

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

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 HealthCare Corporation

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
One State Street Suite 19

City or town, state or province, country, and ZIP or foreign postal code
Hartford, CT 06103

D Employer identification number
22-2672834

E Telephone number
(860) 696-6232

G Gross receipts \$ 574,246,703

F Name and address of principal officer:
Jeffrey A Flaks
One State Street Suite 19
Hartford, CT 06103

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

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

J Website: ▶ www.hartfordhealthcare.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1985

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Hartford HealthCare's mission is to improve the health and healing of the people and communities it serves.

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

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	3,447
6 Total number of volunteers (estimate if necessary)	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	4,346,069
7b Net unrelated business taxable income from Form 990-T, line 39	-459,496

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	563,734,519	563,501,763
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	928,706	825,597
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-20,134,339	-12,686,936
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	544,528,886	551,640,424
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	572,264	1,557,596
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	334,298,875	364,139,432
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	254,805,517	304,001,159
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	589,676,656	669,698,187
19 Revenue less expenses. Subtract line 18 from line 12	-45,147,770	-118,057,763
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,327,797,727	2,668,436,051
21 Total liabilities (Part X, line 26)	1,460,103,267	1,892,585,502
22 Net assets or fund balances. Subtract line 21 from line 20	867,694,460	775,850,549

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: 2022-08-11
Mark Keise SVP Financial Operations
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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	

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:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 652,233,373 including grants of \$) (Revenue \$ 563,501,763)
See Additional Data

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

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

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

4e Total program service expenses ▶ 652,233,373

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	3,447			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	Yes	
<p>b If "Yes," enter the name of the foreign country: ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
9 Sponsoring organizations maintaining donor advised funds.					
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>			15	Yes	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Carol Wardell One State Street Suite 19 Hartford, CT 06103 (860) 696-6232

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f						
Program Service Revenue	2a System Support Svcs	Business Code					
		541990	545,376,209	545,376,209			
	b ICP Program Revenue	621110	11,564,846	7,218,777	4,346,069		
	c Income From JV's	900003	6,560,708	6,560,708			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		563,501,763					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		809,609			809,609	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	9,919,343				
		(ii) Personal					
		b Less: rental expenses	22,606,279				
		c Rental income or (loss)	-12,686,936				
	d Net rental income or (loss)			-12,686,936		-12,686,936	
	7a Gross amount from sales of assets other than inventory	(i) Securities			15,988		
		(ii) Other					
		b Less: cost or other basis and sales expenses			0		
		c Gain or (loss)			15,988		
	d Net gain or (loss)			15,988		15,988	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue	Business Code						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			551,640,424	559,155,694	4,346,069	-11,861,339	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,557,596	1,557,596		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	28,175,476	26,073,293	2,102,183	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,169,159	1,169,159		
7 Other salaries and wages	277,780,130	277,780,130		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,730,841	21,582,276	148,565	
9 Other employee benefits	16,738,716	16,624,280	114,436	
10 Payroll taxes	18,545,110	18,384,293	160,817	
11 Fees for services (non-employees):				
a Management				
b Legal	5,121,083		5,121,083	
c Accounting	3,748,626		3,748,626	
d Lobbying	705,625		705,625	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	279,680		279,680	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,213,690	13,213,690		
12 Advertising and promotion	20,020,525	20,020,525		
13 Office expenses	19,863,154	19,863,154		
14 Information technology	32,293,091	32,293,091		
15 Royalties				
16 Occupancy	6,646,051	6,646,051		
17 Travel	473,461	473,461		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	808,315	808,315		
20 Interest	12,399,510	7,315,711	5,083,799	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,511,257	69,511,257		
23 Insurance	1,342,635	1,342,635		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Purchased Services	84,643,410	84,643,410		
b Repairs & Maintenance	25,712,891	25,712,891		
c Dues & Licenses	2,759,203	2,759,203		
d Medical Supplies	2,005,886	2,005,886		
e All other expenses	2,453,066	2,453,066		
25 Total functional expenses. Add lines 1 through 24e	669,698,187	652,233,373	17,464,814	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	49,930,237	1	67,752,590
	2 Savings and temporary cash investments	64,198,944	2	39,468,217
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,451,147	4	22,793,935
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	100,000	7	8,851,311
	8 Inventories for sale or use	120,000	8	16,947,683
	9 Prepaid expenses and deferred charges	16,004,034	9	27,229,335
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 636,012,610		
	b Less: accumulated depreciation	10b 288,882,380	362,573,146	10c 347,130,230
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	60,250,342	12	55,437,725
	13 Investments—program-related. See Part IV, line 11	874,251,891	13	892,652,891
	14 Intangible assets	62,041,458	14	63,644,458
	15 Other assets. See Part IV, line 11	830,876,528	15	1,126,527,676
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,327,797,727	16	2,668,436,051	
Liabilities	17 Accounts payable and accrued expenses	150,342,897	17	183,991,519
	18 Grants payable		18	
	19 Deferred revenue	40,729	19	0
	20 Tax-exempt bond liabilities	1,056,633,340	20	1,250,491,444
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	253,086,301	25	458,102,539
	26 Total liabilities. Add lines 17 through 25	1,460,103,267	26	1,892,585,502
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	751,275,805	27	659,911,482
	28 Net assets with donor restrictions	116,418,655	28	115,939,067
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	867,694,460	32	775,850,549	
33 Total liabilities and net assets/fund balances	2,327,797,727	33	2,668,436,051	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	551,640,424
2	Total expenses (must equal Part IX, column (A), line 25)	2	669,698,187
3	Revenue less expenses. Subtract line 2 from line 1	3	-118,057,763
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	867,694,460
5	Net unrealized gains (losses) on investments	5	-3,270,453
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29,484,305
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	775,850,549

