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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
Hartford Hospital  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
80 Seymour Street PO Box 5037  
  
City or town, state or province, country, and ZIP or foreign postal code  
Hartford, CT 061065037

D Employer identification number  
  
06-0646668  
  
E Telephone number  
  
(860) 696-6232  
  
G Gross receipts \$ 2,163,386,554

F Name and address of principal officer:  
Bimal Patel  
80 Seymour Street PO Box 5037  
Hartford, CT 061065037

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.hartfordhospital.org](http://www.hartfordhospital.org)

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1854

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
To improve the health and healing of the people and communities we serve.

2 Check this box ☐ 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) . . . . . 12

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 10

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 9,671

6 Total number of volunteers (estimate if necessary) . . . . . 150

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 1,242,954

b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 27,084,618

9 Program service revenue (Part VIII, line 2g) . . . . . 1,868,423,214

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 24,104,655

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -9,918,514

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 1,909,693,973

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 1,286,873

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 707,204,998

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,731,955

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 1,134,616,488

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 1,843,108,359

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 66,585,614

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 2,079,507,780

21 Total liabilities (Part X, line 26) . . . . . 1,075,837,935

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 1,003,669,845

Part II Signature Block

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

Sign Here

Signature of officer  
Date 2022-08-10

MARK KEISE Authorized Signer  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
Preparer's signature  
Date  
Check ☐ if self-employed  
PTIN P01868655

Firm's name ▶ Ernst & Young US LLP  
Firm's EIN ▶ 34-6565596

Firm's address ▶ 370 17th Street 4800  
Denver, CO 80202  
Phone no. (720) 931-4000

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 (2020)

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

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

<b>4a</b>	(Code: )	(Expenses \$	298,401,235	including grants of \$	) (Revenue \$	335,834,452 )
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See Additional Data

<b>4b</b>	(Code: )	(Expenses \$	194,547,970	including grants of \$	) (Revenue \$	207,473,098 )
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See Additional Data

<b>4c</b>	(Code: )	(Expenses \$	111,766,997	including grants of \$	) (Revenue \$	111,738,392 )
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See Additional Data

(Code: )	(Expenses \$	1,181,501,725	including grants of \$	564,149 )	(Revenue \$	1,427,500,580 )
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Hartford Hospital, founded in 1854, is one of the largest teaching hospitals and tertiary care centers in New England with perhaps the region's busiest surgery practice and has been training physicians for over 160 years. It is a member of Hartford HealthCare Corporation, a large, diversified health care system. The hospital is a regional referral center that provides high-quality care in all clinical disciplines. Among its divisions is The Institute of Living, a 114-bed mental health facility with a national and international reputation of excellence. Jefferson House, a 104-bed long-term care facility, is also part of Hartford Hospital. The hospital's active medical staff includes more than 1,000 physicians and dentists within 18 departments. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Bloomfield, Cheshire, Enfield, Farmington, Glastonbury, Granby, Manchester, Meriden, Newington, Prospect, South Windsor, Vernon, Wallingford, West Hartford, Wethersfield and Windsor. In addition to above, the hospital provides services/programs including but not limited to the following: Bariatrics Behavioral & Mental Health Bone & Joint Institute Cancer Care Cardiology & Heart Care Cedar Mountain Commons Center for Musculoskeletal Health Critical Care Cystic Fibrosis Center Dental Diabetes Emergency Services Eye Care Eye Surgery Gastroenterology Headache Center Hearing & Balance Hernias Imaging Services Integrative Medicine Jefferson House LIFE STAR Liver & Hepatology Lung & Pulmonary Medical Weight Loss Minimally Invasive Surgery Movement Disorders Center Neurosciences Palliative Care Pain Treatment Pediatrics Physical Rehabilitation Primary Care & Family Medicine Robotic Surgery Senior Services Sleep Disorders Spine Care Stroke Surgical Weight Loss Thoracic Surgery Transplant Services Traumatology Urology & Kidney Vascular Women's Health Services Wound Care Weight Loss

**4d** Other program services (Describe in Schedule O.)

(Expenses \$	1,181,501,725	including grants of \$	564,149 )	(Revenue \$	1,427,500,580 )
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**4e** Total program service expenses **▶** 1,786,217,927

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	454
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> 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 . . . . .	<b>2a</b>	9,671			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		<b>3a</b>	Yes
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3b</b>	Yes		<b>4a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>4a</b>			<b>5a</b>	No
<b>4a</b> 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)? . . . . .	<b>5a</b>			<b>5b</b>	No
<b>b</b> If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>5b</b>			<b>5c</b>	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5c</b>			<b>6a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>6a</b>			<b>6b</b>	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>6b</b>			<b>7a</b>	Yes
<b>6a</b> 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? . . . . .	<b>7a</b>	Yes		<b>7b</b>	Yes
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>7b</b>	Yes		<b>7c</b>	No
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7c</b>			<b>7d</b>	
<b>a</b> 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? . . . . .	<b>7d</b>			<b>7e</b>	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7e</b>			<b>7f</b>	No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7f</b>			<b>7g</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7g</b>			<b>7h</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7h</b>			<b>8</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>8</b>			<b>9a</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>9a</b>			<b>9b</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>9b</b>			<b>10</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>10</b>			<b>11a</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>11a</b>			<b>11b</b>	
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>11b</b>			<b>12a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>12a</b>			<b>12b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:	<b>12b</b>			<b>13a</b>	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>13a</b>			<b>13b</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>13b</b>			<b>13c</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:	<b>13c</b>			<b>14a</b>	No
<b>a</b> Gross income from members or shareholders . . . . .	<b>14a</b>			<b>14b</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>14b</b>			<b>15</b>	No
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>15</b>			<b>16</b>	No
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>16</b>				

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 12		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 10		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</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?	<b>16b</b>	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 181 Patricia M Genova Drive Newington, CT 06111 (860) 696-6232

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

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

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

See instructions for the order in which to list the persons above.

☐ 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)

(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,318,780	8,417,367	1,589,044

**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 ▶ 1,397

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Connecticut Health Center 263 Farmington Avenue Farmington, CT 06030	Medical Services	33,054,842
FIP Construction Inc 1536 New Britain Avenue Farmington, CT 06032	Construction Services	17,619,970
Origin Incorporated 1800 SW 1st Street Suite 510 Portland, OR 97201	Staffing Services	12,566,375
Morrison Management SP Inc Acure Care 400 Northbridge Road Sandy Springs, GA 30350	Food Services	8,811,749
Shields Pharmacy of Hartford 100 Tech Ctr Dr Suite 600 Stoughton, MA 02072	Management Services	8,356,417

**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 ▶ 92



Form 990 (2020)		Page 9			
Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII					
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	37,500		
	b Membership dues	1b			
	c Fundraising events	1c	1,168,684		
	d Related organizations	1d	481,066		
	e Government grants (contributions)	1e	9,972,589		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,348,323		
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,352,926		
	h Total. Add lines 1a-1f		23,008,162		
Program Service Revenue	2a Net Patient Revenue	Business Code			
		624100	1,955,661,793	1,955,661,793	
	b Pharmacy	541700	109,118,184	108,513,679	604,505
	c Inc. From Inv - Other	900003	16,692,546	16,590,467	102,079
	d Reference Testing	621500	951,091	537,629	413,462
	e BioMedical Engineering	900099	122,908		122,908
	f All other program service revenue.				
g Total. Add lines 2a-2f.		2,082,546,522			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,672,844		1,672,844
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	6a	(i) Real 3,760,209	(ii) Personal	
	b Less: rental expenses	6b	18,513,758		
	c Rental income or (loss)	6c	-14,753,549		
	d Net rental income or (loss)		-14,753,549		-14,753,549
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities 48,232,881	(ii) Other 607,665	
	b Less: cost or other basis and sales expenses	7b	0	540,482	
	c Gain or (loss)	7c	48,232,881	67,183	
	d Net gain or (loss)		48,300,064		48,300,064
	8a Gross income from fundraising events (not including \$ 1,168,684 of contributions reported on line 1c). See Part IV, line 18	8a	0		
	b Less: direct expenses	8b	0		
	c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a Cafeteria Income		722210	3,558,271		3,558,271
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		3,558,271			
12 Total revenue. See instructions		2,144,332,314	2,081,303,568	1,242,954	38,777,630

