of Plastic Surgery - Dr. Brian Allen, a graduate of the UConn General Surgery residency program who spent 3 years training in Plastic Surgery at Emory University in Atlanta, joined the active staff of Hartford Hospital. The Division is very active in the state and New England plastics societies, and members have served in various leadership positions for many years. Moreover, members of the Plastic Surgery Division continue to be involved in global surgery mission trips. The Division is presently exploring the possibility of developing a Deep Inferior Epigastric Perforator (DIEP) flap program for breast reconstruction. Vascular Surgery - Vascular Surgery and Cardiothoracic Surgery has established and expanded protocols for repair of complex thoracic and thoracoabdominal aneurysms and dissections. The program is now fully functional and includes a call schedule of alternating night responsibilities and close joint division operative interventions. Many of these cases were previously referred to the Massachusetts General Hospital (MGH) in Boston and most are now being evaluated and treated here at Hartford Hospital Transplantation Surgery - Transplant program achievements include 60 kidney transplants this year (first time since 2005). The Division joined the National Kidney Registry (NKR) that improves our ability to transplant highly sensitized patients. The Division has been approved for the live liver donor program, and passed the United Network for Organ Sharing (UNOS) audit with excellent scores. The Division is prepared for the new kidney allocation process.</p>	

(Code) (Expenses \$ 675,600,838 including grants of \$ 507,510) (Revenue \$ 810,194,963)	
<p>Founded in 1854, Hartford Hospital is one of the largest teaching hospitals and tertiary care centers in New England and has a robust clinical research program. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Enfield, Glastonbury, Newington, West Hartford, Wethersfield, Windsor and South Windsor. Hartford Hospital has New England's second-busiest surgical practice, after Massachusetts General. It is ranked among the top 10 centers in the country for experience in robotic surgery and performs more minimally invasive surgeries than any other hospital in the region. The hospital owns and operates LIFE STAR, the state's only critical-care air transport system, and is Hartford's only Level I trauma center. Hartford Hospital is committed to promoting and sustaining the health and well-being of the people in our community. We treat the members of our community like family, providing our world-class clinical care to everyone, regardless of their ability to pay. According to the Office of Health Care Access 2014 Annual Report, Hartford Hospital continues to be the second-largest provider of Medicaid services in the state.</p>	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 675,600,838 including grants of \$ 507,510) (Revenue \$ 810,194,963)	
4e	Total program service expenses ▶ 895,826,232

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NH , CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Carol Wardell 80 Seymour Street Hartford,CT 061025037 (860) 696-6200	

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

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

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	17,594,713	315,720	2,638,905

\$100,000 of reportable compensation from the organization 1,022

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIP Construction Inc 308 Farmington Avenue Farmington CT 06032	Construction	7,394,912
CT Multispecialty Group PC 8 Griffin Rd North Suite 200-B Windsor CT 06095	Medical	4,442,274
CFM Construction Corp PO Box 98347 Chicago IL 60693	Construction	3,375,996
Integrated Physicians Mgmt Svcs 860 North Main Street Ext Wallingford CT 06492	Medical	2,482,433
Hartford Pathology Assoc PC 285 Broad Street Hartford CT 06106	Medical	2,164,775

\$100,000 of compensation from the organization 102

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	1,492,556				
	d	Related organizations 1d	235,459				
	e	Government grants (contributions) 1e	36,429,490				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,341,126				
	g	Noncash contributions included in lines 1a-1f \$	1,270,144				
	h	Total. Add lines 1a-1f	44,498,631				
Program Service Revenue	2a	Patient Care	Business Code 624100	998,507,441	998,507,441		
	b	Inc From Inv - Other	900003	6,891,452	6,395,257	496,195	
	c	Ref Testing & Fees	621500	5,202,157	3,528,887	1,673,270	
	d	Free Bed Income	621400	2,708,545	2,708,545		
	e	Sale of By Products	900099	254,959	254,959		
	f	All other program service revenue		193,399		193,399	
	g	Total. Add lines 2a-2f	1,013,757,953				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	13,831,433			13,831,433
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 6,894,962	(ii) Personal			
b		Less rental expenses	0				
c		Rental income or (loss)	6,894,962				
d		Net rental income or (loss)	6,894,962			6,894,962	
7a		Gross amount from sales of assets other than inventory	(i) Securities 23,691,997	(ii) Other 30,000			
b		Less cost or other basis and sales expenses	0	15,671			
c		Gain or (loss)	23,691,997	14,329			
d		Net gain or (loss)	23,706,326			23,706,326	
8a		Gross income from fundraising events (not including \$ 1,492,556 of contributions reported on line 1c) See Part IV, line 18	a 218,750				
b		Less direct expenses b	631,958				
c		Net income or (loss) from fundraising events	-413,208			-413,208	
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses b					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	Cafeteria Income	722210	3,051,336			3,051,336	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	3,051,336					
12	Total revenue. See Instructions	1,105,327,433	1,011,395,089	2,362,864	47,070,849		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	437,510	437,510		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	70,000	70,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	6,400,095	3,678,302	2,721,793	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	5,210,057	908,144	4,301,913	
7	Other salaries and wages.	425,275,076	396,868,328	27,279,150	1,127,598
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	55,474,778	49,030,263	6,444,515	
9	Other employee benefits.	62,448,245	48,555,673	13,892,572	
10	Payroll taxes.	30,774,111	27,765,668	3,008,443	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,237,584	24,950	1,212,634	
c	Accounting.	556,087		556,087	
d	Lobbying.	124,363		124,363	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	3,033,446	2,099,945	933,501	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	64,334,996	63,499,396	835,600	
12	Advertising and promotion.	2,260,711	140,484	2,120,227	
13	Office expenses.	24,311,740	21,729,081	2,483,119	99,540
14	Information technology.	29,013,962	18,025,657	10,954,106	34,199
15	Royalties.				
16	Occupancy.	28,200,267	23,664,188	4,535,873	206
17	Travel.	1,245,781	1,130,928	113,786	1,067
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	66,196	48,819	17,377	
20	Interest.	8,386,516	7,248,421	1,138,095	
21	Payments to affiliates.	20,567,242	5,747,349	14,819,893	
22	Depreciation, depletion, and amortization.	49,620,880	35,646,277	13,957,077	17,526
23	Insurance.	2,707,307	47,222	2,660,085	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical Supplies.	151,340,588	151,340,588		
b	Purchased Services.	41,631,021	14,143,099	27,276,873	211,049
c	Equipment & Ppty Maint.	14,167,354	13,966,117	201,237	
d	Miscellaneous Expenses.	8,484,847	7,840,333	644,514	
e	All other expenses.	4,418,293	2,169,490	2,243,475	5,328
25	Total functional expenses. Add lines 1 through 24e.	1,041,799,053	895,826,232	144,476,308	1,496,513
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			19,915,933	1	15,870,826
	2	Savings and temporary cash investments			13,806,708	2	12,241,154
	3	Pledges and grants receivable, net			5,080,340	3	5,620,567
	4	Accounts receivable, net			173,856,997	4	142,756,790
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			11,186,533	8	12,834,592
	9	Prepaid expenses and deferred charges			11,562,814	9	6,594,835
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,125,573,776			
	b	Less accumulated depreciation	10b	748,837,939	388,632,693	10c	376,735,837
	11	Investments—publicly traded securities			447,048,832	11	2,538,188
	12	Investments—other securities See Part IV, line 11			134,914,172	12	139,685,804
	13	Investments—program-related See Part IV, line 11			52,241,424	13	53,626,279
	14	Intangible assets			25,811,034	14	25,811,034
	15	Other assets See Part IV, line 11			11,477,061	15	488,576,925
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,295,534,541	16	1,282,892,831	
Liabilities	17	Accounts payable and accrued expenses			199,745,547	17	117,246,835
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			470,330,221	25	583,131,479
	26	Total liabilities. Add lines 17 through 25			670,075,768	26	700,378,314
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			299,792,317	27	239,990,927
28		Temporarily restricted net assets			116,856,893	28	126,940,664
29		Permanently restricted net assets			208,809,563	29	215,582,926
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			625,458,773	33	582,514,517
34	Total liabilities and net assets/fund balances			1,295,534,541	34	1,282,892,831	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,105,327,433
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,041,799,053
3	Revenue less expenses Subtract line 2 from line 1	3	63,528,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	625,458,773
5	Net unrealized gains (losses) on investments	5	14,582,238
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-121,054,873
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	582,514,517

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

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

[illegible]

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

[illegible]

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

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

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

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

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		124,363
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			124,363
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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.

Return Reference	Explanation
Part II-B, Line 1	Hartford Hospital paid annual dues to Connecticut Hospital Association (CHA) and American Hospital Association (AHA). CHA and AHA conduct lobbying activities on behalf of their members. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA and AHA conduct lobbying activities under current Medicare rules. The total amount of dues allocated for lobbying expenses for FY14 was \$124,363.

Part IV

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	131,895,671	119,653,630	108,251,287	112,783,609	106,412,056
b Contributions	1,462,396	4,719,250	959,611	329,266	1,357,240
c Net investment earnings, gains, and losses	8,092,554	11,002,959	14,072,208	106,788	6,795,833
d Grants or scholarships					
e Other expenditures for facilities and programs	2,904,447	3,480,169	3,629,476	4,968,376	1,781,520
f Administrative expenses					
g End of year balance	138,546,174	131,895,671	119,653,630	108,251,287	112,783,609

- 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

55 000 %

c

Temporarily restricted endowment

45 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes
- b

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

3b

Yes
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,376,883		20,376,883
b Buildings		599,237,779	406,019,946	193,217,833
c Leasehold improvements				
d Equipment		505,959,114	342,817,993	163,141,121
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				376,735,837

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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.

Return Reference	Explanation
Part V, Line 4	The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to mission related programs such as those described in Part III, lines 4a-d while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of a least 4% over the long term. Actual returns in any given year may vary from this amount. The Hospital's endowment consists of hundreds of individual funds established for a variety of purposes. The endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. In addition to the Endowment Funds, other funds are set aside by management or by the Board of Directors for future capital improvements, research, education, and debt service funds for existing obligations and outstanding long term debt.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Investment		908,476
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			908,476
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			908,476

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

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

☐ Yes

☒ No
- 6

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

☐ Yes

☒ No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Sch F, Part I, Line 3, Column F	The Audited Financial Statement is prepared according to US Generally Accepted Accounting Principles (GAAP)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Black & Red Ball (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,711,306		1,711,306
	2	Less Contributions	1,492,556		1,492,556
	3	Gross income (line 1 minus line 2)	218,750		218,750
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	41,756		41,756
	7	Food and beverages	223,085		223,085
	8	Entertainment	256,412		256,412
	9	Other direct expenses	110,705		110,705
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b An outside facility

13b

%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,044,832		10,044,832	0 960 %
b Medicaid (from Worksheet 3, column a)			188,039,233	148,749,920	39,289,313	3 770 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .						
d Total Financial Assistance and Means-Tested Government Programs .			198,084,065	148,749,920	49,334,145	4 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,177,407	251,617	3,925,790	0 380 %
f Health professions education (from Worksheet 5)			54,199,246	17,884,772	36,314,474	3 490 %
g Subsidized health services (from Worksheet 6)			6,961,198	3,467,821	3,493,377	0 340 %
h Research (from Worksheet 7)			7,931,644	938,792	6,992,852	0 670 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,835,266	11,949,546	4,885,720	0 470 %
j Total Other Benefits			90,104,761	34,492,548	55,612,213	5 350 %
k Total. Add lines 7d and 7j .			288,188,826	183,242,468	104,946,358	10 080 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		318,832		318,832	0.030 %
2	Economic development		50,930		50,930	0 %
3	Community support		74,600	14,420	60,180	0.010 %
4	Environmental improvements		1,202		1,202	0 %
5	Leadership development and training for community members		668		668	0 %
6	Coalition building		801		801	0 %
7	Community health improvement advocacy		7,995		7,995	0 %
8	Workforce development		503,744		503,744	0.050 %
9	Other					
10	Total		958,772	14,420	944,352	0.090 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