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 22-2672834

Name: Hartford HealthCare Corporation

Form 990 (2020)

Form 990, Part III, Line 4a:

Hartford HealthCare Corporation (HHC) serves as the supporting organization of an integrated health care delivery system (the "System") that includes, but is not limited to, the following entities: Hartford Hospital, MidState Medical Center, Natchaug Hospital, Inc., Rushford Center, Inc., The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital, Inc., The William W. Backus Hospital, The Charlotte Hungerford Hospital and SVMC Holdings, Inc., each of which are Connecticut nonstock corporations that qualify as tax-exempt organizations under 501(c)(3) of the Code and as public charities under 509(a)(1) of the Code (collectively, the "Supported Organizations"). The purposes for which the Corporation is organized and operated are to promote and support, directly or indirectly, the interests and purposes of the Supported Organizations. HHC is a fully integrated health system that includes 4 community hospitals, 2 acute care and 1 tertiary-care teaching hospital, the state's most extensive behavioral health network, a large multispecialty physician group, a regional home care system, an array of senior care services, a large physical therapy and rehabilitation network and an accountable care organization. Through its institute model, the HHC system offers high standards of care for cancer, heart and vascular services, neuroscience, orthopedics and urology. HHC collaborates with its Supported Organizations to develop and implement programs to improve the future of health care in Southern New England. This includes initiatives to improve the quality and accessibility of health care; create efficiency in internal operations; and provide patients with the most technically advanced and compassionate, coordinated care. Through its supported organizations (hospitals), the Corporation was designed to provide patients with more convenience to healthcare access in their local communities. The hospitals provide these needed medical services to all patients regardless of their abilities to pay. HHC is further integrating care, and increasing access to high-quality services, through its institute model. The Corporation has established the Hartford HealthCare Cancer Institute, the first in the nation to be named a member of the Memorial Sloan Kettering Cancer Alliance; the Bone and Joint Institute; the Ayer Neuroscience Institute, with a renowned Headache Center and Movement Disorders Center; the Heart and Vascular Institute; the Tallwood Urology and Kidney Institute; and the Behavioral Health Network. Our institutes provide clinical support, research, and education for our patients, physicians and communities. Through Hartford Hospital, HHC provides the state's first critical air helicopter service, called LIFE STAR. Our LIFE STAR program has been an integral service for more than 35 years. With nearly 37,171 flights and more than 46,800 patients served, we take pride in knowing countless lives have been saved thanks to our talented crew and extraordinary capabilities. As a system, Hartford HealthCare, is an economic engine for the state of Connecticut. We are the third-largest employer in the state, and our ongoing investment in capital programs and projects provides jobs, enhances access to care and improves the quality of life for all state residents. In all, Hartford HealthCare proudly serves a majority of Connecticut's cities and towns. The Corporation was designed to provide a high degree of access to quality services, offering patients, customers and clients with compassionate, coordinated care, close to home.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Flaks Director, President & CEO	40.00	X		X				3,295,712	0	115,885
Charles Johnson Treasurer, EVP & CFO (Thru Sept 21)	40.00			X				1,637,844	0	87,365
Khalid Abbed SVP	60.00				X			1,496,889	0	69,459
Michael Daglio EVP	20.00			X				1,347,033	0	187,529
Vincent DiBattista SVP (Thru July 2021)	40.00				X			1,230,973	0	82,821
Bimal Patel SVP	20.00				X			1,118,518	0	144,997
Jeffrey Cohen MD EVP	40.00			X				1,154,707	0	92,708
Tracy Church EVP	60.00			X				1,152,696	0	77,527
David Whitehead EVP	60.00			X				1,147,749	0	79,658
Rocco Orlando III MD SVP, CAO	60.00					X		1,064,133	0	102,284

