

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227005050

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Hartford HealthCare Corporation

D Employer identification number

22-2672834

E Telephone number

(860) 696-6200

G Gross receipts \$ 425,753,284

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: ▶ www.hartfordhealthcare.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile CT

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Hartford HealthCare's mission is to improve the health and healing of the people and communities it serves

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

0

382,062,705

705,825

973,432

383,741,962

0

0

223,615,373

0

169,222,494

392,837,867

-9,095,905

Beginning of Current Year

1,720,044,788

896,033,463

824,011,325

Current Year

0

421,331,627

1,409,403

-3,494,227

419,246,803

0

0

236,318,842

0

197,418,479

433,737,321

-14,490,518

End of Year

2,012,085,823

1,168,058,113

844,027,710

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

2020-08-14

Date

MARK KEISE SVP, Financial Operations

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01598400

Firm's name ▶ Ernst & Young US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 55 Ivan Allen Blvd Suite 1000

Atlanta, GA 30308

Phone no (404) 874-8300

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 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

Hartford HealthCare's mission is to improve the health and healing of the people and communities it serves

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 \$ 422,307,802	including grants of \$	(Revenue \$ 421,331,627)
See Additional Data				

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

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

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

4e	Total program service expenses ▶	422,307,802
-----------	---	-------------

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	No
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	No
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	No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 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	No
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	No
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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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	Yes	
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 ComplianceCheck 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.	1a	367	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,328	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for 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		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
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?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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 One State Street Suite 19 Hartford, CT 06103 (860) 696-6200

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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	26,220,726	2,873,157	3,217,696

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 ▶ 576

		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	No
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)	(B)	(C)
Name and business address	Description of services	Compensation
Deloitte Consulting LLP 4022 Sells Drive Hermitage, TN 37076	Consulting Services	8,410,937
CDW LLC 300 North Milwaukee Avenue Vernon Hills, IL 60061	IT Services	7,407,021
Precision Computer Services Inc PO Box 4110 Woburn, MA 01888	IT Services	5,657,848
Mintz & Hoke Inc 40 Tower Lane Avon, CT 06001	Advertising Services	5,379,039
Huron Consulting Group INC 3005 Momentum Place Chicago, IL 60689	Consulting Services	4,074,240

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 ▶ 158	
---	--	--

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

Program Service Revenue

Other Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c				
d	Related organizations	1d				
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f				
g	Noncash contributions included in lines 1a - 1f \$ _____					
h	Total. Add lines 1a-1f ▶					
2a	System Support Svcs	Business Code				
		541990	425,246,132	425,246,132		
b	ICP Program Revenue	621110	3,803,749		3,803,749	
c	Information Technology Services	541519	744,827		744,827	
d	Loss From JV's	900003	-8,463,081	-8,463,081		
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f ▶ 421,331,627					
3	Investment income (including dividends, interest, and other similar amounts) ▶		1,475,965			1,475,965
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
6a	Gross rents	(i) Real (ii) Personal				
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶		-3,494,227			-3,494,227
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss) ▶		-66,562			-66,562
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . . ▶					
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						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶					
12	Total revenue. See Instructions ▶		419,246,803	416,783,051	4,548,576	-2,084,824

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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	25,545,180	21,872,321	3,672,859	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	165,729,341	165,729,341		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	18,475,706	18,120,935	354,771	
9 Other employee benefits.	12,663,845	12,420,673	243,172	
10 Payroll taxes.	13,904,770	13,623,796	280,974	
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,180,480		4,180,480	
c Accounting.	1,861,146		1,861,146	
d Lobbying.	503,354		503,354	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	332,763		332,763	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,654,667	1,654,667		
12 Advertising and promotion.	12,102,309	12,102,309		
13 Office expenses.	11,556,396	11,556,396		
14 Information technology.	20,637,195	20,637,195		
15 Royalties.				
16 Occupancy.	1,679,001	1,679,001		
17 Travel.	1,263,120	1,263,120		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,094,515	1,094,515		
20 Interest.	3,211,575	3,211,575		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	42,055,112	42,055,112		
23 Insurance.	1,230,145	1,230,145		
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 Purchased Services.	70,703,773	70,703,773		
b Repairs & Maintenance.	20,009,141	20,009,141		
c Dues & Licenses.	2,047,213	2,047,213		
d Sponsorships.	1,219,975	1,219,975		
e All other expenses.	76,599	76,599		
25 Total functional expenses. Add lines 1 through 24e.	433,737,321	422,307,802	11,429,519	0
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		10,260,790	1	30,736,837	
	2	Savings and temporary cash investments		52,559,075	2	49,545,352	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		74,900	4	18,146,289	
	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			8		
	9	Prepaid expenses and deferred charges		13,243,128	9	17,149,230	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	493,475,406			
	b	Less: accumulated depreciation	10b	171,298,514	294,671,983	10c	322,176,892
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		16,622,987	12	17,737,612	
	13	Investments—program-related. See Part IV, line 11		636,937,471	13	636,937,471	
	14	Intangible assets		2,302,100	14	2,302,100	
	15	Other assets. See Part IV, line 11		693,372,354	15	917,354,040	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,720,044,788	16	2,012,085,823		
Liabilities	17	Accounts payable and accrued expenses		100,943,811	17	128,510,575	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		726,553,704	20	721,862,360	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		68,535,948	25	317,685,178	
	26	Total liabilities. Add lines 17 through 25		896,033,463	26	1,168,058,113	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		739,889,064	27	759,905,449	
	28	Temporarily restricted net assets		24,390,813	28	24,390,813	
	29	Permanently restricted net assets		59,731,448	29	59,731,448	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		824,011,325	33	844,027,710		
34	Total liabilities and net assets/fund balances		1,720,044,788	34	2,012,085,823		

Part XI Reconciliation of Net AssetsCheck 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	419,246,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	433,737,321
3	Revenue less expenses Subtract line 2 from line 1	3	-14,490,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	824,011,325
5	Net unrealized gains (losses) on investments	5	
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	34,506,903
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	844,027,710