24,640,388

3

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

3

0

4

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

Section B. Medicare

5

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

5

290,258,877

6

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

6

243,566,292

7

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

7

46,692,585

8

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

Section C. Collection Practices

9a

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

9a

Yes

9b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

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

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

Section A. Hospital Facilities

Name, address, primary website address,
and state license number

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)1

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

Part V

Facility Information (continued)

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

Part V

Facility Information *(continued)*

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

☐

Notified individuals of the financial assistance policy on admission
- b**

☐

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

☐

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

☐

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

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

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

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

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 3c	Hartford Hospital used Federal Poverty Guidelines to determine eligibility

Form and Line Reference	Explanation
Part I, Line 7	The organization utilized the Ratio of Cost to Charges charge (RCC), derived from the FY 2014 Medicare Cost Report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.) The ratio was further reduced to incorporate the directly identified community expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

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

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$900,000 on community building activities during fiscal year 2014 as outlined on Sch. H, Part II. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty, quality of housing, neighborhood safety, and education can be found in the following Community Building activities:</p> <p>Advocacy for Community Health Improvement - Since the community the Hospital serves is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition Against Domestic Violence, Community Partners in Action (to assist people in the criminal justice system), Connecticut Women's Education and Legal Fund (dedicated to advancing women's rights and opportunities), and the Anti Defamation League Coalition Building.</p> <p>Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for Giving, and the Connecticut Council for Philanthropy to ensure programs to improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population.</p> <p>Community Support - To address the personal safety for participants at evening activities, as well as to prevent vandalism and break ins, Hartford Hospital provides security patrols around the Girl Scout campus 24/7. Management participates on the boards of local homeless and domestic violence shelters and supports periodic employee activities to provide personal care and food items to those in need. The Hospital has donated funds to provide free ice skating at Bushnell Park during the winter season to allow underprivileged children and their families an opportunity to exercise outdoors in a safe environment.</p> <p>Economic Development - Hartford Hospital is active in the marketing efforts to promote Hartford by the following organizations in order to bring more jobs and commerce to the city: Greater Hartford Arts Council, Metro Hartford Alliance, The Children's Museum, Connecticut Center for Advanced Technology, IQUILT, and Chambers of Commerce for towns in the Hospital's service area.</p> <p>Environmental Improvements - Working with the City of Hartford, Hartford Hospital responded to serious traffic accidents on a street adjacent to the campus by installing an island, increasing visibility at crosswalks and installing a speed detector. These road safety improvement changes have helped to reduce accidents and injuries. Another example is the organizing, support and promotion of clean up projects such as the one held at the South Green Park which not only cleaned up the property, but included planting flowers and shrubs to encourage community pride to keep the property in good condition.</p> <p>Housing - Hartford Hospital is a member of the Southside Institutions Neighborhood Alliance (SINA), a collaborative effort of Hartford Hospital, Connecticut Children's Medical Center and Trinity College. The City of Hartford has one of the lowest percentages of home ownership in the country. Renters are often exposed to lead paint, a potentially dangerous toxin to children. SINA is currently developing a construction project of 10 new one family homes for sale to first time home buyers to address the need for safe, clean housing and to provide commitment to the community and neighborhood through home ownership.</p> <p>Leadership Development - Hartford Hospital supported the National Society for Hispanic MBAs, which provided graduate management education and professional development.</p> <p>Mentoring Programs - Hartford Hospital provides support to programs such as Our Piece of the Pie for social and personal growth of urban youth, spelling bees, Hartford Public Schools city wide Science Fair, and college scholarships through Capital Community College and Southside Institutions Neighborhood Alliance.</p>

Form and Line Reference	Explanation
Part III, Line 4	Please see the text of the footnote that describes bad debt expense on pages 16 - 19 of the Audited Financial Statement Part III, Line 3 In 2012 a pre-bad debt financial assistance screening was put in place to identify patients that may be eligible for financial assistance Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2014 would be immaterial

Form and Line Reference	Explanation
Part III, Line 8	The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6

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

Form and Line Reference	Explanation
Part VI, Line 2	Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St Francis Hospital and the Connecticut Children's Medical Center. The Health Needs Assessment was completed in March, 2012. The consortium hired a national consulting firm to conduct Key Respondent interviews with local social service, health, government and community leaders. In addition, the results from a survey of over 400 Hartford residents by the Urban Alliance were incorporated into the findings. To be in compliance with IRS regulations, the Hospital will conduct a Needs Assessment at least once in every three years, and adopt an implementation strategy to meet the community health needs identified through such assessment. Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

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

Form and Line Reference	Explanation
Part VI, Line 4	Hartford Hospital is located in the capital of the State of Connecticut. The Hartford Region encompasses 734.9 square miles and houses a total population of 893,504 residents, according to latest census estimates. Hartford County is predominantly urban, with 94.6% of the population living in areas designated as urban. In Hartford County, 22.7% of the population are infants, children or adolescents (age 0-17), another 62.6% are age 18 to 64, while 14.6% are age 65 and older. In looking at race independent of ethnicity (Hispanic or Latino origin), 73.3% of residents of Hartford County are White and 13.1% are Black. A total of 15.4% of Hartford County residents are Hispanic or Latino. The latest census estimate shows 11.5% of the Hartford County population living below the federal poverty level. In all, 24.5% of Hartford County residents (an estimated 212,802 individuals) live below 200% of the federal poverty level. Additionally, 15.8% of Hartford County children age 0-17 live below the 200% poverty threshold. Among the Hartford County population age 25 and older, 12.3% do not have a high school education. There is one other acute care hospital in Hartford, as well as one in a suburb and two smaller acute care hospitals in nearby towns.

Form and Line Reference	Explanation
Part VI, Line 5	The mission of Hartford Hospital is to improve health and healing of the people of the communities it serves. The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital. Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being. The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program. As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at other hospitals. These services are provided regardless of a patient's ability to pay. The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Sch O.

Form and Line Reference	Explanation
Part VI, Line 6	<p>Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care, improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates including all supporting organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care, create efficiency on both our internal operations and the utilization of health care, and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care." The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital, the largest of the system hospitals. The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. Additionally, the hospital is affiliated with several other non-hospital charitable organizations. These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.</p>

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	CT

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Hartford Hospital	
Hartford Hospital	Part V, Section B, Line 4 Hartford Hospital conducted the needs assessment with two other hospital facilities Saint Francis Hospital and Connecticut Children's Medical Center
Hartford Hospital	Part V, Section B, Line 5d The needs assessment was published in March 2012 and is available on the hospital's website In addition, copies were distributed to local non-profit or ganizations, colleges, churches, and state and local government representatives These reports are also made available in waiting areas of the various departments within the hospital
Hartford Hospital	Part V, Section B, Line 6i Although a formal budget was not adopted, money was set aside for the provision of services that addressed the needs identified in the CHNA
Hartford Hospital	Part V, Section B, Line 7 At a meeting in April 2012, the hospitals, Hartford's Department of Health and Humans Services, and local partners met to prioritize the health issues determined by the needs assessment Participants engaged in a ranking exercise and rated each issue on a 5 point likert Scale based on the following criteria scope & severity, ability to impact and gaps in services The higher the average, the greater perceived significance of the issue Access to Care, Obesity, Diabetes, Cardiovascular Disease, and Mental and Behavioral Health rose to the top Sexually Transmitted Diseases, Infant Mortality, Oral Health, Environmental Health, Asthma, and Cancer were at the bottom of the list Participants came to the consensus that all the health issues identified in the needs assessment were important, but they noted the need to focus resources and efforts toward specific health issues such as the five identified However, they stressed the importance of adopting broad reaching system changes that would improve coordination of care for individuals living in the City of Hartford
Hartford Hospital	Part V, Section B, Line 14g A public notice regarding financial assistance and availability of free beds funds is posted at all of the admission sites, including admitting and emergency department Patients are also encouraged to call the service center if they need financial assistance
Hartford Hospital	Part V, Section B, Line 20d Hartford Hospital is in the process of adopting the final 501R regulations

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

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Hartford Hospital

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

06-0646668

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

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

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

2

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

12

3

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

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Tapestry Awards	3	10,000			
(2) Sons and Daughters Scholarship Awards	60	60,000			

Part IV

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

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

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Symphony 100 Pearl Street Hartford, CT 06103	06-0637319	501(c)(3)	5,000		FMV		To perform live orchestral music of the highest quality for ever-expanding audiences, and to increase through its educational programs the understanding and enjoyment of that music by residents in Connecticut

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Children's Medical Center 282 Washington St Hartford, CT 06106	06-0646755	501(c)(3)	5,000		FMV		To provide funding for state-of-the-art equipment and innovative programs and enable the Medical Center to invest in new equipment and research initiatives

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501(c)(3)	5,000		FMV		To support science education, exhibits and programs

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Connecticut Foundation 10 Talcott North Road Farmington,CT 06032	52-1725543	501(c)(3)	10,000		FMV		To support the Uconn Health Center Bioscience educational, reseach and clinical programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League 140 Woodland St Hartford, CT 06105	06-6066491	501(c)(3)	5,000		FMV		To support programs in the areas of workforce development and training, education and youth development and economic empowerment services to individuals in the Connecticut Capital Region

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Alliance 750 Main Street Hartford, CT 06106	26-2800186	501(c)(3)	10,000		FMV		To create opportunities for people to achieve lasting change in their lives through the collaborative work of churches and organizations in our local community

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Marathon 41 Sequin Drive Glastonbury,CT 06033	06-1415320	501(c)(3)	10,000		FMV		The Hartford Marathon Foundation holds events to raise health awareness in the community, as well as putting over \$1.5 million into the area economically annually

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To support the Atheneum's ongoing exhibitions and public programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Journey Home 241 Main Street Hartford, CT 06106	80-0143570	501(c)(3)	10,000		FMV		Journey Home is a non-profit organization that leads the effort to end chronic homelessness in the greater Hartford area

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 241 Trumbull Street Hartford, CT 06103	06-0881325	501(c)(3)	10,000		FMV		The YMCA of Greater Hartford is a charitable association open to all and committed to helping people develop their fullest potential in spirit, mind and body This commitment is reinforced by our belief in living out universal values of caring, honesty, respect and responsibility

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hispanic Health Council 175 Main Street Hartford, CT 06106	06-1018979	501(c)(3)	20,000		FMV		To improve the health and social well-being of Latinos and other diverse communities

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Town of Newington 120 Cedar Street Newington, CT 06111	06-6002047	115	37,963		FMV		To support older adults and people with disabilities in the Town of Newington in maintaining and enriching their independence, well-being and quality of life

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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**