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			
Ajay Kumar MD EVP	60.00			X				977,144	0	165,754
James Cardon MD EVP	40.00			X				1,060,874	0	74,339
Steven Shichman MD Physician-in-Chief Urology	20.00 60.00					X		984,880	0	84,911
Peter Yu MD SVP	60.00				X			869,845	0	155,917
Gerald Boisvert SVP	50.00				X			903,361	0	79,820
Richard Shirey SVP	10.00 60.00				X			892,132	0	85,799
Margaret Marchak Former Secretary & CLO	0.00						X	923,811	0	44,292
Daniel McIntyre SVP	60.00				X			851,641	0	92,167
Patricia Rehmer SVP	60.00				X			854,533	0	49,962
John Santopietro SVP	60.00				X			728,092	0	141,482

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			
Donna Handley SVP	60.00				X			784,677	0	76,359
Richard Stys SVP	60.00				X			792,127	0	62,597
David Holmgren CIO	60.00					X		789,852	0	63,513
Sharon Kiely MD VP	60.00					X		765,161	0	47,674
Mark Prete SVP	10.00				X			606,484	59,339	109,743
David Mack SVP	50.00				X			634,304	0	95,204
Gary Havican SVP	20.00				X			558,673	0	120,925
Barry Stein MD Former Highest Compensated Employee	0.00						X	607,950	0	67,870
Wendy Elberth SVP	60.00				X			566,326	0	67,988
Robert Sidman MD Former Highest Compensated Employee	0.00						X	559,012	0	72,376

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Finkelstein MD Former Highest Compensated Employee	0.00						X	550,265	0	80,181
Karen Goyette SVP	60.00				X			495,001	0	120,925
Stuart Markowitz MD SVP, Physician Chief	60.00					X		552,051	0	63,165
Cynthia Pugliese SVP	60.00				X			526,048	0	77,362
Kristi Gafford SVP	60.00				X			475,936	0	85,003
Cynthia Heller Former Key Employee	0.00						X	491,850	0	52,685
Paul Thompson MD Former Key Employee	0.00						X	422,117	0	72,791
Eric Smullen VP	60.00				X			356,991	0	70,251
Wheatley Wentzell SVP	60.00				X			327,297	0	90,226
Amanda Richards EVP	60.00			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			
Edward Arum Director (Thru Dec 2020)	2.00	X						0	0	0
Greg Barats Director	2.00	X						0	0	0
Joanne Berger-Sweeney Director	2.00	X						0	0	0
Francisco Borges Director	2.00	X						0	0	0
Gregory Butler Director	2.00	X						0	0	0
Helene Glotzer Director	2.00	X						0	0	0
David Hess Director	2.00	X						0	0	0
John Lavieri Director (Thru Dec 2020)	2.00	X						0	0	0
Yvette Melendez Director	2.00	X						0	0	0
Kola Olofinboba Director	2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Petillo Director	2.00	X						0	0	0
Patricia Roberts MD Director	2.00	X						0	0	0
Gregory Toczydlowski Director	2.00	X						0	0	0
Greg Deavens Chair	3.00	X		X				0	0	0
Joseph Voelker Vice Chair	3.00	X		X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 14
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	14				0	572,066,673

