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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Hartford Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

80 Seymour Street PO Box 5037

City or town, state or province, country, and ZIP or foreign postal code

Hartford, CT 061025037

F Name and address of principal officer

Stuart K Markowitz MD

80 Seymour Street

Hartford, CT 06102

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () (insert no)☐ 4947(a)(1) or ☐ 527

J Website:

HARTHOSP.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1854

M State of legal domicile

CT

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities To improve the health and healing of the people and communities we serve	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	7,743
	6	Total number of volunteers (estimate if necessary)	837
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,732,874
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	0
	8	Contributions and grants (Part VIII, line 1h)	44,498,631
	9	Program service revenue (Part VIII, line 2g)	1,013,757,953
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,537,759
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,533,090
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,105,327,433
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	507,510
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	585,582,362
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) \$520,768	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	455,709,181
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,041,799,053
	19	Revenue less expenses Subtract line 18 from line 12	63,528,380
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,282,892,831
	21	Total liabilities (Part X, line 26)	700,378,314
	22	Net assets or fund balances Subtract line 21 from line 20	582,514,517

Part II Signature Block

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

Sign Here

Signature of officer

Mark Keise Vice President, Finance

2016-08-13

Date

Print/Type preparer's name

Jeanne Schuster

Preparer's signature

Jeanne Schuster

Date

Check ☐ if self-employed

PTIN

P00743154

Firm's name

Ernst & Young US LLP

Firm's EIN

34-6565596

Firm's address

200 Clarendon Street 44th Floor

Boston, MA 02116

Phone no

(617) 226-2000

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

To improve the health and healing of the people and communities we serve

2

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

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

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

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 88,652,758 including grants of \$) (Revenue \$ 85,706,822)

At the completion of Fiscal Year (FY) 15, the Division of Cardiology was comprised of 13 full time faculty cardiologists, 7 full time hospitalists, and 1 part time doctoral-level researcher. The division received \$2,212,748 in research funding, including \$2,165,838 from industry sources, \$37,310 from foundations, and \$9,600 from internal grants. Cardiology division members published over 135 publications (not including abstracts) in peer-reviewed journals in 2014/2015. Some of these articles were published in the top medical journals. For example, Dr. Paul Thompson and Dr. Manandhi published "Hypertension in athletes from physical examination and personal history" in the 2015 Current Sports Medicine Reports. Division of Cardiology Patient Care Activities: Cardiac Catheterization Laboratory: For FY15, there were 3,859 total cases performed in the Cardiac catheterization Laboratory. Diagnostic Coronary procedures increased 6.6% from the prior year. The Catheterization Laboratory staff performed 100 Trans Aortic Valve Replacements, an increase of 27 cases from last year. For FY15, 45% of all Cardiac Lab cases were elective, 43% Urgent, and 12% Emergent. Cardiac Surgery: 976 cases were done in FY15, a 6% increase from the prior year. There were 411 isolated CABG surgeries, 150 CABG/Valve, and 296 Valves surgeries. 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 FY15, a total of 1,753 patient encounters and 1,109 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. Nuclear Cardiology / Exercise Stress Test Laboratories: There were a total of 2,486 studies performed in the Non-Invasive Stress Laboratory at Hartford Hospital in FY15, which is stable from FY14 (up 26 studies or 1.1%). This consisted of 648 exercise treadmill cardiopulmonary stress tests, 1,838 Single-photon Emission Computed Tomography (SPECT) myocardial perfusion imaging studies, and 263 cardiac Positron Emission Tomography (PET) studies. HH Heart Transplant Program (HHHTP): In FY15, the HH Heart Transplant Program (HHHTP) performed 13 heart transplant operations. Approximately 150 previously transplanted heart patients continue to be followed by the Hartford Hospital transplant team. Overall, the program size is stable and remains limited by available organ donations. Preventive Cardiology: Preventive Cardiology includes cholesterol management, Low-Density Lipoprotein (LDL) Apheresis, cardiovascular sports medicine consultation and cardiac rehabilitation. The program serves patients from Connecticut and Western Massachusetts, has doubled in size over the last few years and is one of the largest programs in the country. There were 251 LDL Apheresis procedures performed in FY15. 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. Our post-resuscitation hypothermia program has helped hundreds of patients improve their neurologic outcome after cardiac arrest. We are 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 3,711 CICU visits during FY15. Of those, 57 underwent hypothermia therapy, 10 had an Impella device, and 53 had an Intra-aortic balloon pump.

4b

(Code) (Expenses \$ 77,836,060 including grants of \$) (Revenue \$ 53,535,395)

The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. Mental illness remains nearly ubiquitous in America with between 20 to 25% of adults experiencing a mental illness in any given year and over 4% experiencing a severe mental illness such as schizophrenia or bipolar disorder. The Institute of Living strives to address these enormous behavioral healthcare needs through the variety of clinical programs and services listed below, through research programs aimed at better understanding and treating mental illness, through education of the community and through training programs aimed at producing the next generation of behavioral health clinicians. Statistical Data: Total discharges for the year were 4,373. The number of adult day treatments was 6,151. The IOL treated 1,521 patients for Eating Disorder and 5,366 for Schizophrenia rehabilitation. A total of 902 patients received Geriatric day treatment, 3,971 received Professional Day Treatment, 2,516 received Extended Day Treatment, 6,580 received Child/Adolescent day treatment and 2,200 went through the Dialectical Behavioral Therapy (DBT) program. The average length of stay was 8.7 days and the average daily census was 103.6. Hartford residents accounted for 31% of admissions and 67% of admissions were from other areas within the state, 2% were from other states. Patient Care Activities and Program Development: Patient care activities and program developments were guided by the IOL's internal goals for FY15. Highlights included a focus on continued growth in the Young Adult and Child and Adolescent Programs and increased efficiency of throughput on the adult inpatient service by reducing the average length of stay. In addition, a quality initiative to standardize crisis intervention techniques was undertaken. This involved two days of training for 800 IOL employees. Other program highlights for this year included: *Assessment Center: Clinicians evaluated nearly 6,100 patients in the Hartford Hospital Emergency Department. 2,280 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: The Adult Service team undertook a project to reduce length of stay. The success of this project effectively created bed excess capacity and enhanced throughput. *Child/Adolescent Division: Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent Faculty 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. *Other specialty services include the Memory Disorder, the Anxiety Disorders Center/Center for Cognitive Behavioral Therapy. This service successfully established new programs for insomnia, adult ADHD, phobias and depression. 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 semi-annually to the Hartford Hospital Quality Council and the Behavioral Health Network Quality Council. Highlights of this year's quality initiatives continue to include suicide prevention and assessment, reduction in the use of seclusion and restraint, elopement prevention and fall prevention. Specific to reduction in use of seclusion and restraint, beginning in October, 2014, the Institute of Living, along with other behavioral health facilities in Hartford HealthCare system such as the Hartford Hospital Emergency Department Psychiatric Pod, completed implementation of an evidence-based nonviolent behavioral management program of the nationally recognized Crisis Prevention Institute, or CPI. This new training, combined with other interventions introduced over the last 5 years, further decreased use of seclusion and restraint at the Institute of Living. Notably, restraint hours were reduced by 61% this past year, with a 50% reduction from our annual target. An important new quality initiative this year was the adoption of the "Zero Suicide Academy Initiative", a comprehensive approach to suicide care developed by the Suicide Prevention Resource Center and the National Action Alliance for Suicide Prevention. In June, 2015, after a rigorous application process, the Institute of Living was accepted to attend this Academy in Baltimore, MD. Through this Zero Suicide initiative, we have strengthened our commitment to improving the care of those struggling with suicide.