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

Return Reference	Explanation
Part I, Line 1b	Tax indemnification and gross-up payments to individuals for benefits were included as taxable income on their 2013 Form W-2. Starting in 2013, the Organization implemented a written Tax Gross-Up policy which restricts the use of future gross-up. The box related to health or social club dues or initiation fees is checked. Hartford Hospital maintains memberships at two local clubs. These clubs do not allow for corporate memberships, therefore, the membership fees are paid directly to the clubs, but accounts are assigned to individual executives. These executives do not derive any personal benefit from the use of the clubs and any use is for business purposes only. These executives are not taxed, and are required to sign an annual attestation that they do not derive any personal benefit from the use of these club memberships. The memberships reside at Hartford Hospital and can be reassigned at will.
Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation. Please refer to compensation narrative reported on schedule O.
Part I, Lines 4a-b	Michele B. Bush, Esq. (former Officer) Severance payments began in May 2012 and ended September 2013. Total severance payment in 2013 was \$324,450. Hartford Healthcare Corporation, a related organization, maintains a 457(f) plan. Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels that are reported by Hartford Hospital on Form 990, Part VII. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause or upon reaching age 65. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service. Dr. Harold I. Schwartz was paid a lump sum amount of \$2,484,743 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Schwartz including the SERP payment was \$3,018,021. 2013 Serp Accruals made on behalf of the following individuals: Mr. Flaks \$72,683.71 Mr. Joseph \$248,953.04 Dr. Orlando \$62,491.20 Mr. Larcen \$51,981.90 Mr. Marchozzi \$71,294.00.
Part I, Line 7	The hospital has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization (s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jeffrey A Flaks Director, Ex-President & CEO	(i) (ii)	662,390 0	248,669 0	74,781 0	149,116 0	32,959 0	1,167,915 0	0 0
Andrew L Salner MD Director	(i) (ii)	538,105 0	0 0	3,564 0	55,904 0	35,688 0	633,261 0	0 0
Stuart K Markowitz MD President	(i) (ii)	491,310 0	73,673 0	7,359 0	89,087 0	30,162 0	691,591 0	0 0
Harold I Schwartz MD Vice President	(i) (ii)	448,920 0	59,867 0	2,509,234 0	54,158 0	64,685 0	3,136,864 0	2,484,743 0
Bimal Patel Vice President	(i) (ii)	293,576 0	43,997 0	6,166 0	24,061 0	12,033 0	379,833 0	0 0
John F Greene Jr MD Vice President	(i) (ii)	104,075 300,720	6,311 15,000	27,151 0	15,285 0	15,071 0	167,893 315,720	0 0
Cheryl Ficara Vice President	(i) (ii)	270,676 0	40,459 0	2,132 0	45,050 0	32,199 0	390,516 0	0 0
Peter Q Fraser Vice President	(i) (ii)	253,200 0	40,950 0	2,421 0	25,361 0	31,951 0	353,883 0	0 0
Gerald J Boisvert Vice President	(i) (ii)	308,749 0	33,286 0	1,256 0	15,906 0	22,548 0	381,745 0	0 0
Donna Handley Vice President	(i) (ii)	260,046 0	37,835 0	5,719 0	21,521 0	22,481 0	347,602 0	0 0
Orlando C Kirton MD Dir Surgery	(i) (ii)	630,464 0	0 0	22,216 0	59,565 0	31,518 0	743,763 0	0 0
Paul Thompson MD Dir Cardiology	(i) (ii)	528,943 0	0 0	4,191 0	54,204 0	26,351 0	613,689 0	0 0
James J Cardon MD EVP Chief CIO, HHC	(i) (ii)	420,929 0	155,815 0	0 0	68,739 0	26,442 0	671,925 0	0 0
Margaret Marchak SVP & CLO, HHC	(i) (ii)	378,004 0	144,915 0	1,509 0	60,362 0	22,682 0	607,472 0	0 0
Joel I Sorosky MD Dir OB/GYN	(i) (ii)	541,768 0	124,905 0	5,707 0	81,708 0	37,665 0	791,753 0	0 0
Stephen W Larcen SVP President, BHN	(i) (ii)	462,804 0	161,233 0	64,502 0	145,581 0	26,799 0	860,919 0	0 0
Lenworth M Jacobs MD Vice President	(i) (ii)	571,400 0	57,644 0	20,164 0	0 0	33,296 0	682,504 0	0 0
Elliot T Joseph Former- President & CEO	(i) (ii)	1,133,866 0	365,065 0	348,604 0	307,338 0	40,448 0	2,195,321 0	0 0
Thomas J Marchozzi Former - Exec VP & CFO	(i) (ii)	573,345 0	200,716 0	4,369 0	129,591 0	27,978 0	935,999 0	0 0
Rocco Orlando Former - SVP	(i) (ii)	517,103 0	212,632 0	74,285 0	195,137 0	37,168 0	1,036,325 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James M Blazar Former - Vice President	(i) (ii)	426,962 0	110,784 0	23,426 0	94,167 0	24,806 0	680,145 0	0 0
Richard G Stys Former - Vice President	(i) (ii)	421,304 0	82,689 0	18,621 0	84,924 0	23,544 0	631,082 0	0 0
Sonal Shah Former - Vice President	(i) (ii)	137,559 0	0 0	237,426 0	6,849 0	17,375 0	399,209 0	0 0
Michele B Bush Esq Former - Vice President	(i) (ii)	0 0	0 0	329,318 0	0 0	16,787 0	346,105 0	0 0
Gary V Heller MD Former - Director	(i) (ii)	61,430 0	0 0	220,270 0	0 0	12,651 0	294,351 0	0 0
Tracy A Church Former - Vice President	(i) (ii)	359,345 0	65,436 0	18,650 0	74,279 0	27,287 0	544,997 0	0 0
Luis Taveras Former - Vice President	(i) (ii)	393,505 0	81,442 0	8,021 0	25,246 0	23,192 0	531,406 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IVBusiness 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 VSupplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV	(a)Name of Person Douglas Elliot(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$370,000(d)Description of Transaction Mr Douglas Elliot is a board member of Hartford Hospital and a member of the Hartford HealthCare Corporation's Finance Committee Mr Elliot is also an executive at The Hartford Insurance Group (The Hartford) The Hartford provides certain insurance services to Hartford Hospital and other member entities and received premium fees for the risk Mr Elliot has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No(a)Name of Person Greg Deavens(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$505,005(d)Description of Transaction Mr Greg Deavens is a board member of Hartford Hospital and a member of the Hartford HealthCare Corporation's Finance Committee Mr Deavens is also an executive at Mass Mutual Life Insurance Company Mass Mutual provided certain insurance coverages to Hartford Hospital and other member entities Mr Deavens has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No(a)Name of Person James Loree(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$441,964(d)Description of Transaction Mr James Loree is a board member of Hartford Hospital Mr Loree is an Officer of Stanley Black & Decker an entity that sells commercial security and other services to Hartford HealthCare Corporation member entities including Hartford Hospital Total payments received from Hartford HealthCare member entities were \$441,964 (e)Sharing of Organization's Revenue? No(a)Name of Person Jarrod Post, M D (b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$2,150,725(d)Description of Transaction Jarrod Post, MD is a board member of Hartford Hospital Dr Post is currently CEO of Connecticut Multispecialty Group P C The P C provides services to Hartford HealthCare member entities Total transactions between the P C and HHC member entities were \$2,150,725 during the year (e)Sharing of Organization's Revenue? No(a)Name of Person Jeffry Nestler, M D (b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$1,095,000(d)Description of Transaction Dr Jeffry Nestler is a board member of Hartford Hospital and the President of the Medical Staff of the Hospital through November 2013 Dr Nestler is also the President of Connecticut GI PC The PC provides services to Hartford Hospital For calendar year 2013, total transactions between the PC and Hartford Hospital were approximately \$1,095,000 Of this amount, approximately \$150,000 was for Dr Nestler's services as President of the Hospital's Medical Staff (e)Sharing of Organization's Revenue? No(a)Name of Person Stacy R Nerenstone, M D (b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$212,000(d)Description of Transaction Dr Stacy Nerenstone is a board member of Hartford Hospital and the President of the Medical Staff of the Hospital Dr Nerenstone is also the President of Oncology Associates, PC The PC provides services to Hartford Hospital For calendar year 2013, total transactions between the PC and Hartford Hospital were approximately \$212,000 Of this amount, approximately \$100,000 was for Dr Nerenstone's services as President of the Hospital's Medical Staff (e)Sharing of Organization's Revenue? No(a)Name of Person David R McHale(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$5,062,707(d)Description of Transaction Mr David McHale is a board member of Hartford Hospital Mr McHale is also an executive at Eversource Energy Eversource Energy provided certain utility services to Hartford Hospital and other member entities Mr McHale has no personal involvement in any of these transactions (e)Sharing of Organization's Revenue? No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	1,270,144	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶ ()				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
Hartford Hospital

Employer identification number
06-0646668

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Hartford Hospital is organized as a non-stock not for profit entity Hartford HealthCare Corporation is the sole member
Form 990, Part VI, Section A, line 7a	The sole member of the organization has the authority to approve/deny members of the governing body
Form 990, Part VI, Section A, line 7b	The sole member of the organization has the right to review , approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc
Form 990, Part VI, Section B, line 11	The Form 990 was prepared by Hartford HealthCare's Tax Department It was then reviewed by an independent accounting firm It was then forwarded to the organization's top management including the VP of Finance for review The Form was forwarded to the entire Board for review Once the review process was completed, the form was signed by the VP of Finance and then filed with the Internal Revenue Service
Form 990, Part VI, Section B, line 12c	The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC) HHC's Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP) All employee disclosures are reviewed by OCAP to determine if there is a potential conflict Legal counsel reviews 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 assess and may recommend whether 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 are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable Form 990, Part VI, Section B, Lines 13 & 14 The organization does have a written Document Retention and Destruction policy as well as a written Whistleblower policy Although the policies were not formally approved by the Board, they were in effect for the entire tax year
Form 990, Part VI, Section B, line 15	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation The following steps were taken * Use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, established and regularly reviews Executive Compensation Philosophy * The Committee regularly reviews the scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons" * Benchmark peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors * Analysis of current total compensation versus market is performed by an independent third party compensation consulting firm, and is then reviewed by the committee * Recommendations are based on data analysis to ensure appropriate competitive positioning within parameters of the compensation philosophy * CEO compensation is determined by the Committee based on comparative market information and organizational performance * All changes are reviewed and approved by the Executive Compensation Committee The CEO compensation determination process is reviewed on an annual basis All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability
Form 990, Part VI, Section C, line 18	The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request
Form 990, Part VI, Section C, line 19	The Hospital's Financial Statements, Governing Documents and the Conflict of Interest Policy are available for inspection upon request at the Organization's address
Form 990, Part XI, line 9	K-1 Income (Pass Thru Entities) -496,195 Pension Adjustment -34,732,865 Transfer to Affiliates -85,270,564 Change in Valuation on Inv at FMV 22,462 Rounding -330 Income from Investments -577,381