Part XII Financial Statements and ReportingCheck 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 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

Hartford HealthCare Corporation (HHC) serves as the supporting organization of an integrated health care delivery system (the "System") that includes, but is not limited to, the following entities: Hartford Hospital, MidState Medical Center, Natchaug Hospital, Inc., Rushford Center, Inc., The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital, Inc., The William W. Backus Hospital, The Charlotte Hungerford Hospital and SVMC Holdings, Inc., each of which are Connecticut nonstock corporations that qualify as tax-exempt organizations under 501(c)(3) of the Code and as public charities under 509(a)(1) of the Code (collectively, the "Supported Organizations"). The purposes for which the Corporation is organized and operated are to promote and support, directly or indirectly, the interests and purposes of the Supported Organizations. HHC is a fully integrated health system that includes 4 community hospitals, 2 acute care and 1 tertiary-care teaching hospital, the state's most extensive behavioral health network, a large multispecialty physician group, a regional home care system, an array of senior care services, a large physical therapy and rehabilitation network and an accountable care organization. Through its institute model, the HHC system offers high standards of care for cancer, heart and vascular services, neuroscience, orthopedics and urology. HHC collaborates with its Supported Organizations to develop and implement programs to improve the future of health care in Southern New England. This includes initiatives to improve the quality and accessibility of health care, create efficiency in internal operations, and provide patients with the most technically advanced and compassionate, coordinated care. Through its supported organizations (hospitals), the Corporation was designed to provide patients with more convenience to healthcare access in their local communities. The hospitals provide these needed medical services to all patients regardless of their abilities to pay. HHC is further integrating care, and increasing access to high-quality services, through its institute model. The Corporation has established the Hartford HealthCare Cancer Institute, the first in the nation to be named a member of the Memorial Sloan Kettering Cancer Alliance, the Bone and Joint Institute, the Ayer Neuroscience Institute, with a renowned Headache Center and Movement Disorders Center, the Heart and Vascular Institute, the Tallwood Urology and Kidney Institute, and the Behavioral Health Network. Our institutes provide clinical support, research, and education for our patients, physicians and communities. Through Hartford Hospital, HHC provides the state's first critical air helicopter service, called LIFE STAR. Our LIFE STAR program has been an integral service for more than 30 years. With nearly 34,704 flights and more than 44,000 patients served, we take pride in knowing countless lives have been saved thanks to our talented crew and extraordinary capabilities. As a system, Hartford HealthCare is an economic engine for the state of Connecticut. We are the third-largest employer in the state, and our ongoing investment in capital programs and projects provides jobs, enhances access to care and improves the quality of life for all state residents. In all, Hartford HealthCare proudly serves a majority of Connecticut's cities and towns. The Corporation was designed to provide a high degree of access to quality services, offering patients, customers and clients with compassionate, coordinated care, close to home.

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			
Edward Arum Director	2 00	X						0	0	0
Ramani Ayer Director	2 00	X						0	0	0
Joanne Berger-Sweeney Director	2 00	X						0	0	0
Gregory Butler Director	2 00	X						0	0	0
Greg Deavens Director	2 00	X						0	0	0
Mahalakshmi Halasyamani Director	2 00	X						0	0	0
John Lavieri Director	2 00	X						0	0	0
Joseph Voelker Director	2 00	X						0	0	0
Gregory Toczydlowski Director	2 00	X						0	0	0
Laura Estes Director (Thru Jan 2019)	2 00	X						0	0	0

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			
David Hyman DDS Director (Thru Jan 2019)	2 00	X						0	0	0
James Kaskie Director (Thru June 2019)	2 00	X						0	0	0
Brian MacLean Director (Thru Jan 2019)	2 00	X						0	0	0
Lawrence McGoldrick Director (Thru Jan 2019)	2 00	X						0	0	0
David Hess Chair	3 00	X		X				0	0	0
John Patrick Jr Vice Chair	3 00	X		X				0	0	0
Elliot Joseph Director & CEO (Thru Aug 2019)	40 00 20 00	X		X				2,941,885	0	194,030
Jeffrey Flaks Director, President & COO	40 00 20 00	X		X				2,035,152	0	92,458
Margaret Marchak Secretary & CLO	40 00 20 00			X				1,116,829	0	82,271
Charles Johnson EVP & CFO	40 00 20 00			X				1,086,335	0	162,619

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			
David Whitehead EVP	60 00			X				1,077,816	0	71,686
Tracy Church EVP	60 00			X				895,011	0	70,098
James Cardon MD EVP	40 00			X				1,311,694	0	82,279
Michael Daglio EVP	20 00			X				370,345	0	47,949
Ajay Kumar MD EVP	40 00			X				600,235	0	70,426
Jeffrey Cohen MD EVP	60 00			X				0	878,878	81,264
Rocco Orlando III MD SVP (Thru Sept 2019)	60 00				X			1,019,393	0	100,318
Bimal Patel SVP	20 00				X			856,593	0	121,689
Stuart Markowitz MD SVP	40 00				X			949,489	0	80,238
Karen Goyette SVP	60 00				X			465,442	0	114,596

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			
Gerald Boisvert SVP	50 00 10 00				X			887,071	0	76,659
Richard Shirey SVP	60 00				X			767,477	0	148,583
Richard Stys SVP	60 00				X			751,202	0	65,572
Rita Parisi SVP	20 00 40 00				X			526,582	0	66,030
Patricia Rehmer SVP	60 00				X			519,206	0	89,452
Vincent DiBattista SVP	60 00				X			646,404	0	121,686
Peter Yu MD SVP & Physician-in-Chief	60 00				X			795,675	0	148,177
Sabet Hashim MD SVP & Co-Physician in Chief	20 00 40 00				X			0	1,490,007	76,932
Mark Alberts MD SVP & Physician-in-Chief	60 00				X			666,119	0	133,241
Donna Handley SVP	60 00				X			541,449	0	66,930