4c

(Code) (Expenses \$ 83,468,599 including grants of \$) (Revenue \$ 51,420,987)

The Hartford Hospital Emergency Department (ED) continues to increase providing emergent care to those in need. Visits topped 108,000 for FY 15. ED Computerized Axial Tomography (CT) utilization has continued to rise in Hartford's ED, as well as Emergency Departments across the country, as emergency departments have become the diagnostic center of choice for many patients and physicians. This has led to many long waits for radiology studies to be performed causing delays in care, dispositions and both staff and patient dissatisfaction. For FY15, there were 108,171 visits to the ED compared to 103,576 in FY 14, resulting in a 4.4% increase. The number of admitted and observed patients in FY 15, was 28,470 compared to 26,645 in FY 14, resulting in a 6.9% increase. The Hospital has given significant attention and effort towards reducing the median time from when patient arrives at the ED and when the patients is first seen by a provider. There have also been continuous efforts towards improving the experience of our patients. The Hospital implemented many initiatives in order to increase patient satisfaction. Emergency Medicine Programs: Emergency Medicine Residency. The Hospital ED residency program has 54 residents. As the number of residents increased over time, the ED has been able to pursue new educational opportunities. International medicine continues to be a key feature of the program with over 7 residents traveling during the year. The research program continues to grow as the ED staff had numerous abstracts presented at national conferences and one resident had a submission accepted to the American Journal of Emergency Medicine. Emergency Medicine Simulation Fellowship. The Hartford Hospital Emergency Medicine Simulation Program provides innovative simulation based education for emergency medicine medical students, residents, advanced practitioners and attending physicians. Emergency Department Disaster Preparedness Committee. This Committee involves attending physicians, nurses and Emergency Medicine Residents in planning and performance of emergency preparedness functions and drills for Hartford Hospital Emergency Department. LIFE STAR Program. The LIFE STAR helicopter program delivers ICU level care to both adults and pediatric patients requiring scene evacuation or inter-facility transport. In addition, LIFE STAR flight crews provide specialty transport for patients needing intra-aortic balloon pump therapy, ventricular assist devices and Extracorporeal membrane oxygenation. LIFE STAR completed 1,022 patient transports of which 947 were flights and the remainder completed by ground. Approximately 80% of completed requests were for inter-facility transports. Emergency Medicine Research Program. The Research Program provides support for the EM Department faculty to conduct clinical research and quality improvement projects. The EM Research Council provides a forum for faculty and residents to present their research ideas and receive guidance on study design and methods. The Clinical Research Program participated in 4 industry-funded clinical trials.

See Additional Data

4d

Other program services (Describe in Schedule O)



























(Expenses \$ 785,591,962 including grants of \$ 250,260) (Revenue \$ 929,009,354)

4e

Total program service expenses ▶ 1,035,549,379

Form 990 (2014)

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	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 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 	14b 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 	15	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 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b 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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
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.	663	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	7,743	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
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	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NH , 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, address, and telephone number of the person who possesses the organization's books and records		
Carol Wardell			

Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,556,575	9,313,734	1,700,979

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 946

		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	6,810,552
CT Multispecialty Group PC 85 Seymour Street Suite 900 Hartford, CT 06106	Medical Services	5,358,788
CFM Construction Corp 150 Sycamore Street Glastonbury, CT 06033	Construction	3,791,705
Air Methods Corporation PO Box 172892 Denver, CO 802172892	Medical Transport	2,875,015
Hartford Pathology Assoc PC PO Box 1749 Hartford, CT 061441749	Medical Services	2,644,969

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►146

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	75,069		
	b	Membership dues	1b			
	c	Fundraising events	1c	1,466,661		
	d	Related organizations	1d	429,405		
	e	Government grants (contributions)	1e	25,611,547		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,632,707		
	g	Noncash contributions included in lines 1a-1f \$		1,698,396		
	h	Total. Add lines 1a-1f		35,215,389		
Program Service Revenue	2a	Patient Care	Business Code			
			624100	1,108,910,724	1,108,910,724	
	b	Inc From Inv - Other	900003	8,578,470	8,013,766	564,704
	c	Ref Testing & Fees	621500	1,598,550	15,194	1,583,356
	d	Library & Pharmacy & Lab Svcs	541700	584,814		584,814
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		1,119,672,558		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,206,009		8,206,009
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
			3,896,812			
	b	Less rental expenses	0			
	c	Rental income or (loss)	3,896,812			
	d	Net rental income or (loss)		3,896,812		3,896,812
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			31,146,928	52,500		
	b	Less cost or other basis and sales expenses	0	111,111		
	c	Gain or (loss)	31,146,928	-58,611		
	d	Net gain or (loss)		31,088,317		31,088,317
	8a	Gross income from fundraising events (not including \$ 1,466,661 of contributions reported on line 1c) See Part IV, line 18				
			a	205,389		
	b	Less direct expenses	b	637,110		
	c	Net income or (loss) from fundraising events		-431,721		-431,721
	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	3,095,505		3,095,505
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		3,095,505		
	12	Total revenue. See Instructions		1,200,742,869	1,116,939,684	2,732,874
					45,854,922	