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l Yes

1m Yes

1n No

1o Yes

1p No

1q Yes

1r Yes

1s No

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

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

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Connecticut Health System Inc 80 Seymour Street Hartford, CT 06102 22-2779421	Coordination of Health Care Delivery	CT	501(C)(3)	11 (c)	N/A	Yes	
(1) Hartford HealthCare Corporation One State Street Suite 19 Hartford, CT 06103 22-2672834	Support and Management Services to Hartford Hospital and Affiliates	CT	501(C)(3)	11 (c)	N/A	Yes	
(2) Institute of Living 200 Retreat Avenue Hartford, CT 06106 06-0646683	Supporting Organization to Hartford Hospital	CT	501(C)(3)	11 (c)	Hartford Hospital	Yes	
(3) Windham Community Memorial Hospital 112 Mansfield Avenue Willimantic, CT 06226 06-0646966	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(4) Windham Hospital Foundation Inc 112 Mansfield Avenue Willimantic, CT 06226 56-2546632	Supporting Organization	CT	501(C)(3)	11 (a)	Windham Community Memorial Hospital	Yes	
(5) Midstate Medical Center 435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(6) Natchaug Hospital Inc 189 Storrs Road Mansfield Center, CT 06226 06-0966963	Behavioral Health	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(7) Hartford HealthCare At HomeInc 1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-0646938	Home Healthcare	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
(8) Rushford Center Inc 883 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
(9) VNA Health Resources Inc 1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-1161422	Home Healthcare	CT	501(C)(3)	9	Hartford HealthCare At Home Inc	Yes	
(10) Hartford Hospital Auxiliary co Hartford Hospital 80 Seymour Street Hartford, CT 06115 06-6040747	Fundraising	CT	501(C)(3)	11 (c)	Hartford Hospital	Yes	
(11) The Hospital of Central CT and Bradley Memorial 100 Grand Street New Britain, CT 06050 06-0646768	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(12) Central CT Senior Health Svc dba Southington Care 45 Meriden Avenue Southington, CT 06489 22-2635676	Sub-Acute & Long Term Healthcare	CT	501(C)(3)	9	Hartford HealthCare Corporation	Yes	
(13) Bradley Health Services 100 Grand Street New Britain, CT 06050 06-1367014	Healthcare Services	CT	501(C)(3)	9	Hartford HealthCare Corporation	Yes	
(14) Central CT Health Alliance 100 Grand Street New Britain, CT 06050 22-2785033	Support & Management Svcs to TOCC and Affiliates - Shell	CT	501(C)(3)	11 (b)	Hartford HealthCare Corporation	Yes	
(15) The Orchards of Southington 34 Hobart Street Southington, CT 06489 06-1490803	Residential Services for Senior Care	CT	501(C)(3)	9	Central CT Senior Health Services Inc	Yes	
(16) Rushford Foundation Inc 883 Paddock Avenue Meriden, CT 06450 06-1432692	Support Organization	CT	501(C)(3)	11 (a)	Rushford Center Inc	Yes	
(17) Mulberry Gardens of Southington LLC 58 Mulberry Street Plantsville, CT 06479 82-0586577	Assisted Living & Adult Day Care Facility	CT	501(C)(3)	9	Central CT Senior Health Services Inc	Yes	
(18) The Hatch Hospital Corp 112 Mansfield Avenue Willimantic, CT 06226 06-6076412	Healthcare Services	CT	501(C)(3)	3	Windham Community Memorial Hospital	Yes	
(19) Windham Community Memorial Hospital Women's Auxiliary Inc 112 Mansfield Avenue Willimantic, CT 06226 06-0677728	Fundraising	CT	501(C)(3)	11 (a)	Windham Community Memorial Hospital	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) Midstate Medical Center Auxiliary 435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	CT	501(C)(3)	7	Midstate Medical Center	Yes	
(1) HHC PhysiciansCare Inc 80 Seymour Street Hartford, CT 06102 45-4456939	Practice Medicine and Provide Health Care Services to the Public	CT	501(C)(3)	9	Hartford HealthCare Corporation	Yes	
(2) Hartford HealthCare Accountable Care Org Inc 200 Retreat Avenue Fl 9 Hartford, CT 06102 46-0886367	To Manage and Coordinate Care for Medicare Beneficiaries	CT	501(C)(3)	7	HHC PhysiciansCare Inc	Yes	
(3) Hartford HealthCare Corp Group (VEBA) 777 Main Street Hartford, CT 06102 26-6671355	Healthcare Services	CT	501(C)(9)	N/A	Hartford HealthCare Corporation	Yes	
(4) Backus Corporation 326 Washington Street Norwich, CT 06360 22-2757608	Support Organization	CT	501(C)(3)	11 (b)	Hartford HealthCare Corporation	Yes	
(5) The William W Backus Hospital 326 Washington Street Norwich, CT 06360 06-0250773	Hospital	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(6) Backus HealthCare Inc 326 Washington Street Norwich, CT 06360 22-2481794	Support Organization	CT	501(C)(3)	11 (a)	Hartford HealthCare Corporation	Yes	
(7) Caring for Colleagues Employee Crisis Fund 100 Grand Street New Britain, CT 06052 26-4469178	Employee Fund	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
(8) Eva Stearns Faulkner Foundation 435 Lewis Avenue Meriden, CT 06451 06-6065398	Support Organization	CT	501(C)(3)	3	Midstate Medical Center	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
HMOB Corporation & Subsidiary 80 Seymour Street Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	N/A	C				Yes	
Hartford HealthCare Indemnity Services Ltd FB Perry Bld 40 Church St Hamilton BD	Captive Insurance	BD	N/A	C				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	
Windham Family Medical Services 112 Mansfield Avenue Willimantic, CT 06226 06-1491649	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	
Midstate Medical Group PC 435 Lewis Avenue Meriden, CT 06450 20-4327968	Medical Services	CT	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	1,117,688	1,801,721	50 000 %	Yes	
Aetna Ambulance Service Inc POBOX 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C				Yes	
Metro Wheelchair Service Inc POBOX 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C				Yes	
WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094838	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 Profesional Office Condominium Association Inc 1120 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
HHC Rehabilitation Network LLC	O	16,522,951	FMV
HHC Rehabilitation Network LLC	Q	122,276	FMV
HHC Rehabilitation Network LLC	M	1,768,226	FMV
HHC Rehabilitation Network LLC	A	176,227	FMV
HHMOB	O	457,362	FMV
HHMOB	Q	110,306	FMV
HHMOB	J	1,038,266	FMV
HHMOB	L	240,262	FMV
HHMOB	K	133,064	FMV
HHMOB	A	919,143	FMV
William W Backus Hospital	L	619,345	FMV
William W Backus Hospital	A	1,782	FMV
Midstate Medical Center	L	5,036,260	FMV
Midstate Medical Center	O	2,259,034	FMV
Midstate Medical Center	M	96,327	FMV
Natchaug Hospital Inc	O	298,948	FMV
Natchaug Hospital Inc	L	155,419	FMV
Rushford Center Inc	O	114,681	FMV
Rushford Center Inc	L	84,456	FMV
Rushford Center Inc	A	8,826	FMV
The Hospital of Central Connecticut	O	496,166	FMV
The Hospital of Central Connecticut	L	3,317,625	FMV
Institute Of Living	A	266,825	FMV
Hartford HealthCare At Home Inc	Q	73,697	FMV
Hartford HealthCare At Home Inc	O	126,443	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
Windham Hospital	L	828,930	FMV
Windham Hospital	O	286,043	FMV
Hartford HealthCare PhysicianCare Inc	L	4,337,680	FMV
Hartford HealthCare PhysicianCare Inc	M	5,962,088	FMV
Hartford HealthCare PhysicianCare Inc	A	973,301	FMV
Hartford HealthCare PhysicianCare Inc	Q	3,708,878	FMV
Hartford HealthCare PhysicianCare Inc	O	885,307	FMV
Hartford Hospital Auxiliary	C	235,459	FMV
Hartford HealthCare PhysicianCare Inc	D	3,647,000	FMV

TY 2013 Recognize Income Under Temporary Regulations Statement

Name: Hartford Hospital

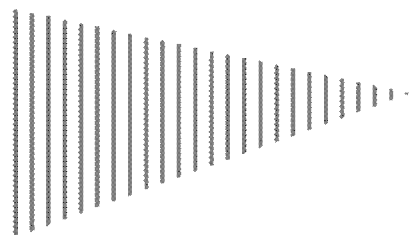
EIN: 06-0646668

Statement: ATTACHMENT TO FORM 926, PART III, LINE 11Hartford
HospitaleIN: 06-0646668Following is additional information as
requested by Regulations Sections 1.6038B-1(c) and Temporary
Regulations 1.6038B-1T (c)(1) through 1.6038B-1T(c)(5) and
1.6038B-1T(d).Regulation Section 1.6038B-1T(c)(1):
TransferorNew Mountain Partners for IV Cayman (AIV-A) L.P.EIN:
98-1140501Regulation Section 1.6038B-1T(c)(2): Transferee(i)
AMS Topco, LtdEIN: 98-1143908Address: C/o Mourant Ozannes
Corporate Services (Cayman) 94 Solans Avenue Camana Bay, P.O.
Box 1348 Grand Cayman, KY-1108, Cayman Island(ii) Payment of
\$908,476 US dollarsRegulation Section 1.6038B-1T(c)(3):
Consideration Received Contract To Pay ClaimsRegulation Section
1.6038B-1T(c)(4): Property Transferred Cash US
\$908,476Regulation Section 1.6038B-1T(c)(5): Transfer of foreign
branch with previously deducted losses Not applicableRegulations
Section 1.6038B-1T(d): Application of Section 367(d) Not
Applicable

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Hartford Hospital
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Hartford Hospital
Consolidated Financial Statements and Supplementary Information
Years Ended September 30, 2014 and 2013

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Report of Independent Auditors

The Board of Directors
Hartford HealthCare Corporation

We have audited the accompanying consolidated financial statements of Hartford Hospital (the Hospital), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Hartford Hospital at September 30, 2014 and 2013, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations are presented for the purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst & Young LLP

January 28, 2015

Hartford Hospital

Consolidated Balance Sheets

	September 30	
	2014	2013
Assets		
Current assets:		
Cash and cash equivalents	\$ 16,714,023	\$ 20,527,760
Interest in investments held by Endowment LLC	8,299,447	6,932,385
Accounts receivable, less allowances for doubtful accounts of approximately \$42,446,000 in 2014 and \$29,195,000 in 2013	129,137,758	150,689,067
Other receivables	15,831,225	25,411,846
Due from affiliates	25,599,777	19,748,698
Inventories of supplies	12,834,592	11,186,533
Prepaid expenses and other assets	6,594,835	11,562,812
Current portion of assets whose use is limited	—	450,405
Total current assets	215,011,657	246,509,506
Assets whose use is limited		
Investments and other assets	531,888	18,201,569
Interest in investments held by Endowment LLC	309,558,352	284,017,372
Donor-restricted interest in investments held by Endowment LLC	224,224,825	210,085,510
Investments for restricted purposes	5,510,000	8,513,381
Escrow funds for long-term debt	3,243,365	4,538,771
Funds designated for debt service	8,997,789	8,817,532
	552,066,219	534,174,135
Funds held in trust by others	141,869,326	137,029,182
Other assets	79,437,312	71,120,072
Property, plant, and equipment, net	381,923,855	394,196,561
Total assets	<u>\$1,370,308,369</u>	<u>\$1,383,029,456</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 16,591,072	\$ 22,363,854
Salaries, wages, payroll taxes, and amounts withheld from employees	23,745,816	21,311,957
Due to affiliates	14,761,626	21,999,717
Accrued expenses	23,145,760	22,919,740
Estimated third-party payor settlements	18,683,246	13,084,951
Current portion of long-term debt	18,596,036	101,019,021
Current portion of accrued pension liability	6,674,125	8,047,176
Current portion of other liabilities	9,800,029	10,988,098
Total current liabilities	131,997,710	221,734,514
Long-term debt	287,081,033	210,952,088
Accrued pension liability	254,058,658	218,856,421
Other liabilities	41,991,787	37,533,464
Total liabilities	715,129,188	689,076,487
Net assets:		
Unrestricted	281,544,627	338,503,669
Temporarily restricted	146,633,284	135,289,907
Permanently restricted	227,001,270	220,159,393
Total net assets	<u>655,179,181</u>	<u>693,952,969</u>
	<u>\$1,370,308,369</u>	<u>\$1,383,029,456</u>

See accompanying notes.