Form 990 (2020)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	489,149	489,149		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	75,000	75,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	406,963	129,167	277,796	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	631,346,755	579,298,688	50,882,381	1,165,686
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	23,762,531	21,793,966	1,924,710	43,855
<b>9</b> Other employee benefits . . . . .	42,999,453	39,437,236	3,482,860	79,357
<b>10</b> Payroll taxes . . . . .	40,756,885	36,753,956	3,913,754	89,175
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	154,898		154,898	
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .	181,005		181,005	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	717,260		717,260	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	196,355,148	196,355,148		
<b>12</b> Advertising and promotion . . . . .	777,846	768,995	8,851	
<b>13</b> Office expenses . . . . .	18,512,882	11,839,870	6,565,779	107,233
<b>14</b> Information technology . . . . .	99,099,063	60,450,428	38,648,635	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	25,461,486	23,811,812	1,649,674	
<b>17</b> Travel . . . . .	284,837	281,311	2,924	602
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,355,196	1,338,718	14,764	1,714
<b>20</b> Interest . . . . .	12,286,292	7,248,912	5,037,380	
<b>21</b> Payments to affiliates . . . . .	167,100,792	143,706,681	23,394,111	
<b>22</b> Depreciation, depletion, and amortization . . . . .	60,372,569	54,127,529	6,243,438	1,602
<b>23</b> Insurance . . . . .	16,489,296	16,489,296		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Medical Supplies	451,307,492	451,307,492		
<b>b</b> Hospital Provider Fee	84,511,016	84,511,016		
<b>c</b> Purchased Services	73,328,901	30,352,491	42,881,546	94,864
<b>d</b> Equipment & Ppty Maint	22,324,309	21,445,863	820,598	57,848
<b>e</b> All other expenses	8,902,569	4,205,203	4,607,347	90,019
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,979,359,593	1,786,217,927	191,409,711	1,731,955
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		96,569,096	<b>1</b>	74,991,818	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .		3,544,891	<b>3</b>	3,840,243	
	<b>4</b>	Accounts receivable, net . . . . .		204,062,762	<b>4</b>	250,886,071	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		29,929,659	<b>8</b>	30,792,648	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		14,129,407	<b>9</b>	17,775,619	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,367,836,615			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	872,430,588	472,610,254	<b>10c</b>	495,406,027
	<b>11</b>	Investments—publicly traded securities . . . . .		281,993	<b>11</b>	264,192	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		891,993,260	<b>12</b>	1,109,533,404	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		48,100,025	<b>14</b>	48,100,025	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		318,286,433	<b>15</b>	316,897,928	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		2,079,507,780	<b>16</b>	2,348,487,975		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		123,313,239	<b>17</b>	104,448,400	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		11,165,225	<b>19</b>	10,203,880	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		5,379,512	<b>24</b>	5,923,886	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		935,979,959	<b>25</b>	735,142,667	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,075,837,935	<b>26</b>	855,718,833	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		515,836,629	<b>27</b>	911,616,948	
	<b>28</b>	Net assets with donor restrictions . . . . .		487,833,216	<b>28</b>	581,152,194	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		1,003,669,845	<b>32</b>	1,492,769,142	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,079,507,780	<b>33</b>	2,348,487,975		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,144,332,314
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,979,359,593
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	164,972,721
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,003,669,845
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	172,215,743
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	151,910,833
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,492,769,142

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</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:** 06-0646668  
**Name:** Hartford Hospital

Form 990 (2020)

**Form 990, Part III, Line 4a:**

The Hartford HealthCare Heart & Vascular Institute, a national leader in cardiovascular disease prevention, treatment, surgery and research, cares for more patients and performs more advanced cardiac procedures than any other cardiac program in Connecticut with doctors using the most innovative technology available to provide the very best, personalized care for patients. Our Cardiologists care for your heart and blood vessels. They're skilled at diagnosing and treating a wide range of heart conditions without the use of surgery. The Hartford HealthCare Heart & Vascular institute provides treatments to a wide range of heart and vascular conditions at all of our acute care hospitals, which includes Hartford Hospital. Dedicated to the care of the heart in all its complexities, Hartford Hospital's Cardiology Division offers outstanding multi-disciplinary cardiovascular programs designed to provide excellence in treatment, diagnosis and management through the entire spectrum of cardiovascular disease. The Division has an unwavering commitment to provide the very best care to our cardiac patients who need clinical services, angioplasty, surgery or other procedures, as well as others who want to make their hearts healthier through preventive, pharmacological or rehabilitative therapy. Heart & Vascular Services provided at Hartford Hospital includes: Atrial Fibrillation CenterCardiovascular SurgeryChest Pain CenterCongestive Heart Disease CenterHeart Failure Infusion ProgramHeart Failure Rescue ProgramHeart TransplantationLDL-Apheresis CenterMinimally Invasive Maze SurgeryMitral Valve RepairNuclear CardiologyPreventive CardiologyTranscatheter Aortic Valve Replacement (TAVR) ProgramVascular LaboratoryVascular SurgeryAdult Congenital Heart DiseaseAbnormal Heart RhythmsAnginaAortic Aneurysm & DissectionAortic DiseaseBroken Heart SyndromeCardiac TumorsCardiomyopathyCarotid Artery DiseaseChest PainCholesterolCoronary Artery DiseaseDeep Vein ThrombosisEndocarditisHeart FailureHeart AttackHypertensionMarfan SyndromeMesenteric Artery DiseaseMitral Valve RepairMyocardial Infarction (Heart Attack)MyocarditisPalpitationsPericarditisPeripheral AneurysmPeripheral Artery DiseasePulmonary EmbolismRenal Artery DiseaseSyncopeThoracic Outlet SyndromeValvular Heart DiseaseVein TherapiesWe were recognized by U.S. News & World Report(2020-21) for Best Regional Hospitals (\*Ranked #1 in Hartford Metro Area) and recognized as high-performing in Orthopedics, Aortic Valve Surgery, Heart Bypass Surgery, Heart Failure, Colon Cancer Surgery, Lung Cancer Surgery, Chronic Obstructive Pulmonary Disease, Hip Replacement and Knee Replacement.For FY21, there were 50,496 cases with an average length of stay of 6.1 days.

**Form 990, Part III, Line 4b:**

Hartford HealthCare is Connecticut's most comprehensive healthcare network. Our fully integrated health system includes a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals. The Hartford HealthCare Cancer Institute encompasses comprehensive cancer centers at seven hospitals across Connecticut: Hartford Hospital, The Hospital of Central Connecticut, Backus Hospital, Midstate Medical Center, Windham Hospital, Charlotte Hungerford Hospital and St Vincent's Medical Center. Collectively, the cancer programs within the Cancer Institute treat more than 5,000 new cancer patients per year while caring for tens of thousands of existing patients, offering a full range of innovative, evidence-based and personalized treatments designed to meet the needs of each individual patient. Our innovative Institute approach is unlike any other in the state and is among the most highly regarded in the nation. Through our Institute, which is organized around a specific disease and not necessarily location, we can apply best practices throughout our system so that patients receive the same high standards of care no matter where they live or which Hartford HealthCare cancer center they choose. For all of our patients, a dedicated team of oncologists, surgeons, radiologists, pathologists, nurses, clinical researchers, technicians and others collaborate to provide the exact course of care they need. The Institute's multidisciplinary disease management teams meet and collaborate regularly to lend expertise and insight on numerous cancer types, translating into exceptional coordinated care. The Institute's accomplished, fellowship-trained physicians are nationally recognized for their level of sophisticated care in areas such as radiation oncology, medical oncology and surgical oncology. Patients are also cared for in an environment that emphasizes compassion and personal connections, with a team of trained nurse navigators who provide guidance and support to patients and families, from diagnosis to recovery. The Institute also boasts a thriving survivorship program. In 2013, the Hartford HealthCare Cancer Institute became the first community-based cancer program to become a member of the Memorial Sloan Kettering Cancer Alliance, establishing a relationship with one of the world's premier cancer centers. The Institute's membership in the Alliance provides patients in Connecticut access to the most advanced, leading-edge treatments available anywhere. In 2017, the Institute was accredited as a network by the American College of Surgeons Commission on Cancer, one of a select few institutes nationwide to be recognized as a system, rather than individual cancer centers. For patients coming through our doors with a cancer diagnosis, that means three things: standardized care, more options and more hope. More than four years after the Hartford HealthCare Cancer Institute became the charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance, cancer patients now have unprecedented access to the world's most advanced clinical trials. And more than ever before, physicians, nurses, pharmacists and researchers are working collaboratively to implement cancer treatment standards and protocols developed at MSK, the premier cancer treatment center in the country. This distinctive cancer care and clinical research partnership means the Hartford HealthCare Cancer Institute brings the most innovative, evidence-based cancer care directly into community settings. During FY21, the Institute was again impacted by COVID-19 and that had an impact on the number of patients treated. For FY21, the approximate number of cases was as follows: Hartford Hospital 2,964 Hospital of Central Connecticut 1,190 Backus Hospital 834 Midstate Medical Center 594 Windham Hospital 147 Charlotte Hungerford Hospital - 314 St Vincent's Medical Center 645 The five most common types of cancer diagnosed by teams of specialists at the Hartford HealthCare Cancer Institute are cancers of the bladder, breast, colon, lung and prostate. Each patient has a unique scenario requiring a personalized plan. Approximately 1,641 Breast Cancer cases were treated across the system as follows: Hartford Hospital 625 Hospital of Central Connecticut 294 Backus Hospital 226 Midstate Medical Center 199 Windham Hospital 54 Charlotte Hungerford Hospital 61 St Vincent's Medical Center 182 Approximately 836 Lung Cancer cases were treated across the system as follows: Hartford Hospital 341 Hospital of Central Connecticut 184 Backus Hospital 127 Midstate Medical Center 65 Windham Hospital 17 Charlotte Hungerford Hospital 25 St Vincent's Medical Center 77 Approximately 837 Prostate Cancer cases were treated across the system as follows: Hartford Hospital 395 Hospital of Central Connecticut 119 Backus Hospital 101 Midstate Medical Center 86 Windham Hospital 1 Charlotte Hungerford Hospital 64 St Vincent's Medical Center 71 Approximately 387 Bladder Cancer cases were treated across the system as follows: Hartford Hospital 131 Hospital of Central Connecticut 66 Backus Hospital 66 Midstate Medical Center 50 Windham Hospital 10 Charlotte Hungerford Hospital 30 St Vincent's Medical Center 34 Approximately 334 Colon Cancer cases were treated across the system as follows: Hartford Hospital 148 Hospital of Central Connecticut 53 Backus Hospital 38 Midstate Medical Center 29 Windham Hospital 13 Charlotte Hungerford Hospital 15 St Vincent's Medical Center 38 Today, Hartford HealthCare is creating a better future for healthcare in Connecticut and beyond. We are a community of caregivers engaged in developing a coordinated, consistent high standard of care. We use research and education as partners in care delivery. We create and engage in meaningful alliances to enhance access to services. We invest in technology and training to develop new pathways to improve the timeliness, efficiency and accuracy of our services.