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 domestic organizations and domestic governments. See Part IV, line 21.	175,260	175,260		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	75,000	75,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	6,769,814	4,617,858	2,151,956	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	6,330,726	5,542,361	788,365	
7	Other salaries and wages.	420,643,383	409,843,373	10,470,671	329,339
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,997,273	19,745,195	2,241,632	10,446
9	Other employee benefits.	51,525,858	46,250,646	5,250,743	24,469
10	Payroll taxes.	30,092,626	27,011,747	3,066,589	14,290
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,455,299		1,455,299	
c	Accounting.	420,869		420,869	
d	Lobbying.	94,581		94,581	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	2,025,230	2,025,230		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	77,735,184	77,735,184		
12	Advertising and promotion.	363,027	143,925	219,102	
13	Office expenses.	20,972,250	18,328,549	2,619,788	23,913
14	Information technology.	40,750,066	37,036,807	3,713,259	
15	Royalties.				
16	Occupancy.	32,143,790	30,702,749	1,441,041	
17	Travel.	1,100,722	1,014,924	76,655	9,143
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	671,757	654,935	13,383	3,439
20	Interest.	11,557,893	11,299,807	258,086	
21	Payments to affiliates.	61,291,260	51,613,370	9,677,890	
22	Depreciation, depletion, and amortization.	49,494,629	40,202,590	9,292,039	
23	Insurance.	10,322,252	8,101,976	2,220,276	
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	170,609,329	170,609,329		
b	Hosp Provider/Use Tax	40,695,190	40,695,190		
c	Purchased Services	14,772,398	11,119,229	3,625,947	27,222
d	Equipment & Ppty Maint	12,338,944	11,508,555	827,222	3,167
e	All other expenses	10,731,648	9,495,590	1,160,718	75,340
25	Total functional expenses. Add lines 1 through 24e.	1,097,156,258	1,035,549,379	61,086,111	520,768
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			15,870,826	1	42,274,168
	2	Savings and temporary cash investments			12,241,154	2	336,578
	3	Pledges and grants receivable, net			5,620,567	3	7,560,701
	4	Accounts receivable, net			142,756,790	4	152,875,255
	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			12,834,592	8	14,407,416
	9	Prepaid expenses and deferred charges			6,594,835	9	5,518,023
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,218,887,157	376,735,837	10c	391,256,560
	b	Less accumulated depreciation	10b	827,630,597			
	11	Investments—publicly traded securities			2,538,188	11	3,501,100
	12	Investments—other securities See Part IV, line 11			139,685,804	12	322,220,670
	13	Investments—program-related See Part IV, line 11			53,626,279	13	61,182,475
	14	Intangible assets			25,811,034	14	26,886,034
	15	Other assets See Part IV, line 11			488,576,925	15	458,916,191
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,282,892,831	16	1,486,935,171	
Liabilities	17	Accounts payable and accrued expenses			117,246,835	17	90,935,442
	18	Grants payable				18	
	19	Deferred revenue				19	285,879
	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	25,467
	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			583,131,479	25	734,471,134
	26	Total liabilities. Add lines 17 through 25			700,378,314	26	825,717,922
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			239,990,927	27	306,590,779
	28	Temporarily restricted net assets			126,940,664	28	138,903,091
	29	Permanently restricted net assets			215,582,926	29	215,723,379
	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			582,514,517	33	661,217,249
	34	Total liabilities and net assets/fund balances			1,282,892,831	34	1,486,935,171

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	1,200,742,869
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,097,156,258
3	Revenue less expenses Subtract line 2 from line 1	3	103,586,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	582,514,517
5	Net unrealized gains (losses) on investments	5	-74,901
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	-24,808,977
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	661,217,249

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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	785,591,962	including grants of \$	250,260) (Revenue \$	929,009,354)
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. The hospital owns and operates LIFE STAR, a 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 Connecticut Office of Health Care Access 2014 Annual Report, Hartford Hospital continues to be the second-largest provider of Medicaid services in the state.					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gregory Jones Director	2 00	X						0	0	0
(1) Dariush Owlia MD Director	2 00	X						0	0	0
(2) Carol Polifroni Director	2 00	X						0	0	0
(3) Eric Zachs Director	2 00	X						0	0	0
(4) Alexia Cruz Director	2 00	X						0	0	0
(5) Magdalena Rodriguez Director	2 00	X						0	0	0
(6) Westley Thompson Director	2 00	X						0	0	0
(7) James Loree Director	2 00	X						0	0	0
(8) Matthew Saidel MD Director (See Sch L)	2 00	X						100,000	0	0
(9) David Zwiener Director	2 00	X						0	0	0
(10) Stacy Nerenstone MD Director	2 00	X						0	0	0
(11) Jeffry Nestler MD Director	2 00	X						0	0	0
(12) Joanne Berger-Sweeney Director (Thru June 2015)	2 00	X						0	0	0
(13) Rebecca Lobo Director (Thru June 2015)	2 00	X						0	0	0
(14) Andrew Salner MD Director (Thru June 2015)	60 00	X						602,518	0	48,086
(15) Roger Klene Director (Thru June 2015)	2 00	X						0	0	0
(16) Jarrod Post MD Director (Thru June 2015)	2 00	X						0	0	0
(17) Douglas Elliot Chair	3 00	X		X				0	0	0
(18) David McHale Vice Chair	3 00	X		X				0	0	0
(19) Stuart Markowitz MD President	3 00 60 00	X		X				0	706,901	123,346
(20) Margaret Marchak Secretary & SVP CLO, HHC	3 00 60 00			X				0	541,910	108,761
(21) Gerald Boisvert Vice President, Finance	30 00 30 00			X				0	547,807	51,548
(22) John Greene Jr MD Vice President	60 00				X			0	600,775	48,711
(23) Cheryl Ficara Vice President	60 00				X			0	396,760	52,756
(24) Peter Fraser Vice President	60 00				X			0	336,458	48,494

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Harold Schwartz MD Vice President	40 00 20 00				X			609,935	0	121,642
(1) Paul Thompson MD Dir. Cardiology	60 00					X		533,860	0	96,206
(2) Michael Lindberg Dir. Medicine	60 00					X		488,521	0	50,879
(3) Orlando Kirton MD Dir. Surgery	60 00					X		761,604	0	171,383
(4) Joseph Klimek MD Vice President	60 00					X		600,280	0	17,427
(5) Lenworth Jacobs MD Vice President	60 00					X		731,621	0	116,857
(6) Thomas Marchozzi Former - Exec. VP & CFO	0 00						X	0	1,542,334	62,898
(7) Rocco Orlando Former - SVP	0 00 60 00						X	0	796,480	81,208
(8) James Blazar Former - Vice President	0 00 60 00						X	0	741,694	54,686
(9) Richard Stys Former - Vice President	0 00 60 00						X	0	707,912	49,266
(10) Gary Heller MD Former - Director	0 00						X	128,236	0	0
(11) Tracy Church Former - Vice President	0 00 60 00						X	0	499,339	97,526
(12) Elliot Joseph Former-President & CEO	0 00 60 00						X	0	1,895,364	299,299

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)?		No	
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		94,581
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			94,581
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, lines 1 and 2 (see instructions), 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). CHA conducts lobbying activities on behalf of its members. CHA allocates a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA conducts lobbying activities under current Medicare rules. The total amount of dues allocated for lobbying expenses for FY15 was \$94,581.

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

OMB No 1545-0047

2014

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

Part II

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue 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

Revenue 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | 138,546,174 | 131,895,671 | 119,653,630 | 108,251,287 | 112,783,609 |
| b Contributions | 27,936,085 | 1,462,396 | 4,719,250 | 959,611 | 329,266 |
| c Net investment earnings, gains, and losses | -2,385,301 | 8,092,554 | 11,002,959 | 14,072,208 | 106,788 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,295,435 | 2,904,447 | 3,480,169 | 3,629,476 | 4,968,376 |
| f Administrative expenses | | | | | |
| g End of year balance | 159,801,523 | 138,546,174 | 131,895,671 | 119,653,630 | 108,251,287 |
- 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 ▶ 54 000 %

c Temporarily restricted endowment ▶ 46 000 %

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

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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		27,214,514		27,214,514
b Buildings		648,823,676	426,576,073	222,247,603
c Leasehold improvements				
d Equipment		542,848,967	401,054,524	141,794,443
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				391,256,560

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 (losses) 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, 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. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. On March 31, 2015, the Institute of Living (a Type I Supporting Organization of Hartford Hospital) merged into Hartford Hospital, and the endowment funds previously reported under the Institute of Living were included in Hartford Hospital's return.