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			
Daniel McIntyre SVP	60 00				X			658,036	0	79,552
Mark Prete Interim Co-President, HHCMG	10 00				X			0	504,272	41,859
Gary Havican SVP	50 00 20 00				X			489,143	0	100,907
Cynthia Pugliese SVP	40 00 60 00				X			437,461	0	114,929
Wendy Elberth SVP	60 00				X			441,691	0	63,743
Gerald Lupacchino SVP	60 00				X			481,003	0	91,539
Harold Schwartz MD VP	60 00					X		638,201	0	77,350
David Holmgren Chief Investment Officer	60 00					X		597,135	0	59,075
Barry Stein VP	60 00					X		594,661	0	75,672
Robert Sidman MD VP Med Affairs East	60 00					X		533,052	0	70,098

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Finkelstein MD VP	60 00					X		522,939	0	77,789

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization Hartford HealthCare Corporation	Employer identification number 22-2672834

Part I 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 12, 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 (Form 990 or 990-EZ))
- ☐ **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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- ☐ **10** 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)
- ☐ **11** An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- ☒ **12** 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - ☐ **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 13
- 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- 10 above (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		
See Additional Data Table						
Total	13				0	423,835,250

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
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		
11a		No
11b		No
11c		No

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		
1		
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		
2		

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)		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1	Yes	
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)		
2	Yes	
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		
3	Yes	

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 ☐ The organization satisfied the Activities Test. Complete line 2 below		
b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. 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		
2a		
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		
2b		
3 Parent of Supported Organizations. 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.	Yes	
3a	Yes	
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	Yes	
3b	Yes	

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 (explain in Part VI). 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	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART I, LINE 12G COL (V1)	Hartford HealthCare Corporation (HHC) is organized as a supporting organization that was established to carry out the purposes of and provide support services to its related tax exempt member organizations. During FY2019, HHC provided employees and support services to its member organizations including but not limited to the following: Legal, Treasury, Finance, Revenue Cycle, Information Technology Services (IT), Marketing, Strategic Planning and Human Resources (HR). The total non-monetary support provided was \$423,835,250.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A LINE 1	Hartford HealthCare Corporation ("HHC") is the parent organization of an integrated health care delivery system. In addition to those charitable organizations specifically listed in HHC's Bylaws, the organization provides services to other organizations that are a part of the HHC System, and that directly further the charitable purposes of the supported organizations as required by IRS Reg. 1.509(a)-4(d)(2)(i).

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A, LINE 6	Hartford HealthCare Corporation ("HHC"), a Connecticut nonprofit corporation headquartered in Hartford, Connecticut is the parent organization of a number of affiliated entities (collectively, the "System") that offer comprehensive health care services to residents of Central, Eastern, and Northwestern Connecticut. The System's objective is to be an integrated health System with a strong patient focus and consistent quality performance. With those goals, the Systems' management emphasizes increased efficiencies and an open collaborative sharing of best practices across all System affiliates. One of the System guiding principles is to provide patients greater access to health care close to their homes and across a wide spectrum of providers from a tertiary care medical center, to community hospitals, behavioral health, home care, ambulatory care centers, rehabilitation and senior care. The corporation provides support as described below for the following supported organizations including other key system affiliates. The System includes: * Hartford Hospital ("Hartford Hospital") - a tertiary-care teaching hospital that includes the operating departments/divisions of Institute of Living (behavioral health), Jefferson House (nursing facility) and Cedar Mountain Commons (assisted living), * Hospital of Central Connecticut at New Britain General and Bradley Memorial (the "Hospital Of Central Connecticut") - a community teaching hospital with two hospital campuses, * Five community hospitals - MidState Medical Center ("MidState"), Windham Community Memorial Hospital Inc ("Windham Hospital"), The William W. Backus Hospital ("Backus Hospital"), The Charlotte Hungerford Hospital and SVMC Holdings, Inc., - Other Key System Affiliates include: - One inpatient behavioral health hospital and one center, - A multi-specialty group of employed physicians in a medical foundation, - Home care and hospice services, - A physical therapy and rehabilitation network, - A clinical integration organization. Hartford Healthcare has focused on disciplined strategic growth and development to facilitate the System's objective of delivering integrated, high quality care. Day-to-day management of System affiliates is provided by regional senior vice presidents through a regional management structure. Hartford HealthCare's regional management structure supports coordinated care at the individual hospital level and throughout the System. The regionalization initiative aims to enhance the System's ability to provide consistent quality, which is intended to improve patient experience and to control costs. The System's operating and financial decision making is centralized at Hartford HealthCare with each of HHC supported hospitals having a significant voice in HHC's operations. With ongoing guidance from each of its supported hospitals, Hartford HealthCare has centralized logistics and day-to-day operation in the following areas: Finance, Human Resources, Supply Chain, Revenue Cycle.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A, LINE 6	, Information System, Legal, Strategy and Transformation, Risk Management, Compliance, Pri vacy, Business and System Development, Planning, Marketing, Government Relations, Managed Care, Debt and Asset Management, Insurance and Internal Audit Centralized system services are designed to reduce variation, to control costs through efficiencies and economies of scale and to improve the System's delivery of coordinated and integrated care