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## **Form 990, Part III, Line 4c:**

At Hartford HealthCare's Ayer Neuroscience Institute, the concept of a second opinion is taken to a new level. Each week, all our specialists, neurologists, neurosurgeons, neuropsychologists, neurointensivists, and neuro-critical care nurses meet to review each individual case. Together, they pool their knowledge and experience to give our patients the most advanced treatment plan possible. We are the only System in the region that operates this way. We also have the region's only neurological intensive care unit. More than fifty million Americans will experience a disorder of the brain or nervous system each year. Common disorders include stroke, brain tumors, memory disorders, sleep disorders, movement disorders, chronic headaches, spinal cord injuries, severe back and neck pain, seizures, and Parkinson's disease. The HHC Neuroscience Center offers a unique integration between neurology, neuroscience and neurosurgery, to give patients a comprehensive approach to treating and/or managing their symptoms and living a healthier, more balanced life. The Institute offer an integrated, interdisciplinary approach to care, coupled with state-of-the-art technology and techniques that enable us to provide every patient the best possible outcome. Our physicians practice some of the most advanced treatments available in the nation, including minimally invasive brain and spine surgery, at-home seizure monitoring and pain management. Conditions treated at the Institute include: Headaches; Epilepsy; Stroke; Movement Disorders; Multiple Sclerosis; Pain Management; Hearing Loss and more. The Institute is made up of departments that provide these services to our patients at its various locations that include Hartford Hospital. Our departments include: Epilepsy Center; Headache Center; Hearing and Balance Center; Memory Care Center; Chase Family Movement Disorder Center, among others. During FY21, Hartford Hospital treated 28,322 visits across its various locations within the Greater Hartford region.

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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			
Bimal Patel ..... President & CEO (Regional)	50.00 ..... 10.00	X		X				0	1,118,518	144,997
Matthew Saidel MD ..... Director	2.00 ..... 0.00	X						37,500	0	0
Arnold Chase ..... Director	2.00 ..... 0.00	X						0	0	0
Brian MacLean ..... Director	2.00 ..... 0.00	X						0	0	0
Yvette Melendez ..... Director (Thru 6/21)	2.00 ..... 0.00	X						0	0	0
Michael O'Loughlin MD ..... Director	2.00 ..... 0.00	X						0	0	0
Dariusz Owlia MD ..... Director	2.00 ..... 0.00	X						0	0	0
E Carol Polifroni ..... Director	2.00 ..... 0.00	X						0	0	0
Elease Wright ..... Director	2.00 ..... 0.00	X						0	0	0
Samuel Gray Jr ..... Director	2.00 ..... 0.00	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			
Allison Lawrence ..... Director	2.00 ..... 0.00	X						0	0	0
Eric Zachs ..... Director, Chair	3.00 ..... 0.00	X		X				0	0	0
Alexia Cruz ..... Director, Vice Chair	3.00 ..... 0.00	X		X				0	0	0
Julie Drouin ..... VP, Finance	60.00 ..... 0.00			X				0	334,851	46,894
Cheryl Ficara ..... SVP, Operations	20.00 ..... 40.00				X			0	534,106	88,347
Adam Steinberg ..... VP, Medical Affairs	20.00 ..... 40.00				X			0	563,762	71,261
Gregory Jones ..... VP, Community Health	20.00 ..... 40.00				X			0	348,713	57,768
Gregory Makowski ..... VP, Human Resources	20.00 ..... 40.00				X			0	337,830	38,547
Carol Garlick ..... VP, Philanthropy	60.00 ..... 0.00				X			277,796	0	57,997
Laura Bailey ..... VP, Patient Care Services	60.00 ..... 0.00				X			59,993	0	14,118

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				
Melanie Tucker ..... VP, Human Resources	60.00 ..... 0.00				X			0	295,515	56,809	
Kenneth Robinson MD ..... Dept Chair Emergency Medicine	60.00 ..... 0.00					X		585,669	0	79,787	
Andrew Salner MD ..... Chair Cancer Institute	60.00 ..... 0.00					X		621,276	0	57,515	
Evan Fox MD ..... Med Dir. Psychiatry Prog.	60.00 ..... 0.00					X		458,177	0	72,895	
Matthew Tichauer ..... Emergency Room Physician	60.00 ..... 0.00					X		481,043	0	70,188	
Shawn London ..... Emergency Room Physician	60.00 ..... 0.00					X		474,070	0	63,652	
Ajay Kumar MD ..... Former - Key Employee	20.00 ..... 40.00						X	0	977,144	165,754	
Peter Fraser ..... Former - Key Employee	0.00 ..... 60.00						X	0	304,913	48,255	
Elizabeth Ciotti ..... Former - Key Employee	0.00 ..... 60.00						X	0	289,337	42,881	
Stuart Markowitz MD ..... Former - President & Dir.	0.00 ..... 60.00						X	0	552,051	63,165	



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Hartford Hospital

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

06-0646668

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 **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 . . . . .
- 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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>10a</b>		
<b>b</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>		
<b>10b</b>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a ☐ 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 lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

	Yes	No
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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		



<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015. . . . .		
b	From 2016. . . . .		
c	From 2017. . . . .		
d	From 2018. . . . .		
e	From 2019. . . . .		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016. . . . .		
b	Excess from 2017. . . . .		
c	Excess from 2018. . . . .		
d	Excess from 2019. . . . .		
e	Excess from 2020. . . . .		

**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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

2020

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		181,005
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			181,005
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1:	Hartford Hospital paid annual dues to Connecticut Hospital Association (CHA). CHA conducts lobbying activities on behalf of its members. CHA allocates a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA conducts lobbying activities under current Medicare rules. The Organization occasionally asks its employees to volunteer their time to contact state legislators in an effort to lobby on its behalf. The total amount of dues allocated for lobbying expenses for FY21 was \$181,005.

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Hartford Hospital

Employer identification number  
06-0646668

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, 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	224,637,523	210,297,523	208,513,523	194,749,523	168,693,523
b	Contributions	2,215,396	3,370,000	1,364,000	6,160,000	9,641,000
c	Net investment earnings, gains, and losses	52,406,623	16,495,000	5,917,000	12,841,000	21,353,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	6,512,581	5,525,000	5,497,000	5,237,000	4,938,000
f	Administrative expenses					
g	End of year balance	272,746,961	224,637,523	210,297,523	208,513,523	194,749,523

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

41.000 %

c

Term endowment

59.000 %

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

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	10,633,596		10,633,596
b	Buildings	751,412,527	500,582,221	250,830,306
c	Leasehold improvements	79,725,209	57,027,106	22,698,103
d	Equipment	426,873,226	314,821,261	112,051,965
e	Other	99,192,057		99,192,057
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			495,406,027



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) Investment in Endowment	903,227,824	F
(B) Funds Held in Trust	198,644,633	F
(C) Investment in Joint Ventures	7,660,947	F
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,109,533,404	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

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) Due from Affiliates	159,386,542
(2) Right-of-Use Lease Assets/Bond Billing	69,417,391
(3) ST/LT Malpractice Claims	55,039,371
(4) Other Non Current Assets	32,825,207
(5) CSV Life Insurance	229,417
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	316,897,928

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	
(2) Payable to HHC - Interco Bonds	417,217,360
(3) Other Net Liabilities	165,932,027
(4) Accrued Post Retirement Expenses	61,696,431
(5) Long Term Accrued Malpractice	42,056,548
(6) Hospital Provider User Fee	20,213,518
(7) Accrued Post Retirement Expenses	17,463,850
(8) Current Accrued Malpractice	10,562,933
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	735,142,667

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.