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		No
3a			No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Yes	
5a		Yes	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		No
6			No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
9a			No
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? If "Yes," provide detail in Part VI .		No
9b			No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
9c			No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
10a			No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b			

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? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

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? <i>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.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
		1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
		2a	
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? <i>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.</i>		
		2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
		3a	Yes
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	Yes

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

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

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

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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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-- <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART I, LINE 12G COL. (V1)	Hartford HealthCare Corporation (HHC) is organized as a supporting organization that was established to carry out the purposes of and provide support services to its related tax exempt member organizations. During FY21, HHC provided employees and support services to its member organizations including but not limited to the following: Legal, Treasury, Finance, Revenue Cycle, Information Technology Services (IT), Marketing, Strategic Planning and Human Resources (HR). The total non-monetary support provided was \$572,066,673.

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A LINE 5A	Name of supporting organization removed: Hartford HealthCare Medical Group Specialists, PLLC EIN of supporting organization removed: 37-1911194 Hartford HealthCare Medical Group Specialists, PLLC is a sole member of Hartford HealthCare Medical Group, Inc. and it was was formed to further the tax exempt purpose of Hartford HealthCare Medical Group, Inc. which primary purpose is to practice medicine and provide healthcare services to the public as a medical foundation. As such the direct support from Hartford HealthCare Corporation is provided to Hartford HealthCare Medical Group, Inc. Name of supporting organization added: St. Vincent's Special Needs Center, Inc. EIN of supporting organization added: 06-0702617 St. Vincent's Special Needs Center, Inc. was formed to provide lifelong education and therapy for people with developmental and special healthcare needs.

Additional Data

Software ID:

Software Version:

EIN: 22-2672834

Name: Hartford HealthCare Corporation

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Hartford Hospital	060646668	3	Yes		0	256,631,553
(A) The Hospital of Central Connecticut	060646768	3	Yes		0	72,026,670
(B) The William W Backus Hospital	060250773	3	Yes		0	64,623,965
(C) MidState Medical Center	060646715	3	Yes		0	52,212,690
(D) SVMC Holdings Inc dba St Vincent's Medical Center	832550272	3	Yes		0	41,419,713
(E) Hartford HealthCare Medical Group Inc	454456939	10	Yes		0	25,488,468
(F) Windham Community Memorial Hospital	060646966	3	Yes		0	18,510,247
(G) Hartford HealthCare at Home Inc	060646938	10	Yes		0	13,970,921
(H) The Charlotte Hungerford Hospital	060646678	3	Yes		0	11,960,791
(I) Natchaug Hospital Inc	060966963	3	Yes		0	6,710,583
(J) Rushford Center Inc	060932875	7	Yes		0	3,983,796
(K) Hartford HealthCare Senior Services Inc	222635676	10	Yes		0	1,883,196
(L) Hartford HealthCare Independence at Home Inc	061161422	10		No	0	1,643,724
(M) St Vincent's Special Needs Center Inc	060702617	10		No	0	1,000,356

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 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 HealthCare Corporation	Employer identification number 22-2672834
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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? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		340,812
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		364,813
j	Total. Add lines 1c through 1i			705,625
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1:	Hartford HealthCare Corporation incurred \$705,625 of lobbying expenditures for FY21. Kenneth Przybysz, LLC, Coalition to Protect America's Health and Gaffney Bennett & Associates Inc., provided lobbying services on behalf of the organization during the fiscal year. Efforts mainly include the lobbying of Connecticut State Legislators in the interest of tax exempt hospitals in the State of Connecticut. The Organization also paid annual dues to American Hospital Association (AHA) on behalf of the system hospitals. AHA conducts lobbying activities on behalf of its members. AHA allocates a portion of their dues as lobbying expenses. The calculation is consistent under current Medicare rules. In addition, the Organization occasionally asks its employees to volunteer their time to contact their legislators and also utilizes management time to lobby on its behalf at the Federal and State levels.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