[illegible]

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	Accrued Post Retirement Expenses	11,800,812
	Accrued Asbestos Costs	541,104
	Other Net Liabilities	43,355,916
	Payable to HHC - Interco Bonds	399,908,895
	Hospital Provider Tax	14,093,447
	Accrued Post Retirement Expenses	217,550,178
	Current Accrued Malpractice	11,064,494
	Long Term Accrued Malpractice	36,156,288

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

OMB No 1545-0047

2014

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) East Asia and the Pacific	0	0	Fundraising		77,891
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			77,891
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			77,891

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; do not file with Form 990)*

☐ 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; do not file with Form 990)*

☐ 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 transactions shown on Part I of Sch F are being reported on a cash basis

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

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)	Spring Into Action (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,660,000	12,050	1,672,050
	2	Less Contributions . . .	1,455,425	11,236	1,466,661
	3	Gross income (line 1 minus line 2)	204,575	814	205,389
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs . . .	31,729		31,729
	7	Food and beverages .	222,585	1,200	223,785
	8	Entertainment	276,461		276,461
	9	Other direct expenses .	105,135		105,135
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(637,110)
					-431,721

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			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

11

Does the organization conduct 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 activities conducted 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

\$ and the \$

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 provide any additional information (see instructions).

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

Schedule G (Form 990 or 990-EZ) 2014

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a 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)			7,559,818	0	7,559,818	0 690 %
b Medicaid (from Worksheet 3, column a)			197,946,383	114,035,470	83,910,913	7 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			205,506,201	114,035,470	91,470,731	8 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,985,425	745,964	2,239,461	0 200 %
f Health professions education (from Worksheet 5)			61,443,457	17,985,215	43,458,242	3 960 %
g Subsidized health services (from Worksheet 6)			5,696,630	2,766,147	2,930,483	0 270 %
h Research (from Worksheet 7)			7,495,384	2,232,225	5,263,159	0 480 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			18,069,198	11,656,338	6,412,860	0 580 %
j Total. Other Benefits			95,690,094	35,385,889	60,304,205	5 490 %
k Total. Add lines 7d and 7j			301,196,295	149,421,359	151,774,936	13 830 %

Part IICommunity 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
1Physical improvements and housing			52,840		52,840	0 %
2Economic development						
3Community support			22,560	1,990	20,570	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			2,141		2,141	0 %
8Workforce development			7,856		7,856	0 %
9Other						
10Total			85,397	1,990	83,407	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

14,136,000

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

279,129,402

6Enter Medicare allowable costs of care relating to payments on line 5.

6

244,096,478

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

35,032,924

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

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

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

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 letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	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 12	3	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 significant 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 checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) See Part V		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a	If "Yes" (list url)		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

Hartford Hospital

	Yes	No
Financial Assistance Policy (FAP)		
13 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections		
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 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(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group		Hartford Hospital	
		Yes	No
19	Did the hospital facility or other 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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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 a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 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 Section C 24 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 Section C	23	No
		24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? **37**

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 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 \$80,000 on community building activities during fiscal year 2015 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>

Form and Line Reference	Explanation
Part III, Line 2	The Hospital has established estimates based on information presently available of amounts due to or from Medicare, Medicaid, and third-party payers 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.

Form and Line Reference	Explanation
Part III, Line 3	A pre-bad debt financial assistance screening is 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 4	Please see the text of the footnote that describes bad debt expense on pages 16 - 19 of the Consolidated Audited Financial Statement

Form and Line Reference	Explanation
Part III, Line 8	The organization's 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 timely pay his or her portion of discounted charges pursuant to this Policy, Hartford Hospital reserves the right to institute and pursue Extraordinary Collection Actions (ECA) and remedies such as imposing wage garnishments or filing liens on primary or secondary residences, bank or investment accounts, or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies For those patients who qualify for Financial Assistance and who, in Hartford Hospital's sole determination, are cooperating in good faith to resolve the outstanding accounts, Hartford Hospital may offer extended payment plans For patients who meet the terms of the payment plan Hartford Hospital will not impose wage garnishments or liens on primary residences, and will not send unpaid bills that are part of the payment plan to outside collection agencies No ECA will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that patient's Financial Assistance Application is processing Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed

Form and Line Reference	Explanation
Part VI, Line 2	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 will provide information about its Financial Assistance Policy as follows (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas, (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications, (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas, (iii) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HH's home page, (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy, and (v) include the tag line "Please ask about our Financial Assistance Policy" in HH written publications

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 majority of Hartford Hospital's governing board is a Community board, comprised of persons who either reside in or work in its primary service area, and they are neither employees nor contractors of the Hospital except for ex-officio members 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 supported 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 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 cost containment strategies. Additionally, the hospital is affiliated with several other non-hospital charitable organizations.</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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	Part V, Section B, Line 3j Hartford Hospital completed its last Community Health Needs Assessment in FY15. The study area for the survey effort (referred to as the "Hartford Region") is defined by 62 residential ZIP Codes in Central Connecticut. The population of the hospital's service area is estimated at 893,504 people. It is predominantly non-Hispanic White (73.3%), but also has substantial African American (13.1%) and Hispanic (15.4%) populations. The poverty descriptions and segmentation used in the needs assessment report were based on administrative poverty thresholds determined by the US Department of Health & Human Services. This assessment incorporated data from both quantitative and qualitative sources. Quantitative data input include primary research and secondary research. The survey instrument used for this study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. To ensure the best representation of the population surveyed, a telephone interview methodology - one that incorporates both landline and cell phone interviews - was employed. The sample design used for this effort consisted of a random sample of 1,446 individuals age 18 and older in the Hartford Region. Because the study was part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Hartford Region as a whole. A variety of existing (secondary) data sources was consulted to complement the research quality of the Community Health Needs Assessment Part V, Section B, Line 7a http://www.harthosp.org/AboutUs/Community/CHNA/default.aspx