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV SECTION D LINE 3	There are significant and ongoing relationships between HHC and its supported hospitals that demonstrate the close and continuous working relationship between HHC and the supported organizations. For example, supported organizations' board members are members of key HHC Board committees that have been delegated the authority for significant functions of HHC. A significant portion of the authority of the HHC Board has been delegated to and is performed through its committees. These Committees include the Finance Committee and Quality and Safety Committee. Through the presence of their board members on these key committees, the supported organizations have a significant voice in the operations of HHC. In addition to the above, HHC receives significant input from and works with all of the supported hospitals to develop community health needs assessments (CHNA) and community health improvement plans. The CHNA work is one of the primary responsibilities of the Regional Boards. As a result, the entire regional board committee is focused on Community Benefits. HHC is responsive to the needs and demands of its supported hospitals and the supported hospitals have significant influence in directing the use of income or assets of HHC. The Hospital Presidents are responsible to prepare and manage their budgets and they participate in developing their strategic plans. HHC's Chief Operating Officer participates in board meetings of the supported hospitals to discuss system activity and be responsive to the hospitals' needs. The highest executive at each supported hospital (The "President") is employed by HHC. The Regional President meets with all executives of HHC leadership weekly throughout the course of the year to discuss matters related to HHC and make decisions about the services and operations of the supported hospitals through capital and operating budget discussions, strategic planning, and operational activities reviews. As a result of these close and continuous interactions, the supported organizations and their officers and directors and other leadership provide significant advice and input to HHC and its leadership on important matters such as (a) operating budgets, including routine and strategic capital expenditures, (b) strategic plans and other key initiatives, and (c) population healthcare planning needs, including areas of deficiency, oversupply, and expected future needs. This level of interaction generates an ongoing dialogue that affords the supported hospitals and their leadership a significant voice in HHC decision making on matters of strategic and operational importance. Directors of new supported hospitals that join the system serve on the board of HHC thereby providing additional means for the supported organizations to have a significant voice in the operations of HHC.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION E LINES 3A & 3B	While the supported organizations maintain significant voices in the operations of HHC, HHC is the parent organization of the overall health system and, both through its ability to appoint and remove the directors of the supported organizations and certain reserved powers over the operations of the supported organizations, exercises a substantial degree of control over the policies, programs and activities of each supported organization. In addition, HHC exclusively engages in activities that further the charitable purposes of the supported organizations that would be carried on by the supported hospitals directly were it not for the existence of HHC. To that end, and far beyond the revenues and expenses of the Form 990, HHC provides significant oversight to the supported organizations to ensure that the entire health care system is operated in a charitable manner that best serves the health needs of the communities serviced by the HHC health care system while reducing costs, improving quality and increasing patient satisfaction.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A LINE 5A	Name of supporting organization added SVMC Holdings, Inc EIN of supporting organization added 83-2550272 SVMC Holdings, Inc (SVMC) is a subsidiary of Hartford HealthCare Corporation (HHC) SVMC was formed on September 28, 2018 SVMC entered into an Asset Sale Agreement with St Vincent's Medical Center to purchase substantially all assets of that hospital's operations The deal was finalized on October 1, 2019 As of September 30, 2019, the HHC bylaws were not yet revised to include SVMC However, the above transaction was approved by the HHC Board and the transaction was accomplished via an Asset Purchase Agreement

Additional Data

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

Form 990, Sch A, Part I, Line 12g - 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 (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		
(A) Hartford Hospital	060646668	3	Yes		0	214,290,941
(A) The Hospital of Central Connecticut	060646768	3	Yes		0	59,416,132
(B) The William W Backus Hospital	060250773	3	Yes		0	56,003,888
(C) MidState Medical Center	060646715	3	Yes		0	40,944,535
(D) Hartford HealthCare Medical Group Inc	454456939	10	Yes		0	15,014,267
(E) Windham Community Memorial Hospital	060646966	3	Yes		0	14,538,806
(F) Natchaug Hospital Inc	060966963	3	Yes		0	7,357,259
(G) Hartford HealthCare at Home Inc	060646938	10	Yes		0	5,821,777
(H) Rushford Center Inc	060932875	7	Yes		0	4,577,289
(I) The Charlotte Hungerford Hospital	060646678	3	Yes		0	2,863,255
(J) Hartford HealthCare Senior Services Inc	222635676	10	Yes		0	2,035,495
(K) Hartford HealthCare Independence at Home Inc	061161422	10		No	0	971,606
(L) SVMC Holdings Inc dba St Vincent's Medical Center	832550272	3		No	0	0

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2018
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 HealthCare Corporation	Employer identification number 22-2672834
---	---

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-
1				
2				
3				
4				
5				
6				

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

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?

☐ Yes ☐ 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		155,975
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		347,379
j	Total. Add lines 1c through 1i			503,354
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 HealthCare Corporation incurred \$503,354 of lobbying expenditures for FY19. Kenneth Przybysz, LLC provided lobbying services on behalf of the organization during the fiscal year. Efforts mainly include the lobbying of Connecticut State Legislators in the interest of tax exempt hospitals in the State of Connecticut. The Organization also paid annual dues to American Hospital Association (AHA) on behalf of the system hospitals. AHA conducts lobbying activities on behalf of its members. AHA allocates portion of their dues as lobbying expenses. The calculation is consistent under current Medicare rules. In addition, the Organization occasionally asks its employees to volunteer their time to contact their legislators and also utilizes management time to lobby on its behalf at the Federal and State levels.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on 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

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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" on 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	260,995		260,995
b	Buildings	26,703,040	14,458,751	12,244,289
c	Leasehold improvements	15,871,355	7,655,430	8,215,925
d	Equipment	366,375,935	149,184,333	217,191,602
e	Other	84,264,081		84,264,081
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶			322,176,892

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Long Term Investments in Affiliates	636,937,471	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	636,937,471	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Intercompany Allocation - Bond Debt	673,430,956
(2) Deferred Liability - ST/LT Malpractice Claims	240,932,582
(3) SERP Assets	2,990,502
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	917,354,040

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Program Related Liabilities	257,512,367
SERP Liability	9,045,972
TD Bank - Line of Credit	29,764,693
Accrued Malpractice	4,333,888
Bond Accrued Liabilities	5,250,553
Due From/ To Affiliates	11,777,705
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	317,685,178

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

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

Complete if the organization answered 'Yes' on 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		2e		
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		4c		
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				
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' on 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		2e		
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 :		4c		
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				
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 XIII	Supplemental Information <i>(continued)</i>
------------------	--

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford HealthCare Corporation

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

22-2672834

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	4			124,523,327
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	2	4			124,523,327

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

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

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

Part III	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.