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

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

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

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

**Part XIII Supplemental Information**

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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
Part V, Line 4:	The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to mission related programs such as those described in Part III, lines 4a-d while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 4% over the long term. Actual returns in any given year may vary from this amount. The Hospital's endowment consists of hundreds of individual funds established for a variety of purposes including but not limited to patient care, research and capital needs. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Hartford Hospital

Employer identification number  
06-0646668

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	0	0			268,875
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			268,875

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

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

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

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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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
Part III Accounting Method:	

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Sch F, Part 1, Line 3, Column F	The transactions shown on Part I of Sch F are being reported on a cash basis.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0646668

**Name:** Hartford Hospital

### 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
Europe	0	0	Program Service	Research Activities	103,375
East Asia and the Pacific	0	0	Program Service	Research Activities	165,500

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Hartford Hospital

Employer identification number  
06-0646668

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Better Than Normal (Zoom)</b> (event type)	<b>TLCA's Spring Into Action (Zoom)</b> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,146,044	22,640		1,168,684
	<b>2</b> Less: Contributions . . . . .	1,146,044	22,640		1,168,684
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		
	<b>5</b> Noncash prizes . . . . .	0	0		
	<b>6</b> Rent/facility costs . . . . .	0	0		
	<b>7</b> Food and beverages . . . . .	0	0		
	<b>8</b> Entertainment . . . . .	0	0		
	<b>9</b> Other direct expenses . . . . .	0	0		
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name ► .....

Address ► .....

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

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

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

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Hartford Hospital

Employer identification number  
06-0646668

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a Yes	
b If "Yes," was it a written policy? . . . . .	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000 %</u>	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a Did the organization prepare a community benefit report during the tax year? . . . . .	6a	No
b If "Yes," did the organization make it available to the public? . . . . .	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			8,784,464		8,784,464	0.440 %
b Medicaid (from Worksheet 3, column a) . . . . .			357,106,455	301,746,108	55,360,347	2.800 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			365,890,919	301,746,108	64,144,811	3.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,955,307	642,731	1,312,576	0.070 %
f Health professions education (from Worksheet 5) . . . . .			64,127,514	25,247,430	38,880,084	1.960 %
g Subsidized health services (from Worksheet 6) . . . . .			7,946,504	5,490,022	2,456,482	0.120 %
h Research (from Worksheet 7) . . . . .			2,610,223		2,610,223	0.130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			28,102,771	11,203,185	16,899,586	0.850 %
j Total. Other Benefits . . . . .			104,742,319	42,583,368	62,158,951	3.130 %
k Total. Add lines 7d and 7j . . . . .			470,633,238	344,329,476	126,303,762	6.370 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			348,145		348,145	0.020 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			348,145		348,145	0.020 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		
	40,074,286		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>		
	0		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	264,319,421
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	309,044,675
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-44,725,254
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Hartford Hospital**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Page 8</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): _____	<b>10</b>	No
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Hartford Hospital			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V, Page 8			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V, Page 8			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

Hartford Hospital

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Hartford Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 45

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

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 3c:	Hartford Hospital used Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status and other family eligibility criteria such as family size, employment and financial obligations. Part I, Line 6a: Although the organization does not prepare a formal Community Benefit Report, quarterly reports are submitted to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Strategy (OHS) annually.
Part I, Line 7:	The organization utilized an overall cost to charge ratio (RCC), developed from the Medicare Cost Report. Total expense was adjusted for: medicaid provider taxes, directly identified community benefit expense and community building expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g:	No physician clinic costs were included in the Subsidized Health Services cost calculations.
Part II, Community Building Activities:	Hartford Hospital coordinates with various organizations to perform community building activities that addresses issues related to Social Determinants of Health, and as such, the hospital interacts with the community to address these needs and facilitates appropriate responses. The total expenditure for FY21 is \$348,145.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	A pre-bad debt financial assistance screening is in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2021 would be immaterial.
Part III, Line 4:	Please see the text of the footnote that describes bad debt expense beginning on page 28 of the Audited Financial Statement. The Footnote is also applicable Part III, Line 2.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8:	Providing care those in need, including Medicare and Medicaid patients, and serving all patients regardless of ability to pay is an essential part of the community benefit standard, as well as our mission in our community. We serve these patients without regard to the payment shortfall. Therefore Medicare shortfall should be considered Community Benefit. The organization used cost to charge ratio as determined by Medicare Cost report.
Part III, Line 9b:	Hartford Hospital has adopted the Financial Assistance Policy of its Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: Patients who are deemed ineligible for financial assistance or who receive a partial discount and do not pay their bills may be subject to the following Extraordinary Collection Action (ECAs):*Wage Garnishments*Liens on primary and secondary residences, bank or investment accounts, or other assets*Legal actions and reporting the matter to one or more credit rating agencies*Other ECAs not listed aboveIf an individual has not submitted an application within the first 120 days from the date on which Hartford HealthCare first issues its first, post-discharge billing statement, then Hartford HealthCare may begin engaging in the ECAs described above.ECAs may begin after the first 120 days from the date on which Hartford HealthCare issues its first, post-discharge billing statement. If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, Hartford HealthCare will take all reasonable available measures to remove any collection actions such as negative reporting to a credit bureau or liens that have been filed.Before Hartford HealthCare initiates any collection actions, it will issue a written notice to the last known address of record for the patient (or his/her family) that describes the specific collection activities it intends to initiate (or resume), provides a deadline after which such action(s) will be initiated (or resumed), and includes a plain language summary of this Policy. ECAs can begin no sooner than 30 days from the date written notice is transmitted. Patients who are ineligible for financial assistance, or qualify for partial financial assistance and who are cooperating in good faith to resolve the outstanding accounts, may be offered extended payment plans. No further collection action will be taken as long as the patient continues to meet the terms of the payment plan.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. and the same approach is taken in our outpatient clinics. Periodically information is surveyed to determine additional patients needs. Information is also tracked from other entities such as local area non-profits, government agencies and public schools.
Part VI, Line 3:	Hartford Hospital provides information about its Financial Assistance Policy as follows: (1) Provides signage, brochures and/or a written plain language summary describing the policy along with financial assistance contact information in the emergency department, labor and delivery areas, discharge paperwork, other patient registration/admission areas, as well as in billing and collection communication. (2) Makes paper copies of the policy, financial assistance application, and plain language summary of the policy available upon request and without charge, by mail.(3) Posts the policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the Hartford HealthCare and each affiliated hospital's home page.(4) Educates all admission and registration personnel, financial counselors, billing and collection specialists and social workers regarding the policy so that they can serve as an informational resource to patients.(5) Includes the tag line "Please ask about our Financial Assistance Policy" in applicable Hartford HealthCare written publications.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Hartford Hospital is located in the capitol of the State of Connecticut. As of 2019, the population of the Hartford Hospital Service Area is 362,877, including 72,005 residents (20%) who are foreign born. Fifty-six (56%) percent of Hartford Hospital's Service Area residents are people of color. 21% of Hartford Hospitals Service Area residents are children under age 18, and 16 percent are adults ages 65 and up. As Connecticut's predominantly white Baby Boomers age, younger generations are driving the state's increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations. In the Hartford Hospital Service Area, 26% of Black and Latino residents are children, compared to 15% of white residents. Linguistic isolation is characterized as speaking English less than "very well." People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. In the Hartford Hospital Service Area, 40,493 residents, or 12% of the population age 5 and older, are linguistically isolated. Latinos and Asian Americans are more likely to be linguistically isolated than other racial/ethnic groups.</p>
Part VI, Line 5:	<p>The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital. Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being. The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program. As a tertiary health center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at other hospitals. These services are provided regardless of a patient's ability to pay. The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Schedule O.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6:	<p>Hartford HealthCare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. HHC and its affiliates including all supported organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of health care; and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care".The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital.The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.</p>
Part VI, Line 7, Reports Filed With States	CT