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	<p>Part V, Section B, Line 5 To solicit input from key informants, individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process These individuals included physicians, public health representatives, health professionals, social service providers and a variety of other community leaders CEO-Capital Workforce PartnersCEO-Community Health ServicesCEO-Community Renewal TeamCEO-CT Association of Human ServicesLocal Health Director-East Hartford Health DepartmentExecutive Director-Hartford Food SystemInterim Local Health Director-Hartford Health DepartmentCEO-Hartford Public LibraryCEO-Hispanic Health CouncilExecutive Director- Hockanum Valley Community CouncilLocal Health Director-Manchester Health DepartmentVice President-Metro Hartford AllianceCEO-United Way of Central & Northeastern CTCEO-Urban League of Greater HartfordLocal Health Dept Director - Windsor Health DepartmentDirector-Windsor Social Services DepartmentVice President-United Way of CTChief Medical Directors-Hartford HospitalLocal Health Director-Farmington Valley Health DistrictExecutive Director-Southside Institutions Neighborhood Alliance (SINA)Vice President-Hartford Foundation for Public GivingSocial Service Organization-Greater Hartford Legal AidVice President-Saint Francis Hospital & Medical CenterCEO-Billings Forge Community WorksDirector Community Relations-Connecticut Children's Medical CenterExecutive Director-Hartford Gay & Lesbian Collective CEO-Intercommunity, Inc Executive Director-CT Association of Directors of Health Social Service Organization-Reach CoalitionLocal Health Director-Central Connecticut Health DistrictSr Vice President-Capital Region Education CouncilCEO-Charter Oak Health CenterExecutive Director-Faithcare, Inc Social Service Organization-Legal Assistance Resource Center of CTCCEO - Jewish FederationCEO-The Village for Families & ChildrenVice President-Connecticut Health FoundationLocal Health Director-North Central Health Regional Mental Health Board Director-North Hartford Promise ZoneCEO-Hartford Public SchoolsDirector-Department of Public Health, West Hartford/BloomfieldLocal Health Director-Department of Public Health, GlastonburyParticipants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall Key informants were contacted by email, introducing the purpose of the survey and providing a link to take a survey online Key informants were asked to rate the degrees to which various health issues were a problem in the Hartford Region Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed In terms of content, the assessment was designed to provide a comprehensive and broad picture of the health of the overall community The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups For additional statistics about uninsured, low-income, and minority health needs please refer to the complete Community Health Needs Assessment report, which can be viewed online at http://harthosp.org/AboutUs/Community/CHNA/default.aspx After reviewing the Community Health Needs Assessment findings, the CHNA Steering Committee met on June 10, 2015 to determine the health needs to be prioritized for action During a detailed presentation of the CHNA findings, we used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Areas of Opportunity) and ranking identified health issues against the following established, uniform criteria Magnitude, Impact/Seriousness/Feasibility, and Consequences of Inaction From this exercise, the areas of opportunity were prioritized as follows by the committee Mental Health, Nutrition, Physical Activity & Weight Status, Diabetes, Substance Abuse, Cancer, Heart Disease and Stroke</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	Part V, Section B, Line 7d The needs assessment was published in March 2015 and is available on the hospital's website In addition, copies were distributed to local non-profit organizations, colleges, churches, and state and local government representatives These reports are also made available in waiting areas of the various departments within the hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	<p>Part V, Section B, Line 11 As individual organizations begin to parse out the information from the 2015 Community Health Needs Assessment, it is Hartford Hospital's goal that this will foster greater desire to embark on a community-wide community health improvement planning process Hartford Hospital has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves Currently, initiatives are underway to address diabetes with development of an accountable health model pilot program Several initiatives are addressing nutrition and physical activities with community social service providers, local health departments and local community health organizations A hospital grant program has been launched seeking proposals from community agencies addressing the Hospital's priority areas identified in the Community Health Improvement Plan (CHIP) In addition, formal collaboratives have been formed, and system-wide initiatives have been launched that address nutrition education such as our partnership with a statewide super market retailer In acknowledging the wide range of priority health issues that emerged from the CHNA process, Hartford Hospital determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence *</p> <p>Nutrition, Physical Activity & Weight* Diabetes* Mental Health* Heart Disease & Stroke* Cancer* Injury & ViolenceIn addition, there are major initiatives underway at Hartford Hospital to address Injury Prevention, Dementia and other identified needs as noted later in the report Other identified needs were * Chronic Kidney Disease* Dementia, including Alzheimer's Disease* HIV/AIDS* Infant Health and Family Planning * Sexually Transmitted Disease Health Priorities Not Chosen for Action/Reason Chronic Kidney Disease Hartford Hospital through its various departments and specialty designation as a Level 1 trauma Center and acute care hospital treats many individuals with chronic kidney disease We are one of two regional hospitals serving as a major transplant provider We believe we are already responding to the identified need appropriately HIV/Aids Hartford Hospital already responds to the needs of the community for those infected with HIV/Aids We are responding to the needs of the underserved in the community and providing services through our Brownstone Clinic Dementia/Alzheimer's Disease Hartford Hospital addresses this area of need through our identified gerontology services Various strategies noted in our plan address cognitive wellness and are being addressed through our primary care efforts, including the underserved population We believe that this approach is responding to the identified need Infant Health & Family Planning Family Planning is addressed through our Women's Health Center with particular focus on the underserved Harford Hospital does not provide pediatric services The Connecticut Children's Medical Center is on our campus and is solely dedicated to pediatric care Respiratory Disease Respiratory disease is already being addressed through major initiatives in COPD and Asthma We are partnering with the state Hospital association regarding asthma initiatives and provide services within our Clinics Given lower priority designation we did not target this area for additional specialized activities Sch H Part V, Line 9 Although the approved implementation strategy date reflects the 2014 tax year, the implementation strategy was approved in December 2015 The organization reports its data on a fiscal year basis As a result, the current software prevents the disclosure of the 2015 date on the current Form The correct date (2015) will be reflected on FY16 Form</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	Part V, Section B, Line 13h Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of the health care expenses

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	Part V, Section B, Line 15e In addition, patient may ask nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	Part V, Section B, Line 16i Patients are informed directly by staff of the availability of the Financial Assistance Policy

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	Part V, Section B, Line 22d For FY15, the hospital did a computation to determine on average insurance companies reimbursement for the types of services rendered The average (discount) was offered to all self-pay patients without regards to financial ability Patients who were unable to pay their bills were able to apply for financial assistance Based upon factors including family size & income, patients were eligible to receive write-offs ranging between 25 - 100% The Hospital Financial Assistance Policy (effective January 1, 2016) is compliant with IRS Code Sec 501R Per the Hospital's policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance covering such care The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable) Starting January 1, 2016, the Hospital used the IRS 501R prescribed methodology to compute self-pay discount (AGB discount) The Hospital calculates AGB based on a retrospective or look back review of amounts allowed by governmental (Medicare, Medicaid,etc) and commercial insurances

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Part V, Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 Part V, Section B, line 16a website	hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 Part V, Section B, line 16 b website	hartfordhospital org/patients-and-visitors/for-patients/billing-insurance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 Part V, Section B, line 16 c website	hartfordhospital org/patients-and-visitors/for-patients/billing-insurance

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 06107	Eye Center
Helen & Harry Gray Cancer Center 80 Fisher Drive Avon, CT 06001	Eye Center
Hartford Hospital Wellness Center 65 Memorial Road West Hartford, CT 06107	Eye Center
Hartford Hospital Rehab Network 85 Seymour Street Suite 604 Hartford, CT 06106	Eye Center
The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Eye Center
Hartford Hospital Rehab Network 100 Hazard Avenue Enfield, CT 06082	Eye Center
Hartford Hospital Rehab Network 1025 Silas Deane Highway Wethersfield, CT 06109	Eye Center
Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Eye Center
Hartford Hospital Rehab Network 445 South Main Street West Hartford, CT 06110	Eye Center
Hartford Hospital Rehab Network 1559 Sullivan Avenue South Windsor, CT 06074	Eye Center
Hartford Hospital Rehab Network 330 Western Boulevard Glastonbury, CT 06033	Eye Center
South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Eye Center
Hartford Hospital Rehab Network 100 Simsbury Road Avon, CT 06001	Eye Center
Hartford Hospital Rehab Network 334 North Main Street West Hartford, CT 06117	Eye Center