[illegible]

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 separately 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, don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't 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	The Audited Financial Statements for the Investment in Captive were prepared according to US Generally Accepted Accounting Principles (GAAP) Funding for medical malpractice claims are being reported on an cash basis

Additional Data

Software ID:

Software Version:

EIN: 22-2672834

Name: Hartford HealthCare Corporation

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America/Caribbean	1	2	Program Service - Captive	Funding for medical malpractice claim payments	40,682,348
Central America/Caribbean	1	2	Investment In Captive		83,752,661

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Service	Social media monitoring service	88,318

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" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization Hartford HealthCare Corporation		Employer identification number 22-2672834

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	No
2 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?		2	No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4a 4b 4c	No Yes No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		5a 5b	No No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		6a 6b	No No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

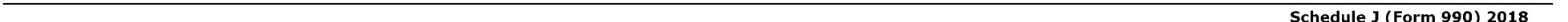
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	The box related to health or social club dues or initiation fees is checked. Hartford HealthCare Corporation maintains a membership at the Hartford Club. The Hartford Club does not allow for corporate membership, therefore, the membership fee is paid directly to the Club, but the account is assigned to an individual executive. This executive does not derive any personal benefit from the use of the Club, and any use is for business purposes such as meetings/lunches/dinners etc. The executive is not taxed, and is required to sign an annual attestation that he does not derive any personal benefit from the use of this membership. The membership resides at Hartford HealthCare Corporation and can be reassigned at will.

Return Reference	Explanation
Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, hires an outside consultant, Human Resources and Compensation Consulting Practice of Gallagher to determine best practices in governing executive compensation Please refer to compensation narrative reported on Schedule O

Return Reference	Explanation
Part I, Line 4b	Hartford Healthcare Corporation maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President & CEO, Executive Vice President and Senior Vice President levels that are reported by Hartford HealthCare Corporation on its 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, upon reaching age 65 or the occurrence of a change in control. 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. 2018 SERP Accruals were made on behalf of the following individuals: Charles Johnson \$87,363; Richard Shirey \$67,773; Bimal Patel \$75,582; Patricia Rehmer \$46,632; Vincent DiBattista \$56,399; Peter Yu \$70,008; Mark Alberts \$60,368; Karen Goyette \$42,449; Gary Havican \$46,799; Gerard Lupacchino \$41,470; Cynthia Pugliese \$40,354; Kristi Gafford \$11,702; Michael Daglio \$17,077; John Santopietro \$11,723. 2018 SERP Payouts were made on behalf of the following individuals: Elliot Joseph \$307,770*; Jeffrey Flaks \$56,289*; Tracy Church \$22,476*; David Whitehead \$26,618*; Rocco Orlando \$24,390*; Richard Stys \$18,813*; Rita Parisi \$13,128*; Donna Handley \$14,312*; Stuart Markowitz \$18,146*; Wendy Elberth \$4,600*; Daniel McIntyre \$17,714*; James Cardon \$146,172*; Margaret Marchak \$117,856*; Gerald Boisvert \$64,422*. *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 was deposited into the employee SERP account.

Return Reference	Explanation
Part I, Line 7	Hartford HealthCare Corporation has a Compensation At Risk Plan that encourages and rewards achievements of significant functional goals. These goals contribute to the 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: 22-2672834
Name: Hartford HealthCare Corporation