Hartford Hospital

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2014	2013
Unrestricted revenues, gains and other support:		
Net patient service revenue	\$ 1,000,796,127	\$ 921,252,388
Provision for bad debts	24,640,388	17,467,613
Net patient service revenue less provision for bad debts	976,155,739	903,784,775
Other operating revenue	74,980,429	82,422,742
Net assets released from restrictions for operations	8,360,231	7,643,831
	1,059,496,399	993,851,348
Operating expenses:		
Salaries and wages	428,888,306	437,848,001
Employee benefits	134,941,400	155,352,019
Supplies and other	203,000,364	209,551,581
Purchased services	199,061,214	141,601,806
Depreciation and amortization	48,969,262	48,796,972
Interest	8,386,515	5,704,487
	1,023,247,061	998,854,866
Income (loss) from operations	36,249,338	(5,003,518)
Nonoperating income:		
Income from investments, gifts, and bequests, net	34,545,918	48,674,277
Other	(8,610,177)	(6,343,399)
	25,935,741	42,330,878
Excess of revenues over expenses	62,185,079	37,327,360

Continued on next page

Hartford Hospital

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

	Year Ended September 30	
	2014	2013
Unrestricted net assets:		
Excess of revenues over expenses (continued)	\$ 62,185,079	\$ 37,327,360
Transfers to Hartford HealthCare Corporation	(85,888,983)	(152,363,815)
Net assets released from restrictions for the purchase of capital	1,477,729	5,590,891
Change in pension and post-retirement funding	(34,732,867)	153,353,962
(Decrease) increase in unrestricted net assets	(56,959,042)	43,908,398
Temporarily restricted net assets:		
Restricted contributions	7,594,088	5,592,477
Restricted investment (loss) income	(1,520,008)	3,377,925
Return on investments held by Endowment LLC	15,087,201	8,017,545
Change in unrealized gains and losses on investments	20,056	(20,176,933)
Realized gains on investments	—	30,374,948
Net assets released from restrictions for operations	(8,360,231)	(7,643,831)
Net assets released from restrictions for the purchase of capital	(1,477,729)	(5,590,891)
Increase in temporarily restricted net assets	11,343,377	13,951,240
Permanently restricted net assets		
Restricted contributions	1,462,398	4,719,249
Restricted investment income	—	553,176
Return on investments held in Endowment LLC	539,335	204,354
Change in unrealized gains and losses on funds held in trust by others	4,840,144	6,952,304
Increase in permanently restricted net assets	6,841,877	12,429,083
(Decrease) increase in net assets	(38,773,788)	70,288,721
Net assets at beginning of year	693,952,969	623,664,248
Net assets at end of year	<u>\$ 655,179,181</u>	<u>\$ 693,952,969</u>

See accompanying notes.

Hartford Hospital

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2014	2013
Cash flows from operating activities		
(Decrease) increase in net assets	\$(38,773,788)	\$ 70,288,721
Adjustments to reconcile change in net assets to net cash provided by operating activities.		
Noncash items:		
Depreciation and amortization	48,969,262	48,796,972
Change in unrealized gains and losses on investments	(186,333)	63,513,669
Change in investments held by Endowment LLC	(43,289,442)	(28,301,975)
Change in unrealized gains and losses on funds held in trust by others	(4,840,144)	(6,952,304)
Provision for bad debts	24,640,388	17,467,613
Change in net assets related to pension and post-retirement funding obligations	34,732,867	(153,353,962)
Transfer to Hartford HealthCare Corporation	85,888,983	152,363,815
Other changes in net assets:		
Restricted contributions and investment income	7,536,478	14,242,827
Changes in assets and liabilities, net (<i>Note 14</i>)	(21,780,438)	(9,944,651)
Net cash provided by operating activities	92,897,833	168,120,725
Cash flows from investing activities		
Purchase of property, plant, and equipment, net	(36,696,556)	(74,436,700)
Decrease (increase) in assets whose use is limited, net	26,034,096	(77,241,334)
Net cash used in investing activities	(10,662,460)	(151,678,034)
Cash flows from financing activities		
Payments on long-term debt	(88,386,723)	(5,971,334)
Proceeds from long-term debt	82,092,683	64,627,631
Transfer to Hartford HealthCare Corporation	(72,218,592)	(130,749,266)
Restricted contributions and investment income	(7,536,478)	(14,242,827)
Net cash used in financing activities	(86,049,110)	(86,335,796)
Net decrease in cash and cash equivalents	(3,813,737)	(69,893,105)
Cash and cash equivalents at beginning of year	20,527,760	90,420,865
Cash and cash equivalents at end of year	\$ 16,714,023	\$ 20,527,760

See accompanying notes.

Hartford Hospital

Notes to Consolidated Financial Statements

September 30, 2014

1. Significant Accounting Policies

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

Organization

The Hospital is a voluntary association incorporated under the General Statutes of the State of Connecticut and is an affiliate of Hartford HealthCare Corporation (HHC). The Board of Directors of the Hospital, appointed by HHC, controls the operations of the Hospital. The accompanying consolidated financial statements include Hartford Hospital, Jefferson House and Cedar Mountain Commons (both of which are departments of the Hospital), and the Institute of Living. Jefferson House is a nursing home facility that is operated as a department of the Hospital as mandated by legislation enacted in 1873. Cedar Mountain Commons is a senior living community that opened in February 2001 and is owned by the Hospital and Jefferson House. The Institute of Living is a mental health center in Hartford, Connecticut, and is a wholly owned subsidiary of the Hospital.

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

Use of Estimates

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

Regulatory Matters

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Fair Value of Financial Instruments

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

Cash and Cash Equivalents

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

Patient Accounts Receivable

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

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

The Hospital's primary concentration of credit risk is patient accounts receivable, which consist of amounts owed by various governmental agencies, insurance companies, and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts and by providing appropriate allowances for uncollectible amounts. Significant concentrations of patient accounts receivable include 26% and 11%, and 23% and 10%, for Medicare and Medicaid, respectively, for the fiscal years ended September 30, 2014 and 2013, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Interest in Investments Held by Hartford Healthcare Endowment LLC

Effective August 29, 2011, Hartford HealthCare Endowment LLC (Endowment LLC) was created to maintain and manage, on a pooled basis, the endowment funds of the Hospital; Windham Community Memorial Hospital, Inc.; MidState Medical Center; The Hospital of Central Connecticut at New Britain General and Bradley Memorial; HHC; and Hartford HealthCare at Home, Inc. Endowment LLC, a wholly owned subsidiary of HHC, acts as manager and is named fiduciary for HHC within established investment guidelines. As of April 1, 2013, \$485,454,102 of the Hospital's investments were sold to Endowment LLC, at which time all previously unrealized gains and losses on the sold investments were realized. As of September 30, 2014 and 2013, the Hospital has an interest in investments held by Endowment LLC, which is reflected in the accompanying consolidated balance sheets and represents the Hospital's pro rata share of Endowment LLC.

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Investments

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

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value using quoted market prices or model-driven valuations at the consolidated balance sheet date. Alternative investments held by the defined benefit pension plan are held at fair value as estimated in an unquoted market. Assets temporarily and permanently restricted (by donor) are recorded at fair value at the date of donation, which is then considered cost. Investment income (including realized gains and losses on investments, interest and dividends, and the change in unrealized gains and losses) is included in nonoperating income unless the income or loss is restricted by the donor or law. The cost of securities sold is based on the specific identification method.

The Hospital holds nonmarketable equity investments in private companies. At September 30, 2014 and 2013, the carrying value of the Hospital's portfolio of strategic investments totaled \$8,102,182 and \$7,746,899, respectively, of which \$76,751 are accounted for at cost at September 30, 2014 and 2013, and \$6,230,408 and \$6,791,082, are accounted for using the equity method of accounting at September 30, 2014 and 2013, respectively. These investments are included in other assets on the consolidated balance sheets. The Hospital's share of the income or losses of all equity-method investees, using the most current financial information available, which reflects the financial performance three months in arrears, is included in nonoperating income.

Inventories of Supplies

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

Goodwill

Goodwill represents the excess of cost of an acquired entity over the net of the amounts assigned to the fair value of assets acquired and liabilities assumed. As of September 30, 2014 and 2013, goodwill of approximately \$25,811,000 is recorded in the Hospital's consolidated balance sheets within other assets. Goodwill is reviewed annually for impairment or more frequently if events

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

or circumstances indicate that the carrying value of an asset may not be recoverable. The impairment test for goodwill requires a comparison of fair value of each reporting unit that has goodwill associated with its operations with its carrying amount. During 2013, the Hospital adopted the provisions of Accounting Standards Update (ASU) 2011-08, *Testing Goodwill for Impairment*, which allows the Hospital to first assess qualitative factors to determine whether it is necessary to perform the two-step quantitative impairment test for goodwill.

The impairment test includes estimating the fair value of each of the reporting units that have goodwill associated with their operations using discounted cash flow and multiples of cash earnings valuation techniques, plus valuation comparisons to recent public sales of similar businesses, if any. These valuation methods require the Hospital to make estimates and assumptions regarding future operating results, cash flows, changes in working capital and capital expenditures, profitability, and the cost of capital. Although the Hospital believes that the estimates and assumptions used are reasonable, actual results could differ from the estimates and assumptions. No impairments were recorded for goodwill for the fiscal years ended September 30, 2014 and 2013.

Property, Plant, and Equipment

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

Conditional asset retirement obligations recorded under the provisions of Accounting Standards Codification (ASC) 410-20, *Asset Retirement Obligations*, amounted to \$2,092,073 and \$2,497,171 as of September 30, 2014 and 2013. These obligations are recorded in other liabilities in the accompanying consolidated balance sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations. During 2014 and 2013, retirement obligations incurred and settled were approximately \$405,100 and \$13,700, respectively. Accretion expense was immaterial for the fiscal years ended September 30, 2014 and 2013.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Assets Whose Use is Limited

Assets whose use is limited includes assets that are set aside internally by management or by the Board of Directors for future capital improvements, research, donor-restricted assets, education, escrow funds, and debt service funds for existing obligations on outstanding long-term debt. Amounts that are restricted by the Board of Directors are not available for use without the approval of the Board of Directors. Restricted investment income in excess of a predetermined spending limit has also been set aside as long-term investments. Investments for restricted purposes are those restricted based on donors' intents.

Temporarily and Permanently Restricted Net Assets

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

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

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

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are unrestricted contributions in the accompanying consolidated financial statements, except those relating to donations of long-lived assets.

Bond Issuance Costs

Bond issuance costs associated with long-term debt for capital projects are amortized over the term of the debt using a method that approximates the effective interest method. Bond issuance costs of \$3,587,402 and \$2,430,387 are recorded in other assets in the consolidated balance sheets as of September 30, 2014 and 2013, respectively. During 2014, the Hospital paid \$1,205,528 in additional bond issuance costs.

Other Operating Revenue

Other operating revenue includes services to other institutions, electronic health record incentive program revenue, school tuition, joint venture income, rental income, grant income, food income, research income, and unrestricted contributions. See Note 12.

Nonoperating Income

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

Excess of Revenues over Expenses

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Professional Liability and Workers' Compensation Insurance

Coverage for medical malpractice insurance is provided on a claims-made basis. The primary coverage is with Hartford HealthCare Indemnity Series, Limited (HHCISL) (previously known as CHS Insurance Limited or CHS), a captive insurance company that, effective October 1, 2012 became a wholly owned subsidiary of HHC. Prior to this the Hospital had a 25% ownership interest, which was repurchased by CHS and transferred to HHC. As a result of the repurchase, the Hospital's equity investment of \$21,614,549 was derecognized, and \$31,758,335 of unrestricted net assets were transferred to HHC during 2013 to recapitalize CHS. This is reflected in the consolidated statements of operations and changes in net assets within transfers to HHC.