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)
Enfield Family Wellness Center 100 Hazard Avenue Enfield, CT 06082	Eye Center
Hartford Hospital Rehab Network 65 Memorial Road West Hartford, CT 06107	Eye Center
Hartford Hospital Rehab Network 1060 Day Hill Road Windsor, CT 06095	Eye Center
Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Eye Center
Hartford Hospital Rehab Network 230 North Main Street Manchester, CT 06042	Eye Center
Hartford Hospital Rehab Network 1064 East Main Street Meriden, CT 06450	Eye Center
Hartford Hospital Rehab Network 18 East Granby Road Granby, CT 06035	Eye Center
Hartford Hospital Rehab Network 85 Barnes Road Suite 300 Wallingford, CT 06492	Eye Center
Hartford Hospital Rehab Network 406 Farmington Avenue 2nd Floor Farmington, CT 06030	Eye Center
Glastonbury Endoscopy Center LLC 300 Western Boulevard Glastonbury, CT 06033	Eye Center
Glastonbury Surgery Center 195 Eastern Boulevard Glastonbury, CT 06033	Eye Center
Hartford Hospital Rehab Network 330 Western Boulevard Glastonbury, CT 06033	Eye Center
Hartford Hospital Rehab Network 704 Hebron Avenue Glastonbury, CT 06033	Eye Center
Glastonbury Wellness Center 628 Hebron Avenue Glastonbury, CT 06033	Eye Center
Hartford Hospital Rehab Network 2 Northwestern Drive Bloomfield, CT 06002	Eye Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Eye Center
Hart Hosp Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Eye Center
Hartford Hosp Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Eye Center
Hartford Hospital Rehab Network 335 Westbourne Parkway Hartford, CT 06112	Eye Center
Farmington Cardiac Rehabilitation 11 South Road Suite 260 Farmington, CT 06032	Eye Center
Family Health Center 35 Talcottville Road Vernon, CT 06066	Eye Center
Hartford Hospital Rehab Network 35 Talcottville Road Vernon, CT 06066	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

2014

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 Domestic Organizations and Domestic Governments. 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 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

14

3

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

0

Part III

Grants and Other Assistance to Domestic Individuals. 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	65	65,000			

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 Domestic Organizations and Domestic Governments.

(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
Cystic Fibrosis Foundation 101 Centerpoint Drive Middletown,CT 06457	13-1930701	501(c)(3)	9,050		FMV		To support the Rose Ball that provides funding for research and drug development to find a cure for cystic fibrosis
Girl Scouts of Connecticut 340 Washington Street Hartford,CT 06106	06-0662134	501(c)(3)	7,500		FMV		Girl Scouts of Connecticut builds girls of courage, confidence and character, who make the world a better place
Anti Defamation League1952 Whitney Avenue Hamden,CT 06517	13-1818723	501(c)(3)	5,000		FMV		The Anti-Defamation League (ADL) was founded in 1913 to stop the defamation of the Jewish people and to secure justice and fair treatment to all ADL fights anti-Semitism and all forms of bigotry, defends democratic ideals and protects civil rights for all

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation 282 Washington Street Hartford, CT 06106	22-2619869	501(c)(3)	5,000		FMV		To support the Storybook Gala that provides funding for state-of-the-art equipment and innovative programs and enables the Medical Center to invest in new equipment and research initiatives
Connecticut Science Center 250 Columbus Boulevard Hartford, CT 06103	06-1538101	501(c)(3)	5,000		FMV		To support science education, exhibits and programs
CT Cycling Advancement Program (CCAP) 353 Main Street Middletown, CT 06457	46-2774656	501(c)(3)	10,000		FMV		The CCAP connects youth with cycling by offering teams and races that build health, personal values and a lifelong love of the sport

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Council175 Main Street Hartford, CT 06106	06-1018979	501(c)(3)	7,000		FMV		To improve the health and social well-being of Latinos and other diverse communities
Malta House of Care Foundation Inc19 Woodland Street Hartford, CT 06105	20-3562371	501(c)(3)	10,000		FMV		To support the Mobile Clinic that strives to modify cardiovascular risks by addressing low health and nutritional literacy through education and individual support The program encourages changes in diet and activity to effect positive changes in blood pressure, cholesterol and glucose
Village for Families & Children1680 Albany Avenue Hartford, CT 06105	06-0668594	501(c)(3)	12,500		FMV		Community Benefit Grant was awarded to the Village for Families and Children who provides Mid-Level Development Assessments when children are referred from the United Way 211 Child Development Infoline for developmental or behavioral concerns

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
American Cancer Society825 Brook Street Rocky Hill, CT 06067	06-0646583	501(c)(3)	17,500		FMV		The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy and service
Southside Institutions Neighborhood Alliance Inc (SINA)400 Washington Street Hartford, CT 06106	06-1501542	501(c)(3)	40,000		FMV		SINA has been successful in reversing the negative trend in homeownership, stimulated renewal of the neighborhood's principal commercial corridor, opened up employment opportunities for neighborhood residents, acted as an economic development catalyst for neighborhood businesses, and provided leadership for comprehensive neighborhood strategies. In the process, it is fashioning a national model for neighborhood revitalization
Hartford Food System1 Congress Street Hartford, CT 06114	06-0991880	501(c)(3)	10,000		FMV		Hartford Food System is dedicated to finding long-term solutions for access to affordable and healthy food in the city of Hartford. Its mission is to fight hunger and improve nutrition in our community. Its goal is a healthy, culturally-responsive, just, resilient and sustainable food system that meets the needs of all community members

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leadership Greater Hartford 30 Laurel Street Hartford, CT 06106	06-1167174	501(c)(3)	9,460		FMV		Leadership Greater Hartford's mission is to develop, connect and inspire diverse leaders to build strong and vibrant communities Leadership Greater Hartford provides leaders and emerging leaders with skills and knowledge needed to be effective in a changing world, creates a network reflecting and embracing the community's wide diversity of leadership, provides a forum for people with different experiences to undertake collaborative endeavors and engages members to assume future community leadership roles
Hebrew Health Care1 Abrahms Boulevard West Hartford, CT 06117	06-1310204	501(c)(3)	18,750		FMV		Hebrew HealthCare is a non-profit health care provider featuring a full spectrum of integrated and seamless in-patient, out-patient and community based geriatric services Their goal is to assist seniors of every ethnic and religious affiliation in aging in the ways and places that they choose, so they can age successfully