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

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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		1,624,989		1,624,989
b Buildings		32,228,940	17,486,366	14,742,574
c Leasehold improvements		52,402,929	12,301,064	40,101,865
d Equipment		457,311,648	259,094,950	198,216,698
e Other		92,444,104		92,444,104
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				347,130,230

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Long Term Investments in Affiliates	892,652,891	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	892,652,891	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Intercompany Allocation - Bond Debt	847,687,406
(2) Deferred Liability - ST/LT Malpractice Claims	272,798,423
(3) SERP Assets	6,041,847
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,126,527,676

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) Program Related Liabilities	308,144,476
(3) SERP Liability	14,761,536
(4) Accrued Malpractice	6,585,882
(5) Bond Accrued Liabilities	8,899,819
(6) Due From/ To Affiliates	119,710,826
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	458,102,539

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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	2	4			149,322,937
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	2	4			149,322,937

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.

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

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

Part 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 I, Line 3	The Audited Financial Statements for the Investment in Captive were prepared according to US Generally Accepted Accounting Principles (GAAP). Funding for medical malpractice claims are being reported on an cash basis.

Additional Data

Software ID:

Software Version:

EIN: 22-2672834

Name: Hartford HealthCare Corporation

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America/Caribbean	1	2	Program Service - Captive	Funding for medical malpractice claim payments	56,682,728
Central America/Caribbean	1	2	Investment In Captive		86,473,115

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Expense	PPE supplies	5,864,886
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Service	Social media monitoring service	124,248

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 (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Service	Forecast software	162,840
North America - Canada and Mexico, but not the United States	0	0	Program Service	Supplies	15,120