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0646668

**Name:** Hartford Hospital

### Form 990 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Hartford Hospital 80 Seymour Street Hartford, CT 06102 hartfordhospital.org 0046	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
Hartford Hospital	<p>Part V, Section B, Line 5: Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Hartford HealthCare. Comparisons to benchmarks were made where possible. Input from persons representing the broad interests of the community was taken into account through sixteen (16) key informant interviews with seventeen (17) stakeholders participating to learn about community health issues in the Hartford Hospital community. Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations (social service organizations); and similar organizations. Questions focused first on identifying and discussing the most significant health issues in the community. Interviews then focused on the COVID-19 pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks. Data from multiple sources were gathered and assessed, including secondary data published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews. Interviewees represented the broad interests of the community and included individuals with special knowledge of or expertise in public health as listed below: Center for Healthy Aging Connecticut Alliance for Basic Human Needs FoodShare/CT Food Bank Hartford Food System Hartford Health Department Hartford Hospital, Emergency Medicine Hispanic Health Council Interval House Phillips Metropolitan CME Church Southside Institutions Neighborhood Alliance (SINA) United Way of Central and Northeastern Connecticut Urban League of Greater Hartford Hartford HealthCare Behavioral Health Network Hartford Hospital, OBGYN Services The Village for Families &amp; Children Community Health Services (FQHC) Significant Community Health Needs were determined by analyzing secondary community health data and gathering input provided by community stakeholders. Individual key informant interviews were conducted from 3/26/21 thru 5/21/21 with representatives from Hartford HealthCare, the Hospital and numerous community-based organizations and social services agencies.</p>



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

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

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 6a: For this community health assessment, Hartford Hospital collaborated with the following Hartford Healthcare hospitals: Backus Hospital, Charlotte Hungerford Hospital, Hospital of Central Connecticut, Midstate Medical Center, Natchaug Hospital, and Windham Hospital. These facilities collaborated by gathering and assessing secondary data together, scheduling and conducting interviews together, and by relying on shared methodologies, report formats, and staff to manage the CHNA process.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 7d: The needs assessment was published in September 2021 and is available on the hospital's website. In addition, electronic copies are available upon request.

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

Form and Line Reference	Explanation
Hartford Hospital	<p>Part V, Section B, Line 11: As determined by analyses of secondary community health data and of input provided by community stakeholders, significant health needs in the community served by Hartford Hospital are as follows:Social Determinants of Health, which are most problematic for racial and ethnic minorities, including:PovertyUnemploymentCommunity violence/lack of safetyLevels of educational achievementAccess to affordable housingFood insecurity Access to health care services, which has been affected by:1. A lack of mental health providers, particularly for children and for those with limited insurance or financial means.2. Gaps in health insurance, including the number of uninsured in Hartford and uninsured Latinos in the Hartford Hospital Service Area.3. Transportation challenges (particularly for low-income and elderly populations). Systemic racism and a lack of trust in the healthcare system among minority populations.4. Linguistic isolation for Latinos and Asians.Mental health status in Hartford and for racial and ethnic minorities across Connecticut; made worse by the COVID-19 pandemicProblems with obesity and physical inactivity rates in Hartford and across the Hartford Hospital Service AreaSubstance abuse (particularly opioids including fentanyl)The COVID-19 pandemic, which has caused virus-related illness and death, increased isolation and mental health problems, and economic challengesThe Focus of the Hartford Region is to dedicate significant financial and strategic resources to a few community initiatives that have wide ranging impact and the potential to have significant impact on the community and directly responds to the community health needs assessment. A focus on depth within specific strategic initiatives as opposed to breadth of offerings. Our Food is Medicine Program is our signature community offering allowing us to engage and address many of the root causes of the issues around health for our most vulnerable populations .Those initiatives include:1. Food is Medicine Program incorporating the Food Pharmacy connecting patients with their clinicians on specific food needs and a food prescription program providing supplemental funds to the most underserved and health challenged patients. Our Food is Medicine Program will allow us to engage and develop a deep and ongoing relationship with patients substantively addressing food insecurity. Our focus is to addressing nutrition insecurity as opposed to a basic food insecurity. Developing programs to address nutrition insecurity is more substantive and impactful.2. Expand and Strengthen Relationships with Community Based Organizations. Community Based Organizations are the primary conduit by which we engage with the community to reach the most underserved individuals. Developing a true partnership with them allows us to address concerns about trust and delivery of services in the areas where they reside and outside the hospital. Those relationships have been instrumental in our a</p>

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

Form and Line Reference	Explanation
Hartford Hospital	<p>bility to deliver services including vaccines and neighborhood health clinics to the areas of need. The current list of community-based organizations, where we anticipate building a deeper and more substantive relationship through repeat engagements (increased utilization for services and education) include organizations throughout Greater Hartford: North Family Life Center, Hispanic Health Council, Open Heart, West Indian Social Club, Northern C T Black Nurses Association and the National Association of Hispanic Nurses. 3. Hospital Violence Intervention Program. Strengthening the hospital response to violent injury and violence risk. The three Level 1 Trauma Centers in Hartford (Hartford Hospital, Trinity Health /St. Francis, and Connecticut Children's) have formed a collaborative to strengthen their respective responses to individuals and families experiencing violent injury or at increased violence-risk. With the support of the City of Hartford and engagement of residents and community-based organizations, this collaborative will develop a multi-level model for hospital-based efforts along with our community partners over the next eighteen months. The collaborative will implement the following strategies and programs in an effort to deliver an immediate positive impact on children, youth, individuals, and families: i) a violence prevention liaison employed by each hospital to deepen our collaboration with street outreach teams (HCTC, COMPASS) and further develop early identification efforts in our emergency department and for admitted trauma patients, ii) violence intervention case managers to specifically work over the long-term (months to years) on addressing social determinants of health with families impacted by violence, iii) contract with community-based CHWs to pilot a home visiting service to better serve and connect families to the care and services with nursing support on an as needed basis; iv) strengthen existing training efforts for Trauma Informed Care for hospital staff; and, v) appoint a dedicated research team to solely work on evaluation and metrics with the hospital collaborative and community partners. 4. Addressing systemic racism and lack of trust among the non-white populations. We are focused on training and providing our staff with education and sensitivity training to minimize trust issues with the community and become more aware and sensitive to cultural and religious sensitivity issues. The Cultural and Religious Sensitivity Pocket Guide for Health Care Professionals, 3rd edition; published by The Joint Commission, 2018, will be used as a resource for healthcare givers to enhance their awareness of and ability to communicate with and care for a diverse patient population. The Guide supports several Joint Commission requirements for culturally appropriate care. Significant Community Health Needs as determined by the Community Health Needs Assessment and strategies to address the same. Significant Community Needs Strategies</p>

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

Form and Line Reference	Explanation
Hartford Hospital	s/Initiatives:Poverty - Food is MedicineUnemployment (Food Insecure) - Support via Food is MedicineCommunity Violence Hospital Violence - Intervention ProgramLevels of educational achievement - Community Education through Comm. Based Organization PartnershipsFood Insecu rity - Food is MedicineAccess to Health Care Services Strategies/Initiatives:Lack of Menta l Health Providers for Children - Hospital Violence Intervention ProgramGaps in Health Ins urance - Neighborhood Health Clinics with CBOsTransportation Challenges - Neighborhood Hea lth Clinics with CBOsSystemic Racism and lack of trust - Cultural sensitivity, training, g uide/education for staff All needs identified in the CHNA are currently being addressed.

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

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

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 13h: Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of health care expenses.

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

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

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 15e: In addition, patients may ask a nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process. Part V, Line 16a, FAP website: <a href="https://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance">https://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance</a> Part V, Line 16b, FAP Application website: <a href="https://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance">https://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance</a> Part V, Line 16c, FAP Plain Language Summary website: <a href="https://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance">https://hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance</a>

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

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

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 16j: Patients are informed directly by staff of the availability of the Financial Assistance Policy.



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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - Jefferson House 1 John Stewart Drive Newington, CT 06111	Nursing Home
<b>1</b> 2 - Cedar Mountain Commons 3 John Stewart Drive Newington, CT 06111	Assisted Living
<b>2</b> 3 - Hartford Hospital 334 North Main Street West Hartford, CT 06117	Rehabilitation Department
<b>3</b> 4 - Hartford Hospital 129 Patricia M Genova Drive Newington, CT 06111	Diagnostic Laboratory
<b>4</b> 5 - Hartford Hospital 80 Fisher Drive Avon, CT 06001	Cancer Center
<b>5</b> 6 - Hartford Hospital 505 Willard Avenue Suite 1 Newington, CT 06111	Eye Surgery Center
<b>6</b> 7 - Hartford Hospital 11 South Road Suite 260 Farmington, CT 06030	Cardiac Rehabilitation
<b>7</b> 8 - Hartford Hospital 376 Tolland Turnpike Suite 301 Manchester, CT 06042	Cancer Center
<b>8</b> 9 - Hartford Hospital 1290 Silas Deane Highway Wethersfield, CT 06109	Education Room
<b>9</b> 10 - Hartford Hospital 704 Hebron Avenue Glastonbury, CT 06033	Wellness Center
<b>10</b> 11 - Hartford Hospital 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center, Rehabilitation Department
<b>11</b> 12 - Hartford Hospital 135 Darling Drive Avon, CT 06001	Grace Webb School
<b>12</b> 13 - Hartford Hospital 35 Talcottville Road Suite 2 Vernon, CT 06066	Wellness Center, Rehabilitation Department
<b>13</b> 14 - Hartford Hospital 136 Berlin Road Cromwell, CT 06416	Rehabilitation Department
<b>14</b> 15 - Hartford Hospital 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Disorder Center