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Elliot Joseph Director & CEO (Thru Aug 2019)	(i)	1,363,796	1,013,915	564,174	27,500	166,530	3,135,915	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Flaks Director, President & COO	(i)	1,038,530	768,377	228,245	22,000	70,458	2,127,610	0
	(ii)	0	0	0	0	0	0	0
Margaret Marchak Secretary & CLO	(i)	492,829	228,567	395,433	19,250	63,021	1,199,100	276,628
	(ii)	0	0	0	0	0	0	0
Charles Johnson EVP & CFO	(i)	640,066	357,729	88,540	106,613	56,006	1,248,954	0
	(ii)	0	0	0	0	0	0	0
David Whitehead EVP	(i)	622,184	340,914	114,718	19,250	52,436	1,149,502	0
	(ii)	0	0	0	0	0	0	0
Tracy Church EVP	(i)	527,724	279,630	87,657	19,250	50,848	965,109	0
	(ii)	0	0	0	0	0	0	0
James Cardon MD EVP	(i)	526,695	294,947	490,052	19,250	63,029	1,393,973	307,021
	(ii)	0	0	0	0	0	0	0
Michael Daglio EVP	(i)	169,699	200,000	646	30,262	17,687	418,294	0
	(ii)	0	0	0	0	0	0	0
Ajay Kumar MD EVP	(i)	483,611	115,000	1,624	19,250	51,176	670,661	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Cohen MD EVP	(i)	0	0	0	0	0	0	0
	(ii)	618,388	233,609	26,881	19,250	62,014	960,142	0
Rocco Orlando III MD SVP (Thru Sept 2019)	(i)	598,617	274,050	146,726	35,750	64,568	1,119,711	0
	(ii)	0	0	0	0	0	0	0
Bimal Patel SVP	(i)	588,312	256,454	11,827	94,832	26,857	978,282	0
	(ii)	0	0	0	0	0	0	0
Stuart Markowitz MD SVP	(i)	588,445	275,380	85,664	19,250	60,988	1,029,727	0
	(ii)	0	0	0	0	0	0	0
Karen Goyette SVP	(i)	320,235	143,588	1,619	67,199	47,397	580,038	0
	(ii)	0	0	0	0	0	0	0
Gerald Boisvert SVP	(i)	450,015	212,222	224,834	19,250	57,409	963,730	143,747
	(ii)	0	0	0	0	0	0	0
Richard Shirey SVP	(i)	517,236	233,439	16,802	87,023	61,560	916,060	0
	(ii)	0	0	0	0	0	0	0
Richard Stys SVP	(i)	468,004	209,745	73,453	19,250	46,322	816,774	0
	(ii)	0	0	0	0	0	0	0
Rita Parisi SVP	(i)	334,314	143,158	49,110	33,000	33,030	592,612	0
	(ii)	0	0	0	0	0	0	0
Patricia Rehmer SVP	(i)	354,729	159,312	5,165	65,882	23,570	608,658	0
	(ii)	0	0	0	0	0	0	0
Vincent DiBattista SVP	(i)	444,120	189,290	12,994	75,649	46,037	768,090	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Peter Yu MD SVP & Physician-in-Chief	(i)	542,621	224,549	28,505	89,258	58,919	943,852	0
	(ii)	0	0	0	0	0	0	0
Sabet Hashim MD SVP & Co-Physician in Chief	(i)	0	0	0	0	0	0	0
	(ii)	1,238,293	250,000	1,714	19,250	57,682	1,566,939	0
Mark Alberts MD SVP & Physician-in-Chief	(i)	452,726	202,883	10,510	79,618	53,623	799,360	0
	(ii)	0	0	0	0	0	0	0
Donna Handley SVP	(i)	358,758	129,097	53,594	19,250	47,680	608,379	0
	(ii)	0	0	0	0	0	0	0
Daniel McIntyre SVP	(i)	481,634	99,166	77,236	19,250	60,302	737,588	0
	(ii)	0	0	0	0	0	0	0
Mark Prete Interim Co-President, HHCMG	(i)	0	0	0	0	0	0	0
	(ii)	400,000	98,332	5,940	19,250	22,609	546,131	0
Gary Havican SVP	(i)	346,125	141,218	1,800	66,049	34,858	590,050	0
	(ii)	0	0	0	0	0	0	0
Cynthia Pugliese SVP	(i)	306,098	128,978	2,385	67,854	47,075	552,390	0
	(ii)	0	0	0	0	0	0	0
Wendy Elberth SVP	(i)	325,362	99,753	16,576	35,750	27,993	505,434	0
	(ii)	0	0	0	0	0	0	0
Gerald Lupacchino SVP	(i)	339,393	138,906	2,704	60,720	30,819	572,542	0
	(ii)	0	0	0	0	0	0	0
Harold Schwartz MD VP	(i)	448,986	170,287	18,928	35,750	41,600	715,551	0
	(ii)	0	0	0	0	0	0	0
David Holmgren Chief Investment Officer	(i)	437,051	157,071	3,013	19,250	39,825	656,210	0
	(ii)	0	0	0	0	0	0	0
Barry Stein VP	(i)	430,218	158,127	6,316	19,250	56,422	670,333	0
	(ii)	0	0	0	0	0	0	0
Robert Sidman MD VP Med Affairs East	(i)	395,308	135,644	2,100	19,250	50,848	603,150	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Finkelstein MD VP	(i)	390,946	128,123	3,870	24,750	53,039	600,728	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A See Part VI	06-0806186	20774Y CZ8	09-29-2011	330,863,039	See Part VI		X		X	X	
B See Part VI	06-0806186	20774Y QK6	03-26-2014	85,958,709	See Part VI		X		X	X	
C See Part VI	06-0806186	20774Y VKO	05-12-2015	126,868,188	See Part VI		X		X	X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	22,915,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	331,743,303		85,962,904		127,009,880			
4	Gross proceeds in reserve funds	19,572,000							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	4,652,264		1,438,989		1,868,188			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	121,366,855		84,523,915		125,141,692			
11	Other spent proceeds	186,152,184							
12	Other unspent proceeds								
13	Year of substantial completion	2012		2014		2015			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 830 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	1 830 %							
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name See Part VI Date the Rebate Computation was Performed 10/01/2017

Return Reference	Explanation
Schedule K, Part I, Bond Issues	(a) Issuer Name State of Connecticut Health & Education Facilities Authority (f) Description of Purpose Refund portions of existing debt and obtain funds for future capital needs (a) Issuer Name State of Connecticut Health & Education Facilities Authority (f) Description of Purpose Funding for future capital needs (a) Issuer Name State of Connecticut Health & Education Facilities Authority (f) Description of Purpose Funding for future capital needs

Return Reference	Explanation
Schedule K, Part II, Line 3	For all issues, the difference in issue price and total proceeds of the issue is due to investment earnings

Return Reference	Explanation
Form 990, Schedule K	On September 29, 2011 Hartford HealthCare Corporation (Corporation) issued approximately \$331M of CHEFA Revenue Bonds Series A & B. In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and MidState Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations. The bonds were used to refund parts of existing debt and fund future capital needs. Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, the Corporation issued approximately \$83M of CHEFA Revenue Bonds Series E. The 2011 and 2014 Bonds were issued to refund portions of existing debt under Corporation and to obtain funds for future capital needs. Effective May 12, 2015, the Corporation issued approximately \$126M of CHEFA Revenue Bonds Series F & G. The 2015 Bonds were issued to obtain funding for future capital needs.

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

Return Reference	Explanation
Schedule K, Part IV, Line 26	Bond A Rebate calculation was performed on 9/26/2016 No rebate was due Bond B Rebate calculation was performed on 3/26/2019 No rebate was due

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Hartford HealthCare Corporation**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Employer identification number

22-2672834

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Effective September 28, 2018 Hartford HealthCare Corporation entered into a Management Service Agreement with Nexera, Inc an affiliate of the Greater New York Hospital Association that provides outsourced supply chain services, value analysis services, consulting services and other related services to healthcare clients None of the individuals listed on the FY19 Form 990, Part VII were compensated by Nexera during the 2018 calendar year

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	During FY 2019, the Board of Directors of Hartford HealthCare Corporation (the "Corporation") approved an amended and restated Bylaws of the organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	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 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	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 and Integrity (OCI). Employee disclosures are reviewed by OCI 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 Respective Network or Region Executive Leadership Team (ELT). The ELT assesses and may recommend the conflicting interest either be (a) eliminated for 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare hires an outside consultant, Human Resources and Compensation Consulting Practice of Gallagher to determine best practices in governing executive compensation for the CEO and Senior Executives of Hartford HealthCare Corporation. All compensation reported on this tax return follows Hartford HealthCare's compensation policy as outlined below: -The use of Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare 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 group are selected for comparative purpose 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 market data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy, -CEO compensation determined by Committee is based on comparative market information and organizational performance and is approved by the HHC Board, -All changes are reviewed and approved by Executive Compensation Committee. The compensation determination process for the CEO and other Senior Executives is reviewed on an annual basis.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization's Financial Statements, Governing Documents and the Conflict of Interest Policy are available for inspection upon request at the Organization's address