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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 2014 Form W-2. The box related to health or social club dues or initiation fees is checked. Hartford Hospital maintains memberships at two local clubs. These clubs do not allow for corporate memberships, therefore, the membership fees are paid directly to the clubs, but accounts are assigned to individual executives. These executives do not derive any personal benefit from the use of the clubs and any use is for business purposes only. These executives are not taxed, and are required to sign an annual attestation that they do not derive any personal benefit from the use of these club memberships. The memberships reside at Hartford Hospital and can be reassigned at will.
Part I, Line 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, a division of Gallagher Benefit Services, Inc., to determine best practices in governing executive compensation. Please refer to compensation narrative reported on Schedule O.
Part I, Lines 4a-b	In 2014, Thomas Marchozzi (former Officer) received a Lump Sum payment in the amount of \$880,225. In 2014, Joseph Klimek, M.D., received a Lump Sum payment in the amount of \$471,722. 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. 2014 Serp Accruals made on behalf of the following individuals: Mr. Joseph \$210,538; Ms. Marchak \$53,965; Ms. Church \$48,654; Dr. Markowitz \$65,250; Dr. Schwartz \$39,734; Dr. Kirton \$117,249; Dr. Jacobs \$55,805; Dr. Thompson \$35,146. 2014 Serp Payouts made on behalf of the following individuals: Mr. Marchozzi \$160,661; Mr. Joseph \$132,336*; Mr. Blazar \$165,921*; Dr. Orlando \$63,924*; Mr. Stys \$167,700*. *For these individuals, vesting occurred, causing taxable income. A portion of the vested amount was used to pay the associated tax liability. The remaining balance stayed in the SERP account.
Part I, Line 7	Hartford HealthCare Corporation, a related organization, has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or 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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Andrew Salner MD, Director (Thru June 2015)	(i) (ii)	562,580 0	300 0	39,638 0	18,200 0	29,886 0	650,604 0	0 0
Stuart Markowitz MD, President	(i) (ii)	0 504,504	0 148,639	0 53,758	0 83,450	0 39,896	0 830,247	0 0
Margaret Marchak, Secretary & SVP CLO, HHC	(i) (ii)	0 432,566	0 101,007	0 8,337	0 72,165	0 36,596	0 650,671	0 0
Gerald Boisvert, Vice President, Finance	(i) (ii)	0 433,657	0 110,067	0 4,083	0 18,200	0 33,348	0 599,355	0 0
John Greene Jr MD, Vice President	(i) (ii)	0 437,708	0 101,617	0 61,450	0 20,800	0 27,911	0 649,486	0 0
Cheryl Ficara, Vice President	(i) (ii)	0 319,870	0 74,840	0 2,050	0 20,950	0 31,806	0 449,516	0 0
Peter Fraser, Vice President	(i) (ii)	0 275,164	0 58,769	0 2,525	0 18,200	0 30,294	0 384,952	0 0
Harold Schwartz MD, Vice President	(i) (ii)	476,882 0	99,686 0	33,367 0	72,235 0	49,407 0	731,577 0	0 0
Paul Thompson MD, Dir Cardiology	(i) (ii)	531,838 0	300 0	1,722 0	72,846 0	23,360 0	630,066 0	0 0
Michael Lindberg, Dir Medicine	(i) (ii)	399,719 0	87,770 0	1,032 0	20,950 0	29,929 0	539,400 0	0 0
Orlando Kirton MD, Dir Surgery	(i) (ii)	740,378 0	300 0	20,926 0	138,199 0	33,184 0	932,987 0	0 0
Joseph Klimek MD, Vice President	(i) (ii)	104,896 0	0 0	495,384 0	0 0	17,427 0	617,707 0	0 0
Lenworth Jacobs MD, Vice President	(i) (ii)	582,351 0	132,455 0	16,815 0	88,305 0	28,552 0	848,478 0	0 0
Thomas Marchozzi, Former - Exec VP & CFO	(i) (ii)	0 459,778	0 0	0 1,082,556	0 20,800	0 42,098	0 1,605,232	0 160,662
Rocco Orlando, Former - SVP	(i) (ii)	0 547,918	0 101,743	0 146,819	0 37,700	0 43,508	0 877,688	0 0
James Blazar, Former - Vice President	(i) (ii)	0 443,197	0 118,137	0 180,360	0 18,200	0 36,486	0 796,380	0 0
Richard Stys, Former - Vice President	(i) (ii)	0 430,889	0 103,104	0 173,919	0 18,200	0 31,066	0 757,178	0 0
Gary Heller MD, Former - Director	(i) (ii)	0 0	0 0	128,236 0	0 0	0 0	128,236 0	0 0
Tracy Church, Former - Vice President	(i) (ii)	0 405,521	0 90,726	0 3,092	0 66,854	0 30,672	0 596,865	0 0
Elliot Joseph, Former-President & CEO	(i) (ii)	0 1,152,379	0 513,373	0 229,612	0 239,138	0 60,161	0 2,194,663	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.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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	Yes	No

Total	► \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	(a)Name of Person Jarrod Post, M D (b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$5,291,845(d)Description of Transaction Dr Jarrod Post was a board member of Hartford Hospital until June 2015 Dr Post was a CEO of Connecticut Multispecialty Group P C The P C provides services to Hartford HealthCare member entities Total transactions between the P C and HHC member entities were \$5,291,845 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 \$1,551,187(d) Description of Transaction Dr Jeffry Nestler is a Board Member of Hartford Hospital He is also the President Connecticut GI PC The PC provides services to Hartford Hospital For calendar year 2014, total transactions between the PC abd Hartford Hospital were \$1,551,187 (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 \$342,167(d) Description of Transaction Dr Stacey Nerenstone is a Board Member of Hartford Hospital and 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 2014, total transactions between the PC and Hartford Hospital were \$342,167 Of this amount, approximately \$125,000 was for her services as President of the Hospital's Medical Staff (e)Sharing of Organization's Revenue? No(a)Name of Person Matthew Saidel, M D (b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$100,000(d) Description of Transaction Dr Matthew Saidel is a board member of Hartford Hospital and provides services as the Medical Staff Vice President His term of service is from December 2013 to November 2015 For fiscal year 2015, total transactions between Dr Saidel and Hartford Hospital were approximately \$100,000 (e)Sharing of Organization's Revenue? No(a)Name of Person Gregory Jones(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$10,000(d)Description of Transaction Mr Gregory Jones is a board member of Hartford Hospital Mr Jones owns Corporate Develepment Group, LLC The LLC provided consulting and business advisory services to Hartford HelathCare Corporation (Parent) relating to Managed Care Contract Negotiations (e)Sharing of Organization's Revenue? No(a)Name of Person Magdalena Rodriguez(b)Relationship Between Interested Person and Organization Board Member(c)Amount of Transactions \$90,375(d)Description of Transaction Ms Magdalena Rodriguez is a Board Member of Hartford Hospital She is an Officer of Community Renewal Team (CRT) CRT leases space from the Institute of Living (a department of Hartford Hospital) The purpose of the lease is to provide women a housing alternative in lieu of incarceration (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

2014

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	22	1,686,396	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 ▶ (Angel Figures)	X	40	12,000	
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

1

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 990-EZ 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

2014

**Open to Public
Inspection**

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The Amended and Restated Certificate of Incorporation of the Corporation includes the following substantive amendments: 1 The Corporation's purposes have been revised but are consistent with its charitable purposes. 2 The board's role was revised to focus on quality in health care. 3 Section 12 relating to the indemnification of directors, officers, and committee members of the Corporation has been revised consistent with Connecticut Law. The Organizations' governing documents are available upon request.