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

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

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

Name and address	Type of Facility (describe)
16 16 - Hartford Hospital 100 Hazard Avenue Enfield, CT 06082	Wellness Center, Rehabilitation Department
1 17 - Hartford Hospital 462 Queen Street Southington, CT 06489	Center for Healthy Aging, Rehabilitation Department
2 18 - Hartford Hospital 505 Willard Avenue Suite 2A Newington, CT 06111	Patient Experience Department
3 19 - Hartford Hospital 725 Jarvis Street Cheshire, CT 06410	Grace Webb School
4 20 - Hartford Hospital 406 Farmington Avenue Farmington, CT 06030	Rehabilitation Department
5 21 - Hartford Hospital 2 Northwestern Drive Bloomfield, CT 06002	Center for Healthy Aging, Rehabilitation Department
6 22 - Hartford Hospital 230 North Main Street Manchester, CT 06042	Rehabilitation Department
7 23 - Hartford Hospital 701 North Colony Drive Wallingford, CT 06492	Rehabilitation Department
8 24 - Hartford Hospital 1060 Day Hill Road Windsor, CT 06095	Wellness Center, Rehabilitation Department
9 25 - Hartford Hospital 18 East Granby Road Granby, CT 06035	Rehabilitation Department
10 26 - Hartford Hospital 1064 East Main Street Suite 205 Meriden, CT 06450	Rehabilitation Department
11 27 - Hartford Hospital 988 Silas Deane Highway Wethersfield, CT 06109	Rehabilitation Department
12 28 - Hartford Hospital 2979 Main Street Bridgeport, CT 06606	Transplant Services
13 29 - Hartford Hospital 112 Mansfield Avenue Willimantic, CT 06226	Transplant Department
14 30 - Hartford Hospital 1215 Litchfield Street Torrington, CT 06790	Cardiology Department

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

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

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

Name and address	Type of Facility (describe)
31 31 - Hartford Hospital 100 Simsbury Road Avon, CT 06001	Wellness Center, Rehabilitation Department
1 32 - Hartford Hospital 339 West Main Street Avon, CT 06001	Wellness Center
2 33 - Hartford Hospital 280 South Main Street Cheshire, CT 06410	Rehabilitation Department
3 34 - Hartford Hospital 680 South Main Street Cheshire, CT 06410	Rehabilitation Services
4 35 - Hartford Hospital 305 Western Boulevard Glastonbury, CT 06033	Education Services
5 36 - Hartford Hospital 330 Western Boulevard Glastonbury, CT 06033	Wellness Center, Rehabilitation Department
6 37 - Hartford Hospital 353 Main Street Manchester, CT 06040	Transplant Department
7 38 - Hartford Hospital 376 Tolland Turnpike Suite 201 Manchester, CT 06042	Cancer Center
8 39 - Hartford Hospital 420 Old Saybrook Road Middletown, CT 06457	Cardiology Department
9 40 - Hartford Hospital 100 Grand Street New Britain, CT 06050	Cardiac Services
10 41 - Hartford Hospital 73 Waterbury Road Prospect, CT 06712	Rehabilitation Department
11 42 - Hartford Hospital 445 South Main Street West Hartford, CT 06110	Rehabilitation Department
12 43 - Hartford Hospital 65 Memorial Road West Hartford, CT 06107	Wellness Center, Rehabilitation Department, Surgery Center
13 44 - Hartford Hospital 1025 Silas Deane Highway Wethersfield, CT 06109	Rehabilitation Department
14 45 - Hartford Hospital 1260 Silas Deane Highway Wethersfield, CT 06109	Wellness Center, Sleep Disorder Center

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

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

Employer identification number  
06-0646668

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 15

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Hazel Vail Scholarships	1	10,000			
(2) Sons and Daughters Scholarship Awards	29	65,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2:	Upon issuing the grant, the hospital attaches a letter that restricts the use of the funds for a specific purpose. All of the grants are made to public charities to assist in funding their exempt programs. Therefore, extensive monitoring of the use of these funds by these entities is not warranted.
Schedule I, Part III	Once recipients are determined, the funds are sent directly to the institutions and not to individuals. Required qualifications The Sons and Daughters/Hazel Vail Scholarships are available to children of Hartford Hospital employees who meet eligibility requirements. The applicant must be financially dependent on the employee by being claimed on either parent's tax return. The applicant must be enrolled as a full-time student in an Accredited Undergraduate Program. The applicant must be the son or daughter (biological, adopted, stepchild, or legal ward) of a Hartford Hospital employee (full-time or part-time, budgeted to work at least 24 hours per week). The dependent of a Hartford Hospital employee who is also employed at Hartford Hospital is eligible to apply if they are budgeted to work less than 24 hours per week at Hartford Hospital. Applicant must have a verifiable GPA of 3.0 or higher to apply. Applicants are chosen on 1 criteria. 1. GPA (must be at least a 3.0 or higher to apply)

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford HealthCare at Home Inc 1290 Silas Deane Highway Wethersfield, CT 06109	06-0646938	501(c)(3)	155,787		FMV		To provide funding for the V.N.A. Transition Nurse program.
Haitian Health Foundation 97 Sherman Street Norwich, CT 06360	06-1135999	501(c)(3)		50,000	FMV	Isolation Gowns and 3-Ply Masks	Medical outreach to provide aid to the poor of Jeremie Haiti.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southside Institutions Neighborhood Alliance (SINA) 400 Washington Street Hartford, CT 06106	06-1501542	501(c)(3)	30,000		FMV		SINAs mission is to work cooperatively with community stakeholders to restore economic vitality and improve the quality of life for the benefit of the people who live, work, visit, study, and play in the neighborhoods of South Central Hartford.
Connecticut Cancer Foundation Inc 15 North Main Street Old Saybrook, CT 06475	06-1240574	501(c)(3)	30,000		FMV		The Connecticut Cancer Foundation is dedicated to providing financial assistance to Connecticut cancer patients and their families to help with basic living expenses, such as rent, mortgage, and utilities, and to fund research.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501(c)(3)	29,012		FMV		The Connecticut Science Center is dedicated to inspiring lifelong learning through interactive and innovative experiences that explore our changing world through science. Striving to create an engaging and sustainable science center that serves families and schools and significantly impacts student and adult learning in Connecticut.
Connecticut Historical Society One Elizabeth Street Hartford, CT 06105	06-6026012	501(c)(3)	25,000		FMV		To cultivate a deep understanding of the history and culture of Connecticut, and its role in the United States and the world, through reflection of the past, active engagement with the present, and innovation for the future through our collections, research, educational programs, and exhibitions.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way Inc 30 Laurel Street Hartford, CT 06106	06-0646653	501(c)(3)	25,000		FMV		To provide funding for the Dolly Parton Imagination Library program.
National Kidney Foundation 300 Whitney Avenue Hamden, CT 06518	06-0792956	501(c)(3)	20,000		FMV		To provide all patients with access to the care, treatment and guidance they need to cope with a kidney disease diagnosis.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Brain Tumor Alliance Inc PO Box 370514 West Hartford, CT 06137	26-0307367	501(c)(3)	15,000		FMV		The Connecticut Brain Tumor Alliance is dedicated to providing hope and support to brain tumor patients and caregivers, while advancing brain tumor awareness, quality of care and brain tumor research.
American Heart Association 5 Brookside Drive Wallingford, CT 06492	13-5613797	501(c)(3)	15,000		FMV		The American Heart Association is committed to fighting heart disease and stroke and raising awareness of these diseases. As part of their mission, they focus on specific causes designed to help people achieve a heart-healthy lifestyle. Each of their cause initiatives reaches out to the public with resources and information to help them take positive action.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Assistance InterVention Education Network for Connecticut Health Pro 1210 Mill Street East Berlin, CT 06023	51-0642913	501(c)(3)	12,500		FMV		The mission of Health Assistance InterVention Education Network for Connecticut Health Professionals, Inc. is to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.
Town of Newington 131 Cedar Street Newington, CT 06111	06-6002047	Government	11,000		FMV		To support those over age 60 who are experiencing financial hardship.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ron Foley Foundation 1000 Farmington Avenue Suite 108A West Hartford, CT 06107	27-1386741	501(c)(3)	10,000		FMV		The Ron Foley Foundation is dedicated to funding medical research leading to early detection, more effective treatments and a cure for pancreatic cancer. The Ron Foley Foundation sponsors fundraising and annual events to build awareness and raise funds for patient assistance, education and research.
Colon Cancer Coalition 5666 Lincoln Drive STE 270 Edina, MN 55436	30-0377727	501(c)(3)	7,500		FMV		To empower local communities to promote prevention and early detection of colon cancer, and to provide support to those affected.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
International Hartford LTD 151 New Park Avenue STE 5A Hartford, CT 06106	46-2323260	501(c)(3)	7,000		FMV		To stimulate the economy, create jobs and raise incomes through immigrant enterprise. We remove cultural, financial and knowledge barriers to business venture liftoff, growth and success.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization Hartford Hospital		Employer identification number 06-0646668

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	
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 on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
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.