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 checked="" 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)		
<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 checked="" 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)									
<p>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</p>	1b	No								
<p>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?</p>	2	No								
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>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.</p>	7	Yes								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	The box related to health or social club dues or initiation fees is checked. Hartford HealthCare Corporation maintains a membership at the Hartford Club. The Hartford Club does not allow for corporate membership, therefore, the membership fee is paid directly to the Club, but the account is assigned to an individual executive. This executive does not derive any personal benefit from the use of the Club, and any use is for business purposes such as meetings/lunches/dinners etc. The executive is not taxed, and is required to sign an annual attestation that he does not derive any personal benefit from the use of this membership. The membership resides at Hartford HealthCare Corporation and can be reassigned at will.
Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, hires an outside consultant, Human Resources and Compensation Consulting Practice of Gallagher, to determine best practices in governing executive compensation. Please refer to compensation narrative reported on Schedule O.
Part I, Lines 4a-b	Hartford Healthcare Corporation maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President & CEO, Executive Vice President and Senior Vice President levels that are reported by Hartford HealthCare Corporation on its Form 990, Part VII. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause, upon reaching age 65 or the occurrence of a change in control. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service. In 2020, Margaret Marchak (Former Officer) received a lump sum severance payment in the amount of \$583,803. 2020 SERP Accruals were made on behalf of the following individuals: Bimal Patel \$93,225 Peter Yu \$73,415 Karen Goyette \$43,187 Gary Havican \$50,434 Kristi Gafford \$43,002 Michael Daglio \$102,893 Ajay Kumar \$87,539 Wheatley Wentzell \$29,429 Mark Prete \$57,308 David Mack \$53,123 John Santopietro \$67,610 2020 SERP Payouts were made on behalf of the following individuals: Margaret Marchak \$ 18,671 Stuart Markowitz \$ 29,036 Charles Johnson \$226,543* Patricia Rehmer \$84,476* Vincent DiBattista \$105,373* Jeffrey Flaks \$202,157* James Cardon \$38,209* Tracy Church \$41,543* David Whitehead \$27,270* Jeffrey Cohen \$28,914* Rocco Orlando \$27,724* Richard Shirey \$21,848* Richard Stys \$19,309* Donna Handley \$19,577* Gerald Boisvert \$19,737* Cynthia Pugliese \$13,209* Wendy Elberth \$14,008* Daniel McIntyre \$21,003* *For these individuals, 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 has a Compensation At Risk Plan that encourages and rewards achievements of significant functional goals. These goals contribute to the organization's strategic and financial direction. The plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jeffrey Flaks Director, President & CEO	(i)	1,380,660	1,359,881	555,171	22,800	93,085	3,411,597	0
	(ii)	0	0	0	0	0	0	0
1 Charles Johnson Treasurer, EVP & CFO (Thru Sept 21)	(i)	714,190	391,142	532,512	19,950	67,415	1,725,209	377,612
	(ii)	0	0	0	0	0	0	0
2 Khalid Abbed SVP	(i)	1,341,054	155,000	835	19,950	49,509	1,566,348	0
	(ii)	0	0	0	0	0	0	0