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers To Affiliates 34,504,000 True Up of K-1 Income 2,432 Miscellaneous 471

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3a & b	The Organization itself is not required to undergo the audit, however, the Organization is a parent to several acute care hospitals. The individual hospitals were required to undergo OMB Circular A-133 Audit. The audit itself was performed on a parent level with consolidation of affiliated hospitals and subsidiaries.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

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
(1) Hartford HealthCare Laboratories LLC 80 Seymour Street Hartford, CT 06102 06-1525596	Laboratory Services	CT	234,000	1,579,000	Hartford HealthCare Corporation
(2) Hartford HealthCare Institutes LLC 85 Seymour Street Hartford, CT 06102 36-4692507	Health Care & Health Delivery	CT	0	0	Hartford HealthCare Corporation
(3) Integrated Care Partners LLC One State Street Suite 19 Hartford, CT 06103 37-1740267	Integration of Electronic Health System & Data Sharing Services	CT	8,453,000	26,828,000	Hartford HealthCare Corporation

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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

1a Yes

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

1b

No

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

1c

No

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m Yes

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

1n

No

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

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
See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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
326 Washington Street Norwich, CT 06360 22-2481794	Support Organization	CT	501(C)(3)	12 (a)	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britain, CT 06052 26-4469178	Employee Fund	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
227 Dunham Street Norwich, CT 06360 22-2667260	Hospice	CT	501(C)(3)	7	Hartford HealthCare Independence At Home Inc	Yes	
80 Seymour Street Hartford, CT 06102 22-2779421	Coordination of Health Care Delivery	CT	501(C)(3)	12 (c)	N/A	Yes	
1290 Silas Deane Hwy Wethersfield, CT 06109 46-0886367	Government Contracts	CT	501(C)(3)	7	Hartford HealthCare Medical Group Inc	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-0646938	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06102 45-4181103	Investment Management	CT	501(C)(3)	12 (a)	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-1161422	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare At Home Inc	Yes	
1290 Silas Deane Hwy Wethersfield, CT 06109 37-1911194	Medical Services	CT	501(C)(3)	10	Hartford HealthCare Medical Group Inc	Yes	
1290 Silas Deane Hwy Wethersfield, CT 06109 45-4456939	Medical Services	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
45 Meriden Avenue Southington, CT 06489 22-2635676	Sub-Acute & Long Term Healthcare	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06102 06-0646668	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06115 06-6040747	Fundraising	CT	501(C)(3)	12 (a)	Hartford Hospital	Yes	
435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	CT	501(C)(3)	12 (a)	MidState Medical Center	Yes	
58 Mulberry Street Plantsville, CT 06479 82-0586577	Assisted Living & Adult Day Care Facility	CT	501(C)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
189 Storrs Road Mansfield Center, CT 06226 06-0966963	Behavioral Health	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
46 Lindeman Road Trumbull, CT 06111 06-1142867	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare At Home Inc	Yes	
883 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
883 Paddock Avenue Meriden, CT 06450 06-1432692	Support Organization	CT	501(C)(3)	12 (a)	Rushford Center Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
540 Litchfield Street Torrington, CT 06790 06-0646678	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britain, CT 06050 06-0646768	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
34 Hobart Street Southington, CT 06489 06-1490803	Residential Services for Senior Care	CT	501(C)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
326 Washington Street Norwich, CT 06360 06-0250773	Hospital	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
765 Fairfield Avenue Bridgeport, CT 06604 06-0665196	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare At Home Inc	Yes	
765 Fairfield Avenue Bridgeport, CT 06604 06-1142892	Supporting Organization	CT	501(C)(3)	12 (a)	N/A	Yes	
112 Mansfield Avenue Willimantic, CT 06226 06-0646966	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
112 Mansfield Avenue Willimantic, CT 06226 06-0677728	Fundraising	CT	501(C)(3)	12 (a)	Windham Community Memorial Hospital	Yes	
112 Mansfield Avenue Willimantic, CT 06226 56-2546632	Supporting Organization	CT	501(C)(3)	12 (a)	Windham Community Memorial Hospital	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

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
(1) Aetna Ambulance Service Inc POBox 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C			50 000 %		No
(1) Backus Medical Center Condo Assoc Inc 330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C					No
(2) CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Holding Company	CT	N/A	C					No
(3) ConnCare Inc 326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C					No
(4) HHMOB Corporation 80 Seymour Street Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	Hartford HealthCare Corporation	C	21,569,000	37,732,000	100 000 %		No
(5) Hartford HealthCare Indemnity Services Ltd FB Perry Bld 40 Church St Hamilton BD 98-1476697	Captive Insurance	BD	Hartford HealthCare Corporation	C	54,639,000	256,787,000	100 000 %		No
(6) Hartford Physician Services PC 80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	CT	N/A	C					No
(7) Litchfield County Healthcare Service Corporation 540 Litchfield Street Torrington, CT 06790 06-1227655	Management Services	CT	N/A	C					No
(8) Meriden Imaging Center 101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S					No
(9) Metro Wheelchair Service Inc POBOX 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C			50 000 %		No
(10) MidState Medical Group PC 435 Lewis Avenue Meriden, CT 06450 20-4327968	Medical Services	CT	N/A	C					No
(11) Windham Professional Office Condominium Association Inc 112 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C					No
(12) WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094838	Holding Company	CT	Hartford HealthCare Corporation	C			100 000 %		No