Effective October 1, 2013, the policy limits for the primary coverage are \$7,500,000 per claim and \$39,000,000 in the aggregate. The primary layer of the excess coverage of \$20,000,000 is shared with two insurance carriers. The secondary layer is \$20,000,000 with a single insurance carrier. The third and fourth layers are \$10,000,000 each with two other insurance carriers. The top layer is \$20,000,000 for a total excess coverage of \$80,000,000.

Malpractice claims are discounted at 1.72% and 2.08% for the incurred-but-not-reported liability, which was approximately \$9,768,000 and \$10,023,000 at September 30, 2014 and 2013, respectively. In addition, the current portion of medical malpractice insurance recoveries and the related claim liabilities of approximately \$9,333,000 and \$10,548,000 as of September 30, 2014 and 2013, respectively, are included in other current assets and other current liabilities, and the long-term portion of medical malpractice insurance recoveries and the related claim liabilities of approximately \$29,931,000 and \$25,453,000 as of September 30, 2014 and 2013, respectively, are included in other assets and other liabilities.

The Hospital has an established policy of self-insuring the deductible portion of its workers' compensation insurance. The deductible limits are \$1,000,000 per claim for the fiscal years ended September 30, 2014 and 2013. In connection with this self-insurance program, Bank of America issued an irrevocable direct pay letter of credit to the Travelers Indemnity Company, the primary insurer, for an amount not to exceed \$8,750,000 at September 30, 2014 and 2013. The reserve recorded by the Hospital is approximately \$14,614,000 and \$12,015,000 and discounted at 3% and 4% as of September 30, 2014 and 2013, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

Electronic Health Record Incentive Program

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The Hospital uses a grant accounting model to recognize EHR incentive revenues. EHR incentive revenues are recognized ratably over the relevant cost report period to determine the amount of reimbursement. The Hospital recognized no EHR revenues during fiscal year ended September 30, 2014. The Hospital recognized approximately \$3,252,000 of EHR revenues during fiscal year ended September 30, 2013. Correspondingly, the Medicare and Medicaid components, respectively, of EHR revenues are approximately \$2,324,000 and \$928,000 for 2013. EHR incentive revenues are included in other operating revenues in the accompanying consolidated statements of operations and changes in net assets.

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

1. Significant Accounting Policies (continued)

New Accounting Pronouncements

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required on October 1, 2017, and management is currently evaluating the effect of this guidance on its consolidated financial statements.

Reclassifications

Certain reclassifications have been made to the fiscal year ended September 30, 2013, balances previously reported in the consolidated balance sheet and statement of operations and changes in net assets in order to conform to the fiscal year ended September 30, 2014 presentation. These reclassifications primarily relate to \$76.9 million of amounts previously recorded in other operating revenue that were moved to offset Hospital operating expenses within the statement of operations for services provided to other HHC affiliates for the year ended September 30, 2013.

2. Net Patient Service Revenue and Charity Care

Revenues from the Medicare and Medicaid programs, respectively, accounted for approximately 43% and 12% and 42% and 11% of the Hospital's net patient service revenue for the fiscal years ended September 30, 2014 and 2013, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

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

The following table summarizes net revenue from services to patients:

	Year Ended September 30,	
	2014	2013
Gross revenues from patients:		
Inpatients	\$ 1,603,648,875	\$ 1,551,885,696
Outpatients	950,436,707	860,051,337
	<u>2,554,085,582</u>	<u>2,411,937,033</u>
Deductions:		
Allowances and discounts	1,520,387,941	1,462,507,969
Charity care	32,901,514	28,176,676
Net patient service revenue	<u>1,000,796,127</u>	<u>921,252,388</u>
Provision for bad debts	24,640,388	17,467,613
Net patient service revenue less provision for bad debts	<u>\$ 976,155,739</u>	<u>\$ 903,784,775</u>

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges, and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. During 2014 and 2013, the Hospital recorded net changes in estimates of \$5,196,162 and \$826,806, respectively, which primarily related to better than previously estimated third-party payor settlements.

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

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

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

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

The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. The Hospital's allowance for doubtful accounts for self-pay patients increased to 66% of self-pay accounts receivable at September 30, 2014 from 59% of self-pay accounts receivable at September 30, 2013. On a monthly basis, the Hospital reviews its accounts receivable balances, the effectiveness of the Hospital's reserve policies, and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following:

- Revenue and volume trends by payor, particularly the self-pay components.
- Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients.
- Various allowance coverage statistics.

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

The Hospital provides services without charge or at amounts less than its established rates to patients who meet the criteria of its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such services are not reported as revenue. For patients who were determined by the Hospital to have the ability to pay but did not,

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

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

the uncollected amounts are recorded as part of the provision for bad debts. In distinguishing charity care from the provision for bad debts, a number of factors are considered, certain of which require a high degree of judgment.

Patient service revenue, net of contractual allowances and discounts and before the provision for bad debts, recognized in the period from major payor sources for the fiscal years ended September 30, 2014 and 2013, is as follows:

	2014	2013
Medicare	43%	42%
Medicaid	12	11
Self-pay	4	4
All other	41	43
	100%	100%

The estimated cost of charity care provided was \$14,218,964 and \$12,510,698 for the fiscal years ended September 30, 2014 and 2013, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by Hospital-specific data.

3. Net Assets

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

	2014	2013
Health care services:		
Free beds	\$ 40,873,653	\$ 37,657,208
Research	42,704,989	40,180,080
Education	15,042,515	12,996,298
Capital replacement	11,155,084	10,466,962
Other health care services	36,857,043	33,989,359
	\$ 146,633,284	\$ 135,289,907

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

Permanently restricted net assets at September 30 are restricted for.

	2014	2013
Investments to be held in perpetuity, the income from which is expendable to support healthcare services	\$ 62,331,296	\$ 60,868,896
Endowment requiring income to be added to original gift to support healthcare services	22,800,648	22,261,315
Restricted funds held in trust by others, the income from which is expendable to support healthcare services	141,869,326	137,029,182
	<u>\$ 227,001,270</u>	<u>\$ 220,159,393</u>

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

The Board of Directors of the Hospital has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

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

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

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

Changes in endowment funds for the fiscal year ended September 30, 2014, consisted of the following:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 76,433,295	\$ 83,130,211	\$ 159,563,506
Net appreciation (realized and unrealized)	9,692,658	539,335	10,231,993
Contributions	—	1,462,398	1,462,398
Appropriation of endowment assets for expenditure	(3,781,873)	—	(3,781,873)
Endowment net assets, end of year	<u>\$ 82,344,080</u>	<u>\$ 85,131,944</u>	<u>\$ 167,476,024</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

3. Net Assets (continued)

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

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 67,274,063	\$ 77,653,432	\$ 144,927,495
Investment return			
Investment income	1,505,374	757,530	2,262,904
Net appreciation (realized and unrealized)	11,965,883	—	11,965,883
Total investment return	13,471,257	757,530	14,228,787
Contributions	—	4,719,249	4,719,249
Appropriation of endowment assets for expenditure	(4,312,025)	—	(4,312,025)
Endowment net assets, end of year	\$ 76,433,295	\$ 83,130,211	\$ 159,563,506

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor, as stipulated by UPMIFA, requires the Hospital to retain as a fund of perpetual duration. These deficiencies periodically result from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions, in which case the Board of Directors may deem imprudent the continuation of appropriation for a limited period. There were no material deficiencies of this nature which are reported in unrestricted net assets as of September 30, 2014 or 2013.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

4. Assets Whose Use is Limited

Included in assets whose use is limited are the following amounts.

	September 30,	
	2014	2013
Cash and cash equivalents	\$ 1,677,747	\$ 5,089,009
Interest in investments held by Endowment LLC	533,783,177	494,102,882
Money market funds	12,241,154	13,806,709
Equity securities:		
U.S.	718,287	643,317
Fixed income securities:		
U.S.	142,154	1,877,354
Common collective funds:		
U.S.	—	4,785,830
Other notes and accounts receivable	85,311	109,809
Pledges receivable, net	3,418,389	2,842,378
Due from affiliated entities, net	—	11,367,252
	<u>\$ 552,066,219</u>	<u>\$ 534,624,540</u>

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

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

4. Assets Whose Use is Limited (continued)

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

	Year Ended September 30	
	2014	2013
Interest and dividend income	\$ 6,748,127	\$ 6,408,443
Return on interest in investments held by Endowment LLC	27,662,906	20,080,076
Realized (losses) gains on investments, net	(31,392)	65,522,494
Change in unrealized gains and losses on investments	166,277	(43,336,736)
	\$ 34,545,918	\$ 48,674,277

5. Fair Values of Financial Instruments

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

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

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

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

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

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

	September 30, 2014			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 16,714,023	\$ —	\$ —	\$ 16,714,023
Assets whose use is limited				
Cash and cash equivalents	1,677,747	—	—	1,677,747
Money market funds	12,241,154	—	—	12,241,154
Equity securities:				
U.S.	718,287	—	—	718,287
Fixed income securities				
U.S.	—	142,154	—	142,154
Other assets:				
Domestic mutual funds	9,346,145	—	—	9,346,145
Funds held in trust by others	—	141,869,326	—	141,869,326
Total	\$ 40,697,356	\$ 142,011,480	\$ —	\$ 182,708,836

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

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

The Hospital has \$542,082,624 and \$501,035,267 of financial assets as of September 30, 2014 and 2013, respectively, that are held by Endowment LLC (refer to Note 1). Financial assets classified within the trust are 54.3% Level 1, 20.9% Level 2, and 28.4% in alternative investments accounted for under the equity method as of September 30, 2014, and 56.3% Level 1, 22.0% Level 2, and 21.7% in alternative investments accounted for under the equity method as of September 30, 2013.

Financial assets carried at fair value included in the cash balance retirement plan are held in an HHC master trust. The Hospital owns participant units in the trust. Financial assets classified within the trust are 52.3% Level 1, 37.1% Level 2, and 10.6% Level 3 as of September 30, 2014, and 53.3% Level 1, 34.4% Level 2 and 12.3% Level 3 as of September 30, 2013.

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

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

5. Fair Values of Financial Instruments (continued)

dealers, and brokers. Many of the investments categorized as Level 2 consist of shares or units in investment funds which are recorded based on net asset value (NAV), as opposed to direct interests in the funds' underlying holdings, which may be marketable.

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

6. Property, Plant, and Equipment

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

	2014	2013
Land and land improvements	\$ 25,007,521	\$ 25,005,192
Buildings and building improvements	633,289,180	617,251,881
Equipment	451,360,983	430,555,831
	<u>1,109,657,684</u>	<u>1,072,812,904</u>
Less accumulated depreciation	(778,936,579)	(729,283,731)
	<u>330,721,105</u>	<u>343,529,173</u>
Construction in process (estimated cost to complete - \$29,186,224)	51,202,750	50,667,388
	<u>\$ 381,923,855</u>	<u>\$ 394,196,561</u>

The Hospital capitalized interest expense of \$3,044,292 and \$2,223,468 for the fiscal years ended September 30, 2014 and 2013, respectively.

7. Pensions and Other Postretirement Benefits

The Hospital has a cash balance retirement plan, the Retirement Plan for Employees of Hartford Hospital, covering substantially all employees, and a noncontributory, supplemental defined benefit retirement plan for certain executive employees (collectively, the pension plans). Contributions to the pension plans are based on actuarially determined amounts sufficient to

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

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

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

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

The Hospital has a defined contribution plan. Pension expense for the defined contribution plan was \$11,942,440 and \$13,460,328 for the fiscal years ended September 30, 2014 and 2013, respectively.