3 Michael Daglio EVP	(i)	754,236	586,725	6,072	122,843	64,686	1,534,562	0
	(ii)	0	0	0	0	0	0	0
4 Vincent DiBattista SVP (Thru July 2021)	(i)	609,861	262,619	358,493	19,950	62,871	1,313,794	248,914
	(ii)	0	0	0	0	0	0	0
5 Bimal Patel SVP	(i)	731,746	358,360	28,412	113,175	31,822	1,263,515	0
	(ii)	0	0	0	0	0	0	0
6 Jeffrey Cohen MD EVP	(i)	679,045	350,046	125,616	19,950	72,758	1,247,415	0
	(ii)	0	0	0	0	0	0	0
7 Tracy Church EVP	(i)	657,676	376,989	118,031	19,950	57,577	1,230,223	0
	(ii)	0	0	0	0	0	0	0
8 David Whitehead EVP	(i)	656,733	364,451	126,565	19,950	59,708	1,227,407	0
	(ii)	0	0	0	0	0	0	0
9 Rocco Orlando III MD SVP, CAO	(i)	623,780	284,280	156,073	37,050	65,234	1,166,417	0
	(ii)	0	0	0	0	0	0	0
10 Ajay Kumar MD EVP	(i)	634,776	328,777	13,591	107,489	58,265	1,142,898	0
	(ii)	0	0	0	0	0	0	0
11 James Cardon MD EVP	(i)	563,209	383,718	113,947	19,950	54,389	1,135,213	0
	(ii)	0	0	0	0	0	0	0
12 Steven Shichman MD Physician-in-Chief Urology	(i)	714,125	252,534	18,221	19,950	64,961	1,069,791	0
	(ii)	0	0	0	0	0	0	0
13 Peter Yu MD SVP	(i)	580,544	262,022	27,279	93,365	62,552	1,025,762	0
	(ii)	0	0	0	0	0	0	0
14 Gerald Boisvert SVP	(i)	495,980	327,822	79,559	19,950	59,870	983,181	0
	(ii)	0	0	0	0	0	0	0
15 Richard Shirey SVP	(i)	548,170	250,314	93,648	19,950	65,849	977,931	0
	(ii)	0	0	0	0	0	0	0
16 Margaret Marchak Former Secretary & CLO	(i)	156,673	152,082	615,056	10,053	34,239	968,103	18,671
	(ii)	0	0	0	0	0	0	0
17 Daniel McIntyre SVP	(i)	508,128	241,502	102,011	19,950	72,217	943,808	0
	(ii)	0	0	0	0	0	0	0
18 Patricia Rehmer SVP	(i)	394,537	181,477	278,519	19,950	30,012	904,495	210,360
	(ii)	0	0	0	0	0	0	0
19 John Santopietro SVP	(i)	510,773	213,123	4,196	87,560	53,922	869,574	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Donna Handley SVP	(i)	493,765	214,681	76,231	19,950	56,409	861,036	0
	(ii)	0	0	0	0	0	0	0
1 Richard Stys SVP	(i)	491,920	221,669	78,538	19,950	42,647	854,724	0
	(ii)	0	0	0	0	0	0	0
2 David Holmgren CIO	(i)	598,445	187,098	4,309	19,950	43,563	853,365	0
	(ii)	0	0	0	0	0	0	0
3 Sharon Kiely MD VP	(i)	579,205	177,149	8,807	19,950	27,724	812,835	0
	(ii)	0	0	0	0	0	0	0
4 Mark Prete SVP	(i)	419,699	180,845	5,940	77,258	32,485	716,227	0
	(ii)	59,339	0	0	0	0	59,339	0
5 David Mack SVP	(i)	449,976	182,672	1,656	73,073	22,131	729,508	0
	(ii)	0	0	0	0	0	0	0
6 Gary Havican SVP	(i)	378,210	177,402	3,061	70,384	50,541	679,598	0
	(ii)	0	0	0	0	0	0	0
7 Barry Stein MD Former Highest Compensated Employee	(i)	450,070	150,603	7,277	19,950	47,920	675,820	0
	(ii)	0	0	0	0	0	0	0
8 Wendy Elberth SVP	(i)	352,902	161,696	51,728	37,050	30,938	634,314	0
	(ii)	0	0	0	0	0	0	0
9 Robert Sidman MD Former Highest Compensated Employee	(i)	409,322	145,613	4,077	19,950	52,426	631,388	0
	(ii)	0	0	0	0	0	0	0
10 Jeffrey Finkelstein MD Former Highest Compensated Employee	(i)	409,536	136,668	4,061	25,650	54,531	630,446	0
	(ii)	0	0	0	0	0	0	0
11 Karen Goyette SVP	(i)	337,916	154,471	2,614	68,837	52,088	615,926	0
	(ii)	0	0	0	0	0	0	0
12 Stuart Markowitz MD SVP, Physician Chief	(i)	482,847	600	68,604	19,950	43,215	615,216	29,036
	(ii)	0	0	0	0	0	0	0
13 Cynthia Pugliese SVP	(i)	329,533	149,569	46,946	28,500	48,862	603,410	0
	(ii)	0	0	0	0	0	0	0
14 Kristi Gafford SVP	(i)	327,570	145,780	2,586	62,952	22,051	560,939	0
	(ii)	0	0	0	0	0	0	0
15 Cynthia Heller Former Key Employee	(i)	376,351	112,408	3,091	19,950	32,735	544,535	0
	(ii)	0	0	0	0	0	0	0
16 Paul Thompson MD Former Key Employee	(i)	394,663	25,600	1,854	37,050	35,741	494,908	0
	(ii)	0	0	0	0	0	0	0
17 Eric Smullen VP	(i)	259,067	96,149	1,775	22,800	47,451	427,242	0
	(ii)	0	0	0	0	0	0	0
18 Wheatley Wentzell SVP	(i)	231,060	95,457	780	49,379	40,847	417,523	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford HealthCare Corporation