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
(1)	Hartford HealthCare Indemnity Services Ltd	R	40,682,348	FMV
(1)	Hartford HealthCare Senior Services Inc	O	3,071,897	FMV
(2)	Hartford HealthCare Senior Services Inc	Q	3,300,700	FMV
(3)	Hartford HealthCare Senior Services Inc	R	149,830	FMV
(4)	Hartford HealthCare Senior Services Inc	S	1,995,404	FMV
(5)	The Hospital of Central Connecticut	A	430,370	FMV
(6)	The Hospital of Central Connecticut	M	5,858,594	FMV
(7)	The Hospital of Central Connecticut	O	40,553,928	FMV
(8)	The Hospital of Central Connecticut	P	1,347,931	FMV
(9)	The Hospital of Central Connecticut	Q	130,044,768	FMV
(10)	The Hospital of Central Connecticut	R	2,458,306	FMV
(11)	The Hospital of Central Connecticut	S	67,309,652	FMV
(12)	MidState Medical Center	A	302,087	FMV
(13)	MidState Medical Center	M	3,196,853	FMV
(14)	MidState Medical Center	O	21,198,048	FMV
(15)	MidState Medical Center	P	1,073,979	FMV
(16)	MidState Medical Center	Q	122,035,016	FMV
(17)	MidState Medical Center	R	1,893,741	FMV
(18)	MidState Medical Center	S	43,836,591	FMV
(19)	Hartford HealthCare Medical Group Inc	A	1,935,578	FMV
(20)	Hartford HealthCare Medical Group Inc	O	47,532,561	FMV
(21)	Hartford HealthCare Medical Group Inc	P	490,682	FMV
(22)	Hartford HealthCare Medical Group Inc	Q	51,208,130	FMV
(23)	Hartford HealthCare Medical Group Inc	R	4,328,772	FMV
(24)	Hartford HealthCare Medical Group Inc	S	19,792,438	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
(26)	Hartford HealthCare at Home Inc	M	143,747	FMV
(1)	Hartford HealthCare at Home Inc	O	14,577,194	FMV
(2)	Hartford HealthCare at Home Inc	P	132,718	FMV
(3)	Hartford HealthCare at Home Inc	Q	11,278,384	FMV
(4)	Hartford HealthCare at Home Inc	R	6,654,407	FMV
(5)	Hartford HealthCare at Home Inc	S	12,361,467	FMV
(6)	Mulberry Gardens of Southington LLC	O	956,560	FMV
(7)	Mulberry Gardens of Southington LLC	Q	1,872,375	FMV
(8)	Mulberry Gardens of Southington LLC	S	733,140	FMV
(9)	The William W Backus Hospital	A	95,281	FMV
(10)	The William W Backus Hospital	M	4,106,161	FMV
(11)	The William W Backus Hospital	O	30,658,870	FMV
(12)	The William W Backus Hospital	P	247,895	FMV
(13)	The William W Backus Hospital	Q	114,918,604	FMV
(14)	The William W Backus Hospital	R	3,919,117	FMV
(15)	The William W Backus Hospital	S	67,954,544	FMV
(16)	Windham Community Memorial Hospital	A	41,031	FMV
(17)	Windham Community Memorial Hospital	M	826,575	FMV
(18)	Windham Community Memorial Hospital	O	10,285,999	FMV
(19)	Windham Community Memorial Hospital	P	469,959	FMV
(20)	Windham Community Memorial Hospital	Q	38,842,589	FMV
(21)	Windham Community Memorial Hospital	R	2,838,411	FMV
(22)	Windham Community Memorial Hospital	S	16,041,506	FMV
(23)	Natchaug Hospital	M	304,833	FMV
(24)	Natchaug Hospital	O	6,786,928	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
(51)	Natchaug Hospital	P	91,935	FMV
(1)	Natchaug Hospital	Q	7,296,080	FMV
(2)	Natchaug Hospital	R	467,816	FMV
(3)	Natchaug Hospital	S	8,680,238	FMV
(4)	HHMOB Corporation	O	3,248,162	FMV
(5)	HHMOB Corporation	P	1,746,908	FMV
(6)	HHMOB Corporation	Q	8,061,133	FMV
(7)	HHMOB Corporation	S	1,093,381	FMV
(8)	Rushford Center Inc	O	4,816,909	FMV
(9)	Rushford Center Inc	Q	5,031,646	FMV
(10)	Rushford Center Inc	R	640,780	FMV
(11)	Rushford Center Inc	S	5,401,879	FMV
(12)	Hartford HealthCare Rehabilitation Network LLC	A	53,053	FMV
(13)	Hartford HealthCare Rehabilitation Network LLC	Q	418,453	FMV
(14)	Hartford HealthCare Rehabilitation Network LLC	S	445,623	FMV
(15)	Hartford HealthCare Independence at Home Inc	O	898,040	FMV
(16)	Hartford HealthCare Independence at Home Inc	Q	2,208,522	FMV
(17)	Hartford HealthCare Independence at Home Inc	R	2,758,038	FMV
(18)	Hartford HealthCare Independence at Home Inc	S	1,147,072	FMV
(19)	The Orchards of Southington Inc	O	584,083	FMV
(20)	The Orchards of Southington Inc	Q	1,626,149	FMV
(21)	The Orchards of Southington Inc	S	487,862	FMV
(22)	Hartford HealthCare Accountable Care Organization Inc	O	480,397	FMV
(23)	Hartford HealthCare Accountable Care Organization Inc	R	480,397	FMV
(24)	The Charlotte Hungerford Hospital	O	4,974,929	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
(76) The Charlotte Hungerford Hospital	Q	129,740	FMV
(1) The Charlotte Hungerford Hospital	R	5,797,646	FMV
(2) The Charlotte Hungerford Hospital	S	3,561,373	FMV
(3) VNS of CT Inc	D	750,000	FMV
(4) Hartford HealthCare Medical Group Specialists LLC	O	197,418	FMV
(5) Hartford HealthCare Medical Group Specialists LLC	S	98,988	FMV
(6) Hartford Hospital	A	989,441	FMV
(7) Hartford Hospital	M	13,822,186	FMV
(8) Hartford Hospital	O	145,434,813	FMV
(9) Hartford Hospital	P	1,906,359	FMV
(10) Hartford Hospital	Q	518,346,108	FMV
(11) Hartford Hospital	R	6,773,309	FMV
(12) Hartford Hospital	S	245,710,334	FMV