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the organization has the authority to approve/remove members of the governing body

Return Reference	Explanation
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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>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). Employee disclosures are reviewed by OCAP in collaboration with the Covered Individuals' supervisor when deemed appropriate, to determine if there is a potential conflict. Oversight review of employee disclosures is provided by the HHC Conflict of Interest Committee (the Committee) which includes representation from the Medical Staff, the Legal Department, Human Resources, Supply Chain Management and Compliance. The Committee assesses and may recommend the conflicting interest either be (a) eliminated for a continued relationship with HHC, or (b) managed through a management plan. Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>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, a division of Gallagher Benefit Services, Inc , to determine best practices in governing executive compensation. The following steps were taken - The 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 scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons" - National peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors - Analysis of current total compensation versus market performed by independent third party compensation consulting firm, reviewed by the committee - Recommendations are made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy - The CEO compensation reviewed by the Committee is 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.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part XI, line 9	Additional K-I Income (Pass thru entities) 564,704 Endow ment LLC - TB Book Losses replaced by amount from Sch K-1 - 8,442,244 Temp Restr Investment held by Endow ment LLC 4,208,907 Pension Adjustment -4,595,052 Permanently Restricted Income from Investments -1,960,534 Change In Unrealized Gain on Residual Trust -11,721,993 Equity Transfer (Unrestricted transfers between funds/grants) -25,013,014 Rounding 7 Transfer of IOL Assets to Hartford Hospital 72,664,664 Unrealized Loss on Investment in Endow ment LLC Schedule K-1 -50,514,422

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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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 No

1k Yes

1l Yes

1m Yes

1n No

1o Yes

1p Yes

1q Yes

1r No

1s Yes

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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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		No
(2) Windham Community Memorial Hospital 112 Mansfield Avenue Willimantic, CT 06226 06-0646966	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(3) 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	
(4) Midstate Medical Center 435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(5) Natchaug Hospital Inc 189 Storrs Road Mansfield Center, CT 06226 06-0966963	Behavioral Health	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(6) 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	
(7) Rushford Center Inc 883 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
(8) 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	
(9) Hartford Hospital Auxiliary co Hartford Hospital 80 Seymour Street Hartford, CT 06115 06-6040747	Fundraising	CT	501(C)(3)	11 (c)	Hartford Hospital	Yes	
(10) 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	
(11) 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	
(12) Bradley Health Services 100 Grand Street New Britain, CT 06050 06-1367014	Healthcare Services	CT	501(C)(3)	9	Hartford HealthCare Corporation	Yes	
(13) 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	
(14) 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	
(15) Rushford Foundation Inc 883 Paddock Avenue Meriden, CT 06450 06-1432692	Support Organization	CT	501(C)(3)	11 (a)	Rushford Center Inc	Yes	
(16) 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	
(17) The Hatch Hospital Corp 112 Mansfield Avenue Willimantic, CT 06226 06-6076412	Healthcare Services	CT	501(C)(3)	3	Windham Community Memorial Hospital	Yes	
(18) 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	
(19) Midstate Medical Center Auxiliary 435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	CT	501(C)(3)	7	Midstate Medical Center	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? YesNo	
(21) 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	
(1) Hartford HealthCare Accountable Care Org Inc 1290 Silas Deane Hwy Wethersfield, CT 06109 46-0886367	To Manage and Coordinate Care for Medicare Beneficiaries	CT	501(C)(3)	7	HHC PhysiciansCare Inc	Yes	
(2) 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	
(3) Backus Corporation 326 Washington Street Norwich, CT 06360 22-2757608	Support Organization	CT	501(C)(3)	11 (b)	Hartford HealthCare Corporation	Yes	
(4) The William W Backus Hospital 326 Washington Street Norwich, CT 06360 06-0250773	Hospital	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
(5) Backus HealthCare Inc 326 Washington Street Norwich, CT 06360 22-2481794	Support Organization	CT	501(C)(3)	11 (a)	Hartford HealthCare Corporation	Yes	
(6) 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	
(7) 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 III - Identification of Related Organizations Taxable as a Partnership[illegible]

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	1,003,397	1,042,838	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 Professional Office Condominium Association Inc 1120 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C				Yes

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HHC Rehabilitation Network LLC	O	18,594,122	FMV
HHC Rehabilitation Network LLC	P	86,661	FMV
HHC Rehabilitation Network LLC	M	1,764,994	FMV
HHC Rehabilitation Network LLC	S	1,170,019	FMV
HHC Rehabilitation Network LLC	A	127,327	FMV
HHMOB	O	527,201	FMV
HHMOB	P	113,796	FMV
HHMOB	L	84,369	FMV
HHMOB	K	133,794	FMV
HHMOB	S	53,111	FMV
HHMOB	A	2,003,766	FMV
William W Backus Hospital	L	2,032,030	FMV
William W Backus Hospital	O	108,685	FMV
William W Backus Hospital	P	441,349	FMV
Midstate Medical Center	L	714,602	FMV
Midstate Medical Center	O	905,540	FMV
Midstate Medical Center	S	568,863	FMV
Midstate Medical Center	Q	762,453	FMV
Natchaug Hospital	O	155,031	FMV
Natchaug Hospital	L	113,744	FMV
Natchaug Hospital	S	58,461	FMV
Rushford Center Inc	O	108,348	FMV
Rushford Center Inc	L	80,073	FMV
Rushford Center Inc	A	2,137	FMV
The Hospital of Central Connecticut	O	2,095,048	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
The Hospital of Central Connecticut	L	1,525,320	FMV
Institute Of Living	A	266,327	FMV
Institute Of Living	S	28,010,463	FMV
Institute Of Living	Q	43,553	FMV
Hartford HealthCare At Home Inc	O	172,380	FMV
Hartford HealthCare At Home Inc	S	51,841	FMV
Windham Community Memorial Hospital	L	632,998	FMV
Windham Community Memorial Hospital	O	234,497	FMV
Windham Community Memorial Hospital	Q	107,092	FMV
Windham Community Memorial Hospital	S	165,665	FMV
Hartford HealthCare PhysicianCare Inc	L	523,291	FMV
Hartford HealthCare PhysicianCare Inc	M	5,487,777	FMV
Hartford HealthCare PhysicianCare Inc	A	1,055,496	FMV
Hartford HealthCare PhysicianCare Inc	Q	8,753,661	FMV
Hartford HealthCare PhysicianCare Inc	O	1,202,265	FMV
Hartford HealthCare PhysicianCare Inc	S	387,366	FMV
The Orchards at Southington	O	595,045	FMV
Hartford Hospital Auxiliary	C	429,406	FMV
Hartford HealthCare Senior Services	P	373,654	FMV