[illegible]

**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 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, 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.
Part I, Lines 4a-b	In 2020 Margaret Marchak, Former Officer & Director, received a Lump Sum Severance Payment in the amount of \$583,803. Hartford Healthcare Corporation, a related organization, 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 Hospital 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. 2020 SERP Accruals were made on behalf of the following individuals: Bimal Patel \$93,225 Ajay Kumar \$87,539 2020 SERP Payout was made on behalf of the following individual: Margaret Marchak \$18,671 Stuart Markowitz \$29,036 Gerald Boisvert \$19,737* *For this individual, vesting occurred, causing taxable income. This portion of the vested amount was used to pay the associated tax liability. The remaining balance was deposited into the employee SERP account.
Part I, Line 7	Hartford HealthCare Corporation, a related organization, 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: 06-0646668  
Name: Hartford Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Bimal Patel President & CEO (Regional)	(i)	0	0	0	0	0	0	0
	(ii)	731,746	358,360	28,412	113,175	31,822	1,263,515	0
1Ajay Kumar MD Former - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	634,776	328,777	13,591	107,489	58,265	1,142,898	0
2Gerald Boisvert Former - VP, Finance	(i)	0	0	0	0	0	0	0
	(ii)	495,980	327,822	79,559	19,950	59,870	983,181	0
3Margaret Marchak Former - Secretary	(i)	0	0	0	0	0	0	0
	(ii)	156,673	152,082	615,056	10,053	34,239	968,103	18,671
4Andrew Salner MD Chair Cancer Institute	(i)	616,525	600	4,151	19,950	37,565	678,791	0
	(ii)	0	0	0	0	0	0	0
5Kenneth Robinson MD Dept Chair Emergency Medicine	(i)	517,493	53,741	14,435	31,350	48,437	665,456	0
	(ii)	0	0	0	0	0	0	0
6Adam Steinberg VP, Medical Affairs	(i)	0	0	0	0	0	0	0
	(ii)	415,842	146,595	1,325	19,950	51,311	635,023	0
7Cheryl Ficara SVP, Operations	(i)	0	0	0	0	0	0	0
	(ii)	392,122	128,357	13,627	37,050	51,297	622,453	0
8Stuart Markowitz MD Former - President & Dir.	(i)	0	0	0	0	0	0	0
	(ii)	482,847	600	68,604	19,950	43,215	615,216	29,036
9Peruvamba Venkatesh Former-Highest Compensated Employee	(i)	235,217	84,297	3,742	37,050	47,608	407,914	0
	(ii)	193,779	0	0	0	0	193,779	0
10Matthew Tichauer Emergency Room Physician	(i)	437,007	43,819	217	19,950	50,238	551,231	0
	(ii)	0	0	0	0	0	0	0
11Shawn London Emergency Room Physician	(i)	426,326	47,503	241	19,950	43,702	537,722	0
	(ii)	0	0	0	0	0	0	0
12Evan Fox MD Med Dir. Psychiatry Prog.	(i)	455,393	1,200	1,584	34,200	38,695	531,072	0
	(ii)	0	0	0	0	0	0	0
13Harold Schwartz MD Former - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	385,306	1,200	1,854	37,050	46,831	472,241	0
14Barry Kriesberg Former - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	241,016	104,411	5,889	19,950	35,613	406,879	0
15Gregory Jones VP, Community Health	(i)	0	0	0	0	0	0	0
	(ii)	255,232	89,688	3,793	19,950	37,818	406,481	0
16Julie Drouin VP, Finance	(i)	0	0	0	0	0	0	0
	(ii)	251,410	82,611	830	19,950	26,944	381,745	0
17Gregory Makowski VP, Human Resources	(i)	0	0	0	0	0	0	0
	(ii)	274,725	59,153	3,952	19,950	18,597	376,377	0
18Peter Fraser Former - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	177,646	19,258	108,009	19,950	28,305	353,168	0
19Melanie Tucker VP, Human Resources	(i)	0	0	0	0	0	0	0
	(ii)	241,069	53,906	540	19,950	36,859	352,324	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				
21Carol Garlick VP, Philanthropy	(i)	225,332	49,226	3,238	33,397	24,600	335,793	0
	(ii)	0	0	0	0	0	0	0
1Elizabeth Ciotti Former - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	211,188	75,133	3,016	18,598	24,283	332,218	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Hartford Hospital

Employer identification number  
06-0646668

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . .				
9 Securities—Publicly traded .	X	32	1,352,926	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . .				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . .				
24 Archeological artifacts . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
Hartford Hospital

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**Employer identification number**

06-0646668

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Hartford Hospital is organized as a non-stock not for profit entity. Hartford HealthCare Corporation is the sole member.

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The sole member of the organization has the right to review, approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the HHC, 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 HHC, VP of Finance, as authorized signer for HH, and then filed with the IRS.</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	<p>The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC). HHC's Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of interest disclosure statements are maintained by the HHC Office of Compliance 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 HHC Conflict of Interest Committee. The Conflict of Interest Committee assesses and may recommend the conflicting interest either be (a) eliminated for continued relationship with HHC/HHC Affiliate, or, (b) managed through a management plan. Oversight review of physician disclosures is provided by the HHC Physician Conflict Resolution Committee. The Physician Conflict Resolution Committee assesses and may recommend the conflicting interest either be (a) eliminated for continued relationship with HHC/HHC Affiliate, or, (b) managed through a management plan. Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, hires an outside consultant, Human Resources and Compensation Consulting Practice of Gallagher, to determine best practices in governing executive compensation. The following steps were taken: - The use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, established and regularly reviews Executive Compensation Philosophy; - The Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"; - National peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors; - Analysis of current total compensation versus market is performed by independent third party compensation consulting firm and is then reviewed by the committee; - Recommendations are made based on market data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy; - The CEO compensation is reviewed by the Committee and is based on comparative market information and organizational performance; - All changes are reviewed and approved by the Executive Compensation Committee; The compensation determination process for the CEO is reviewed on an annual basis. All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.</p>

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, line 9:	Transfer to Affiliated Entity 3,648,837. Change in Pension and Post-Retirement Funding Obligation 158,720,661. Rounding Net Unrestricted Other Changes in Joint Ventures -10,458,665.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hartford Hospital

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

06-0646668

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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 . . . . .