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

	<u>2014</u>	<u>2013</u>
Unrecognized actuarial loss	\$ 259,840,118	\$ 227,144,339
Unrecognized prior service credit	(1,570,295)	(3,607,383)
	<u>\$ 258,269,823</u>	<u>\$ 223,536,956</u>

The actuarial loss and prior service credit included in unrestricted net assets at September 30, 2014, and expected to be recognized in net periodic benefit cost during the fiscal year ending September 30, 2015, are as follows.

Unrecognized actuarial loss	\$ 17,924,626
Unrecognized prior service credit	(269,754)
	<u>\$ 17,654,872</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

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

	Pension Benefits		Other Postretirement Benefits	
	2014	2013	2014	2013
Change in benefit obligation				
Benefit obligation at beginning of year	\$ (858,362,709)	\$ (931,214,510)	\$ (63,205,296)	\$ (68,007,360)
Service cost	(31,260,216)	(35,893,918)	(1,499,654)	(1,871,428)
Interest cost	(39,454,236)	(35,588,455)	(2,938,626)	(2,609,456)
Employee contributions	—	—	(3,149,047)	(3,785,444)
Benefits paid	55,320,440	62,626,412	7,455,080	8,500,705
Actuarial gains and losses	(63,718,605)	81,707,762	(566,802)	4,567,687
Benefit obligation at end of year	(937,475,326)	(858,362,709)	(63,904,345)	(63,205,296)
Change in plan assets				
Fair value of plan assets at beginning of year	707,969,791	629,459,961	—	—
Actual return on plan assets	62,739,414	87,315,499	—	—
Benefits paid	(55,320,440)	(62,626,412)	(7,455,080)	(8,500,705)
Employer contribution	37,627,000	53,820,743	7,455,080	8,500,705
Fair value of plan assets at end of year	753,015,765	707,969,791	—	—
Underfunded status of the plans	\$ (184,459,561)	\$ (150,392,918)	\$ (63,904,345)	\$ (63,205,296)
Components of net periodic benefit cost				
Service cost	\$ 31,260,216	\$ 35,893,918	\$ 1,499,654	\$ 1,871,428
Interest cost	39,454,236	35,588,455	2,938,626	2,609,456
Expected return on plan assets	(47,074,386)	(42,758,963)	—	—
Net amortization and deferral	14,216,172	22,482,195	(328,660)	(328,660)
Settlement loss	—	368,442	—	—
Benefit cost included in the consolidated statements of operations and changes in net assets	\$ 37,856,238	\$ 51,574,047	\$ 4,109,620	\$ 4,152,224

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality table used to measure the benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation.

The accumulated benefit obligation for the pension plans was \$888,997,079 and \$814,150,407 as of September 30, 2014 and 2013, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

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

	September 30,	
	2014	2013
Discount rate for projected benefit obligation	4.20%	4.65%
Discount rate for net periodic benefit cost	4.65%	3.85%
Expected long-term rate of return on plan assets	7.50%	7.50%
Rate of compensation increase	3.50%	3.50%

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

The Hospital has a postretirement benefit plan. The weighted-average annual assumed rate of increase in the per capita cost of covered benefits (i.e., health care cost trend rate) is assumed to be 7%. Rates are assumed to decline to 5% through 2018. This health care cost trend rate assumption has a significant effect on the amounts reported. To illustrate, a one percentage point increase in the assumed health care cost trend rate would increase the service and interest cost and accumulated postretirement benefit obligation by \$2,230,040 and \$2,520,503 at September 30, 2014 and 2013, respectively. A one percentage point decrease in the assumed health care cost trend rate would decrease the service and interest cost and accumulated postretirement benefit obligation by \$1,971,610 and \$2,227,871 at September 30, 2014 and 2013, respectively.

Plan Assets

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

Asset Category	Target	2014	2013
Equity securities	57%	59%	60%
Fixed income/debt securities	25	22	24
Commodities/inflation/real assets	8	6	6
Other	10	13	10
Total	100%	100%	100%

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

7. Pensions and Other Postretirement Benefits (continued)

The goals of the plans are to provide a secure retirement benefit for plan participants and to manage plan assets for the exclusive benefit of the participants. The Investment Committee of the Board of Directors is responsible for developing, reviewing, and monitoring the investment policy. The plans' assets are invested in accordance with the policy.

Contributions

The Hospital expects to make contributions of approximately \$31,938,000 and \$4,199,000 in fiscal year 2015 related to its defined benefit pension plan and its other postretirement benefit plan, respectively.

Estimated Future Benefits Payments

Future benefit payments are expected to be paid as follows:

<u>Fiscal Year</u>	<u>Pension Benefits</u>	<u>Other Post- Retirement Benefits</u>
2015	\$ 66,952,660	\$ 4,199,247
2016	62,883,332	4,262,273
2017	69,017,838	4,339,190
2018	66,917,262	4,361,112
2019	67,463,928	4,310,402
Years 2020 – 2024	338,375,763	21,057,586

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt

Details of long-term debt are as follows.

	September 30	
	2014	2013
Intercompany debt with HHC:		
Series A, consisting of a tax-exempt serial bond and term bonds: interest at rates ranging from 4.4% to 5.0%	\$ 115,494,082	\$ 114,454,804
Series B, tax-exempt variable rate term bond: interest at rates ranging from 0.07% to 0.09%	48,221,793	48,221,793
Series C, taxable variable rate term bond: interest at rates ranging from 0.12% to 0.14%	28,831,592	28,831,592
Series D, taxable fixed rate of 5.75%	79,915,757	—
Master financing agreement with State of Connecticut Health and Educational Facilities Authority (CHEFA) due in monthly installments with a fixed rate of 2.75% through September 17, 2015	4,222,710	8,327,342
Capital lease obligations, with option to purchase, due in monthly installments with interest at 6.25% and 7.16%	13,281,332	13,307,190
Revolving lines of credit	12,839,088	95,212,946
Other notes	677,556	1,447,256
Premium on bonds	2,193,159	2,168,186
	305,677,069	311,971,109
Less current portion	(18,596,036)	(101,019,021)
	\$ 287,081,033	\$ 210,952,088

On September 29, 2011, HHC issued approximately \$375,815,000 of CHEFA Revenue Bonds Series A, B, and C (the HHC 2011 Bonds). In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are HHC, Hartford Hospital, The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital, and MidState Medical Center (collectively referred to as the Obligated Group). Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, HHC issued approximately \$163,180,000 of

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

Taxable Bonds Series D (the HHC Series D Bonds) and approximately \$83,790,000 of CHEFA Revenue Bonds Series E (the HHC Series E Bonds) concurrently (collectively referred to as the HHC 2014 Bonds). Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. HHC does have the right to name designated affiliates, although presently none exist.

The HHC 2011 and 2014 Bonds were issued to refund portions of existing debt under HHC and to obtain funds for future capital needs. As such, the HHC 2011 and 2014 Bonds are reflected as intercompany debt in the preceding schedule. The Hospital is party to the HHC 2011 Series A, Series B, and Series C Revenue Bonds and to the HHC Series D Bonds. During 2014 and 2013, the Hospital was allocated an additional \$2,176,926 and \$22,010,772, respectively, of previously unallocated Series A Revenue Bonds by HHC in accordance with the plan of refinance. The HHC Series A Revenue Bonds consist of serial bonds that mature annually from July 1, 2014 through July 1, 2023, and the term bonds mature from July 1, 2024 through July 1, 2041. The HHC Series B Revenue Bonds consist of term bonds that mature from July 1, 2042 through July 1, 2049. The HHC Series B Revenue Bonds are secured by an irrevocable letter of credit issued by Bank of America which expires on September 29, 2018. The HHC Series C Revenue Bonds consist of term bonds, that mature from July 1, 2042 through July 1, 2049. The HHC Series C Revenue Bonds are secured by an irrevocable letter of credit issued by JP Morgan Chase Bank that expires on October 1, 2016. The reimbursement terms of the letters of credit for the HHC Series B and C Revenue Bonds are such that in the event a letter of credit is drawn upon due to a failed remarketing, the components available shall equal the aggregate principal and interest amount of bonds outstanding. The HHC Series D Bonds consist of term bonds that mature on April 1, 2044. During 2014, the Hospital made advance payments of \$365,422 to HHC for the bonds maturing in 2015.

The MTI and Supplemental MTI provide for the potential establishment and maintenance of a debt service reserve fund, a pledge of gross receipts, as defined, and parity with the HHC Series A Revenue Bonds that remain outstanding. The MTI and loan agreements establish certain restrictive covenants, including a debt service coverage ratio and days cash on hand requirement. No violations of covenants existed as of or for the fiscal years ended September 30, 2014 or 2013.

The fair value of the HHC 2011 and 2014 Bonds was approximately \$680,006,000 at September 30, 2014 and the fair value of the HHC 2011 Bonds was approximately \$377,885,000 at September 30, 2013. The carrying value of the HHC 2011 and 2014 Bonds was \$620,015,000

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

at September 30, 2014 and the carrying value of the HHC 2011 Bonds was \$375,815,000 as of September 30, 2013. The fair value of the HHC 2011 and 2014 Bonds was determined by HHC's investment advisor using a market approach that uses prices and other relevant information generated by market transactions involving identical or comparable liabilities and categorized as Level 2 in the fair value hierarchy described in Note 5. The carrying value of the Hospital's other long-term debt approximates fair value at September 30, 2014 and 2013.

In September 2010, the Hospital entered into a master financing agreement with CHEFA for funds to be used to purchase all or a portion of the costs of various capital expenditures. The interest rate is 2.75% and payable in monthly installments of \$357,156 for a period of five years. The outstanding balance related to the master financing agreement as of September 30, 2014 and 2013, was \$4,222,710 and \$8,327,342, respectively.

The Hospital has two capital lease obligations for satellite locations. Both leases are twenty-year leases with an option to purchase. On October 1, 2010, the Hospital entered into an arrangement with monthly installments of \$71,637 and interest at 6.25%. In November 2012, the Hospital entered into another arrangement with monthly installments of \$33,797 and interest at 7.16%. The combined outstanding capital lease obligation was \$13,281,332 and \$13,307,190 as of September 30, 2014 and 2013, respectively.

As part of the HHC 2011 Bonds, the Obligated Group entered into a new line of credit for \$20,000,000. This line expires in March 2015. As of September 30, 2014, the Hospital had not drawn on this line of credit. As of September 30, 2013, the Hospital had drawn \$17,037,110 on this line of credit, with a variable rate of 1.27%, and which is also included in the current portion of long-term debt on the consolidated balance sheets. In 2012, the Obligated Group entered into an additional \$60,000,000 line of credit with another bank. In August 2013, the Obligated Group entered into an amendment increasing this line of credit to \$100,000,000. This line of credit expires in April 2015. As of September 30, 2014 and 2013, the Hospital had drawn \$12,839,088 and \$78,175,836, respectively, on this line of credit, with a variable rate of 0.85% and 0.88%, respectively, and which is also included in the current portion of long-term debt.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt (continued)

Principal payments due on long-term debt are as follows:

Fiscal year ending September 30	
2015	\$ 18,596,036
2016	7,497,912
2017	2,133,268
2018	2,323,969
2019	2,488,625
Thereafter	270,444,100
	<u>\$ 303,483,910</u>

Interest paid for the fiscal years ended September 30, 2014 and 2013, was \$8,386,515 and \$5,704,486, respectively.

9. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 1 or are deemed to be immaterial. While the outcomes of the lawsuits cannot be determined at this time, management believes that any loss that may arise from these actions will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

The Hospital has several operating lease agreements for certain real estate, medical equipment, and computer equipment. Certain of these leases have renewal options for periods up to five years and escalation clauses. Rent is payable in equal monthly installments. Rent expense was \$13,834,880 and \$13,209,234 for the fiscal years ended September 30, 2014 and 2013, respectively.

The future minimum lease payments are as follows:

2015	\$ 3,548,189
2016	2,979,427
2017	2,897,482
2018	2,936,964
2019	2,994,707
Thereafter	10,079,744
	<u>\$ 25,436,513</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

10. Related-Party Transactions

The Hospital provides services to various HHC affiliates and is reimbursed for the cost of these services. Fees charged to affiliates for the fiscal years ended September 30, 2014 and 2013, which are included in other operating revenue in the consolidated statements of operations and changes in net assets, were \$43,801,977 and \$76,861,274, respectively. Expenses incurred from services provided by other affiliates, primarily HHC, for the fiscal years ended September 30, 2014 and 2013, which are included in purchased services in the consolidated statements of operations and changes in net assets, were \$97,222,658 and \$36,272,807, respectively. Other intercompany activity with subsidiaries of the Hospital includes recurring transactions associated with operations and cash management, which have been eliminated in consolidation.

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

	2014	2013
Due from HHC	\$ 15,751,095	\$ 16,305,533
Due from Hospital of Central Connecticut	2,913,208	—
Due from Hartford HealthCare Medical Group	2,380,257	8,626
Due from Hartford HealthCare at Home	1,733,241	2,048,334
Due from Windham Community Memorial Hospital	953,199	—
Due from The William W. Backus Hospital	596,172	—
Due from Rushford	206,942	—
Due from Midstate Medical Center	459,251	1,386,205
Due from Natchaug Hospital	458,519	—
Due from Integrated Care Partners	147,893	—
	<u>\$ 25,599,777</u>	<u>\$ 19,748,698</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

10. Related-Party Transactions (continued)

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

	<u>2014</u>	<u>2013</u>
Due to HHC	\$ (12,536,043)	\$ (15,646,071)
Due to Hartford HealthCare Rehabilitation Network	(1,525,898)	(2,735,988)
Due to Clinical Laboratory Partners	(291,861)	(257,706)
Due to Central Connecticut Senior Health Services, Inc	(221,208)	—
Due to Hartford HealthCare Medical Office Building	(186,616)	(3,340,741)
Due to Hospital of Central Connecticut	—	(19,211)
	<u>\$ (14,761,626)</u>	<u>\$ (21,999,717)</u>

During 2014 and 2013, the Hospital transferred approximately \$85,889,000 and \$152,364,000, respectively, of unrestricted net assets to HHC primarily to provide additional funding to various affiliates, and in 2013, approximately \$31,758,000 of unrestricted net assets were transferred to HHCISL (refer to Note 1)

11. Guarantees

The Hospital guarantees certain debt issues of related parties. The related parties would not have been able to obtain favorable financing terms and rates without the Hospital's guarantee. The term of the guarantees is equal to the term of the related debt, with maturities between 2014 and 2015. The maximum potential amount of future payments the Hospital could be required to make under its guarantees at September 30, 2014 and 2013, was approximately \$353,000 and \$1,167,000, respectively. If the related party does not make the necessary principal and interest payments required by the debt agreements, the Hospital is required to pay the monthly debt service.

The Hospital also guarantees the termination value of a swap agreement of a related party. The arrangement relates to an interest rate swap contract with a counterparty with an original notional amount of \$19,745,000 to fix the variable rate debt at a rate of 4.15%. The Hospital would be responsible for any termination payments related to the swap in the event of either nonperformance by the counterparty or by the counterparty's election to terminate the swap agreement. This guarantee is expected to significantly reduce annual debt service payments of the related party. The swap's termination value was \$3,011,300 and \$2,701,010 as of September 30, 2014 and 2013, respectively.

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

12. Other Operating Revenues

Other operating revenues for the fiscal years ended September 30, consisted of the following:

	<u>2014</u>	<u>2013</u>
Services to others	22,039,711	25,576,075
Grants	21,797,722	22,520,051
Tuition	9,732,030	10,242,894
Joint ventures	5,685,994	5,714,545
Rental	3,215,091	2,708,905
Food income	3,287,448	3,679,514
Contributions	2,682,350	1,422,218
Rebates	2,255,896	2,939,309
EHR revenue	—	3,314,339
Other	4,284,187	4,304,892
	<u>\$ 74,980,429</u>	<u>\$ 82,422,742</u>

13. Functional Expenses

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

	<u>Year Ended September 30,</u>	
	<u>2014</u>	<u>2013</u>
Health care services	\$ 923,480,472	\$ 901,466,516
Support services	99,766,589	97,388,350
	<u>\$ 1,023,247,061</u>	<u>\$ 998,854,866</u>

Hartford Hospital

Notes to Consolidated Financial Statements (continued)

14. Supplemental Cash Flow Information

The changes in assets and liabilities are as follows:

	Year Ended September 30,	
	2014	2013
Increase in accounts receivable	\$ (3,089,079)	\$ (16,354,978)
Decrease in other receivables	9,580,621	941,333
(Increase) decrease in due to and from affiliates	(23,390,179)	19,188,723
Increase in interest in investments held by Endowment LLC	(1,367,062)	(6,932,385)
(Increase) decrease in inventories of supplies	(1,648,059)	257,473
Decrease (increase) in prepaid expenses and other assets	1,598,595	(3,380,492)
(Increase) decrease in other assets	(8,317,240)	594,920
Increase in estimated third-party settlements	5,598,295	9,525,279
Decrease in accounts payable	(5,772,782)	(4,856,887)
Increase (decrease) in salaries, wages, payroll taxes, and amounts withheld from employees	2,433,859	(381,019)
Increase (decrease) in accrued expenses	226,020	(5,546,181)
Increase (decrease) in accrued pension liability & other liabilities	2,366,573	(3,000,437)
	<u>\$ (21,780,438)</u>	<u>\$ (9,944,651)</u>

15. Subsequent Event

The Hospital evaluated subsequent events through January 28, 2015, which is the date the consolidated financial statements were issued, for potential recognition in the consolidated financial statements as of the balance sheet date for the fiscal year ended September 30, 2014. No events occurred that require disclosure or adjustment to the consolidated financial statements.

Supplementary Information

Hartford Hospital

Consolidating Balance Sheet

September 30, 2014

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living	Eliminations	Total
Assets					
Current assets:					
Cash and cash equivalents	\$ 8,310,780	\$ 7,560,045	\$ 843,198	\$ -	\$ 16,714,023
Interest in investments held by Endowment LLC	8,299,447	-	-	-	8,299,447
Accounts receivable, less allowances for doubtful accounts of \$42,446,000	128,300,658	837,100	-	-	129,137,758
Other receivables	15,820,683	526	10,016	-	15,831,225
Due from affiliates	26,155,102	1,275,863	1,554,820	(3,386,008)	25,599,777
Inventories of supplies	12,834,592	-	-	-	12,834,592
Prepaid expenses and other assets	6,559,164	35,671	-	-	6,594,835
Total current assets	206,280,426	9,709,205	2,408,034	(3,386,008)	215,011,657
Assets whose use is limited:					
Investments and other assets	531,888	-	-	-	531,888
Interest in investments held by Endowment LLC	186,552,382	88,479,071	34,526,899	-	309,558,352
Donor-restricted interest in investments held by Endowment LLC	188,987,060	6,310,352	28,927,413	-	224,224,825
Investments for restricted purposes	5,298,538	211,462	-	-	5,510,000
Escrow funds for long-term debt	3,243,365	-	-	-	3,243,365
Funds designated for debt service	8,997,789	-	-	-	8,997,789
	393,611,022	95,000,885	63,454,312	-	552,066,219
Funds held in trust by others	112,879,389	26,806,414	2,183,523	-	141,869,326
Other assets	79,437,312	-	-	-	79,437,312
Property, plant, and equipment, net	367,897,021	8,838,817	5,188,017	-	381,923,855
Total assets	\$ 1,160,105,170	\$ 140,355,321	\$ 73,233,886	\$ (3,386,008)	\$ 1,370,308,369

(1) Includes Cedar Mountain Commons

Hartford Hospital

Consolidating Balance Sheet (continued)

September 30, 2014

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living	Eliminations	Total
Liabilities and net assets					
Current liabilities:					
Accounts payable	\$ 16,411,539	\$ 179,533	\$ -	\$ -	\$ 16,591,072
Salaries, wages, payroll taxes and amounts withheld from employees	23,404,488	341,328	-	-	23,745,816
Due to affiliates	17,205,913	361,745	579,976	(3,386,008)	14,761,626
Accrued expenses	21,982,407	1,174,108	(10,755)	-	23,145,760
Estimated third-party payor settlements	18,683,246	-	-	-	18,683,246
Current portion of long-term debt	18,596,036	-	-	-	18,596,036
Current portion of accrued pension liability	6,674,125	-	-	-	6,674,125
Current portion of other liabilities	9,800,029	-	-	-	9,800,029
Total current liabilities	132,757,783	2,056,714	569,221	(3,386,008)	131,997,710
Long-term debt, less current portion	287,081,033	-	-	-	287,081,033
Accrued pension liability	254,058,658	-	-	-	254,058,658
Other liabilities	41,991,787	-	-	-	41,991,787
Total liabilities	715,889,261	2,056,714	569,221	(3,386,008)	715,129,188
Net assets:					
Unrestricted	135,104,064	104,886,863	41,553,700	-	281,544,627
Temporarily restricted	122,874,055	4,066,608	19,692,621	-	146,633,284
Permanently restricted	186,237,790	29,345,136	11,418,344	-	227,001,270
Total net assets	444,215,909	138,298,607	72,664,665	-	655,179,181
Total liabilities and net assets	\$ 1,160,105,170	\$ 140,355,321	\$ 73,233,886	\$ (3,386,008)	\$ 1,370,308,369

(1) Includes Cedar Mountain Commons

Hartford Hospital

Consolidating Statement of Operations

Year Ended September 30, 2014

	Hartford Hospital	Jefferson House Combined ⁽¹⁾	The Institute of Living	Eliminations	Total
Unrestricted revenues, gains and other support:					
Net patient service revenue	\$ 1,000,796,127	\$ -	\$ -	\$ -	\$ 1,000,796,127
Provision for bad debts	24,640,388	-	-	-	24,640,388
Net patient service revenue less provision for bad debts	976,155,739	-	-	-	976,155,739
Other operating revenue	74,586,939	-	393,490	-	74,980,429
Net assets released from restrictions for operations	8,337,418	22,813	-	-	8,360,231
	1,059,080,096	22,813	393,490	-	1,059,496,399
Operating expenses:					
Salaries and wages	428,888,306	-	-	-	428,888,306
Employee benefits	134,941,400	-	-	-	134,941,400
Supplies and other	202,925,870	21,007	53,487	-	203,000,364
Purchased services	199,059,408	1,806	-	-	199,061,214
Depreciation and amortization	48,593,411	-	375,851	-	48,969,262
Interest	8,386,515	-	-	-	8,386,515
	1,022,794,910	22,813	429,338	-	1,023,247,061
Income (loss) from operations	36,285,186	-	(35,848)	-	36,249,338
Nonoperating income (loss):					
Income from investments, gifts and bequests, net	22,868,369	8,159,097	3,518,452	-	34,545,918
Other	(6,524,957)	(2,063,052)	(22,168)	-	(8,610,177)
	16,343,412	6,096,045	3,496,284	-	25,935,741
Excess of revenues over expenses	\$ 52,628,598	\$ 6,096,045	\$ 3,460,436	\$ -	\$ 62,185,079

(1) Includes Cedar Mountain Commons

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