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2020





**Part VII**      **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
326 Washington Street Norwich, CT 06360 22-2481794	Supporting Organization	CT	501(c)(3)	12 (a)	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06102 22-2779421	Coordination of Health Care Delivery	CT	501(c)(3)	12 (c)	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy 2nd Floor 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	
One State Street Suite 19 Hartford, CT 06102 22-2672834	Support & Management Svcs. To HH and Affiliates	CT	501(c)(3)	12 (c)	N/A		No
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 Highway 2nd Floor Wethersfield, CT 06109 37-1911194	Medical Services	CT	501(c)(3)	10	Hartford HealthCare Medical Group Inc	Yes	
1290 Silas Deane Highway 2nd Floor 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 06-6040747	Fundraising	CT	501(c)(3)	10	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	
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	Supporting Organization	CT	501(c)(3)	12 (a)	Rushford Center Inc	Yes	
95 Merritt Boulevard Trumbull, CT 06611 22-2554128	Holding Company	CT	501(c)(25)		St Vincent's Health Services Corp	Yes	
2800 Main Street Bridgeport, CT 06606 22-2558134	Supporting Organization	CT	501(c)(3)	12 (a)	SVMC Holdings Inc dba St Vincent's Medical Center	Yes	
2800 Main Street Bridgeport, CT 06606 80-0458769	Healthcare Services	CT	501(c)(3)	12 (a)	SVMC Holdings Inc dba St Vincent's Medical Center	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2800 Main Street Bridgeport, CT 06606 22-2558132	Fundraising	CT	501(c)(3)	7	SVMC Holdings Inc dba St Vincent's Medical Center	Yes	
95 Merritt Boulevard Trumbull, CT 06611 06-0702617	Residential Services for Handicapped	CT	501(c)(3)	10	St Vincent's Health Services Corp	Yes	
2800 Main Street Bridgeport, CT 06606 83-2550272	Hospital	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
540 Litchfield Street PO Box 988 Torrington, CT 06790 06-0646678	Healthcare Services	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britian, CT 06052 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 Citizens	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	
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 06-0646966	Healthcare Services	CT	501(c)(3)	3	Hartford HealthCare Corporation	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												
(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	
Advanced Medical Imaging of NW CT LLC  57 Commercial Blvd Torrington, CT 06790 06-1594854	Magnetic Resonance Imaging	CT	N/A					No			No	
Ambulance Service of Manchester LLC  PO Box 300 Manchester, CT 06450 06-1557358	Ambulatory Service	CT	N/A					No			No	
Central Connecticut Endoscopy Center  440 New Britain Avenue Plainville, CT 06062 14-1855010	Endoscopy Svcs	CT	N/A					No			No	
Connecticut Imaging Partners LLC  c/o Jefferson Radiology 1500 Concor Sunrise, FL 33323 13-4298940	Imaging Services	CT	Hartford Hospital	Related	71,664,838	57,083,965		No			No	51.000 %
Connecticut Orthopaedic Surgery Center LLC  205 Sub Way Milford, CT 06461 13-4298940	Surgery Svcs	CT	N/A					No			No	
Connecticut Proton Therapy Center LLC  789 Howard Ave Suite CB 230 New Haven, CT 06519	Proton Therapy Services	CT	N/A					No			No	
Constitution Surgery Center East LLC  174 Cross Road Waterford, CT 06385 06-1574704	Surgery Svcs	CT	N/A					No			No	
CT GI Endoscopy Center LLC ( Bloomfield)  4 Northwestern Drive Bloomfield, CT 06002 06-1573358	GI Services	CT	Hartford Hospital	Related	1,445,915	363,239		No			No	51.000 %
Glastonbury Endoscopy Center LLC  300 Western Blvd Suite B Glastonbury, CT 06033 26-1721234	Endoscopy Svcs	CT	Hartford Hospital	Related	7,885,303	897,788		No			No	51.000 %
Glastonbury Surgery Center LLC  195 Eastern Boulevard Glastonbury, CT 06033 26-2600828	Surgery Svcs	CT	Hartford Hospital	Related	26,689,817	6,318,628		No			No	51.000 %
Hartford-Middlesex Clinical System LLC  80 Seymour Street Hartford, CT 06110 06-1543605	Affiliate Support Services	CT	N/A	Unrelated	-40			No			No	50.000 %
HHC Hartford Surgery Center LLC  100 Avon Meadow Lane Avon, CT 06001 81-2637261	Surgery Svcs	CT	Hartford Hospital	Related	17,218,707	5,393,516		No			No	51.000 %
HHC Southington Surgery Center LLC  100 Avon Meadow Lane Avon, CT 06001 46-5500829	Surgery Svcs	CT	N/A					No			No	
Hartford HealthCare-GoHealth Urgent Care LLC  5555 Glenridge Connector Suite 700 Atlanta, GA 30342 81-5112698	Urgent Care Services	DE	N/A					No			No	
Med East Assoc LLC  1703 West Main Street Willimantic, CT 06226 06-1469575	Outpatient Care Clinic	CT	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
MedConn Collection Agency  2049 Silas Deane Highway Suite 305 Rocky Hill, CT 06067 06-1408854	Collections Services	CT	N/A					No			No	
New Britain MRI Limited Partnership  100 Grand Street New Britain, CT 06050 06-1271349	Magnetic resonance imaging	CT	N/A					No			No	
Rocky Hill Surgery Center LLC  1111 Cromwell Avenue Building 1 Rocky Hill, CT 06067 83-3096156	Surgery Svcs	CT	N/A					No			No	
The Endoscopy Center of Northwest Connecticut LLC  245 Alvord Park Road Torrington, CT 06790 06-1609993	Endoscopy Svcs	CT	N/A					No			No	
Wallingford Endoscopy Center LLC  863 North Main Street Ext Suite 300 Wallingford, CT 06492 82-4601730	Endoscopy Svcs	CT	N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Aetna Ambulance Service Inc PO Box 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C				Yes	
Backus Medical Center Condo Assoc Inc 330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C				Yes	
CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Billing Services	CT	N/A	C				Yes	
ConnCare Inc 326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C				Yes	
HHMOB Corporation 80 Seymour Street PO Box 5037 Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	N/A	C				Yes	
Hartford HealthCare Indemnity Services Ltd FB Perry Bld 40 Church Street Hamilton BD	Captive Insurance	BD	N/A	C				Yes	
Hartford Physician Services PC 80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	CT	N/A	C				Yes	
Litchfield County Healthcare Service Corporation 540 Litchfield Street Torrington, CT 06790 06-1227655	Management Services	CT	N/A	C				Yes	
Meriden Imaging Center Inc 101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S				Yes	
Metro Wheelchair Service Inc PO Box 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C				Yes	
Midstate Medical Group PC 435 Lewis Avenue Meriden, CT 06450 20-4327968	Medical Services	CT	N/A	C				Yes	
The Cancer Care Fund Of The Litchfield Hills Inc 200 Kennedy Drive Torrington, CT 06790 51-0474072	Cancer Care Fund	CT	N/A	C				Yes	
Windham Professional Office Condo Assoc 112 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C				Yes	
WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094838	Holding Company	CT	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Charlotte Hungerford Hospital	P	69,341	FMV
Charlotte Hungerford Hospital	A	1,244	FMV
Charlotte Hungerford Hospital	O	169,881	FMV
Charlotte Hungerford Hospital	S	191,984	FMV
Charlotte Hungerford Hospital	Q	360,733	FMV
Charlotte Hungerford Hospital	L	1,133,074	FMV
Hartford HealthCare at Home Inc	A	5,144	FMV
Hartford HealthCare at Home Inc	L	55,661	FMV
Hartford HealthCare at Home Inc	Q	1,110,795	FMV
Hartford HealthCare at Home Inc	O	4,038,207	FMV
Hartford Healthcare Rehab Ntwk	O	1,525,942	FMV
HHMOB Corp	S	1,491,285	FMV
Hartford HealthCare Medical Group Inc	O	545,493	FMV
Hartford HealthCare Medical Group Inc	R	364,711	FMV
Hartford HealthCare Medical Group Inc	B	84,103	FMV
Hartford HealthCare Medical Group Inc	L	298,695	FMV
Hartford HealthCare Medical Group Inc	Q	669,867	FMV
Hartford HealthCare Medical Group Inc	A	693,600	FMV
Hartford HealthCare Medical Group Inc	S	1,817,670	FMV
Hartford HealthCare Medical Group Specialists	O	49,929,238	FMV
Hartford HealthCare Medical Group Specialists	R	105,926	FMV
Hartford HealthCare Medical Group Specialists	P	90,198	FMV
Hartford HealthCare Medical Group Specialists	B	85,415	FMV
Hartford HealthCare Medical Group Specialists	Q	319,757	FMV
Hartford HealthCare Medical Group Specialists	L	645,392	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
Hartford HealthCare Medical Group Specialists	A	1,017,066	FMV
Hartford HealthCare Medical Group Specialists	S	79,483,964	FMV
The Hospital of Central Connecticut	R	1,130,558	FMV
The Hospital of Central Connecticut	O	713,490	FMV
The Hospital of Central Connecticut	L	3,008,764	FMV
The Hospital of Central Connecticut	S	3,697,473	FMV
The Hospital of Central Connecticut	Q	3,705,026	FMV
Midstate Medical Center	O	215,603	FMV
Midstate Medical Center	S	350,197	FMV
Midstate Medical Center	Q	1,645,297	FMV
Midstate Medical Center	L	2,390,261	FMV
Mulberry Gardens	S	295,384	FMV
Natchaug Hospital	L	56,721	FMV
Natchaug Hospital	Q	144,933	FMV
Natchaug Hospital	O	158,426	FMV
Orchards at Southington	S	281,559	FMV
Rushford Center Inc	Q	114,902	FMV
Southington Care Center	O	71,929	FMV
St Vincent's Medical Center	O	290,123	FMV
St Vincent's Medical Center	S	549,167	FMV
St Vincent's Medical Center	Q	1,013,752	FMV
St Vincent's Medical Center	L	1,853,642	FMV
The William W Backus Hospital	O	116,581	FMV
The William W Backus Hospital	S	605,573	FMV
The William W Backus Hospital	Q	2,259,748	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
The William W Backus Hospital	L	4,311,222	FMV
Windham Community Memorial Hospital	A	3,812	FMV
Windham Community Memorial Hospital	S	103,154	FMV
Windham Community Memorial Hospital	O	183,990	FMV
Windham Community Memorial Hospital	Q	659,455	FMV
Windham Community Memorial Hospital	L	1,283,855	FMV
St Vincent's Special Needs Center	Q	57,233	FMV
MRI of Farmgton Ave aka WH MRI	A	137,769	FMV
Hartford Hospital Auxilary	C	466,066	FMV