Employer identification number

22-2672834

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A See Part VI	06-0806186	20775DQH8	09-29-2021	201,989,169	See Part VI		X		X	X	
B See Part VI	06-0806186	20775DFD9	01-29-2020	355,167,864	See Part VI		X		X	X	
C See Part VI	06-0806186	20775DFG2	04-02-2020	13,225,687	See Part VI		X		X	X	
D See Part VI	06-0806186	20774YVKO	05-12-2015	126,868,188	See Part VI		X		X	X	

Part II Proceeds

	A	B	C	D				
1 Amount of bonds retired				66,635,000				
2 Amount of bonds legally defeased								
3 Total proceeds of issue	201,989,169	355,295,011	13,225,687	127,009,880				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,989,169	1,557,143	73,975	1,868,188				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	23,735,576	90,321,309		125,141,692				
11 Other spent proceeds		261,857,922	13,151,712					
12 Other unspent proceeds	176,264,424	1,431,489						
13 Year of substantial completion		2021	2020	2015				
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X		X			X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X			X		X
16 Has the final allocation of proceeds been made?		X	X	X			X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name: See Part VI Date the Rebate Computation was Performed: 06/08/2020 Issuer Name: See Part VI Date the Rebate Computation was Performed: 03/26/2019

Return Reference	Explanation
Schedule K, Part I, Bond Issues:	<p>(a) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for construction needs. (b) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Refinance CHEFA Revenue Bonds issued on 9/29/2011 and on 5/12/2015 as well as finance future constructions, improvements and equipping of facilities. (c) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for future constructions, improvements and equipping of facilities. (d) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for future capital needs. (e) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for future capital needs.</p>

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

Return Reference	Explanation
Form 990, Schedule K	<p>In 2011, the Corporation formed an obligated group. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and MidState Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations. The bonds were used to refund parts of existing debt and fund future capital needs. Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, the Corporation issued approximately \$83M of CHEFA Revenue Bonds Series E. The 2011 and 2014 Bonds were issued to refund portions of existing debt under Corporation and to obtain funds for future capital needs. Effective May 12, 2015, the Corporation issued approximately \$126M of CHEFA Revenue Bonds Series F & G. The 2015 Bonds were issued to obtain funding for future capital needs. During FY 20, HHC issued Tax Exempt CHEFA Revenue Bonds Series A & B and Series C in the amount of \$355,167M and \$13,225M respectively. A portion of the funds were used to refinance previous CHEFA revenue Bonds. The balance will be used for future capital needs. HHC issued appropriately \$368,115M of Taxable Bond Series 2020. Please refer to the notes in the Audited Financial Statement for additional detail. During FY21, HHC issued \$169,705M Tax Exempt CHEFA Revenue Bonds Series 2021 A. The funds will be used to finance the cost of certain construction projects. Please refer to the notes in the Audited Financial Statement for additional detail.</p>

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford HealthCare Corporation

Employer identification number

22-2672834

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A See Part VI	06-0806186	20774YQK6	03-26-2014	85,958,709	See Part VI		X		X	X	

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	85,962,914			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,438,989			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	84,523,915			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2014			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X		
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

Hartford HealthCare Corporation

Employer identification number

22-2672834

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Effective September 28, 2018 Hartford HealthCare Corporation entered into a Management Service Agreement with Nexera, Inc. an affiliate of the Greater New York Hospital Association that provides outsourced supply chain services, value analysis services, consulting services and other related services to healthcare clients. None of the individuals listed on the FY21 Form 990, Part VII were compensated by Nexera during the 2020 calendar year.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Hartford HealthCare Corporation's (HHC) 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 or 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, 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, 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

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Transfers to Affiliates -6,574,491. K-1 Income -1,712. Net Unrestricted Other Changes in Joint Ventures 36,060,508.

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Hartford HealthCare Laboratories LLC 129 Patricia M Genova Drive Newington, CT 06111 06-1525596	Laboratory Services	CT	3,870	1,097,733	Hartford HealthCare Corporation
(2) HHC EMS Holdings LLC 100 Pearl Street Hartford, CT 06103	EMS Services	CT	0	0	Hartford HealthCare Corporation
(3) HHC Imaging Center Holdings LLC One State Street Suite 19 Hartford, CT 06103 85-1275537	Imaging Services	CT	0	36,720,000	Hartford HealthCare Corporation
(4) Hartford HealthCare Institutes LLC 85 Seymour Street Hartford, CT 06102 36-4692507	Health Care & Social Assistance	CT	21,400	0	Hartford HealthCare Corporation
(5) HHC Surgery Center Holdings LLC One State Street Suite 19 Hartford, CT 06103 84-4855812	Surgery Services	CT	1,834,288	51,083,393	Hartford HealthCare Corporation
(6) Integrated Care Partners LLC One State Street Suite 19 Hartford, CT 06103 37-1740267	Integrated Health Delivery	CT	11,565,000	33,255,000	Hartford HealthCare Corporation

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

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

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

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

	Yes	No
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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2672834

Name: Hartford HealthCare Corporation

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
Hartford HealthCare Laboratories LLC 129 Patricia M Genova Drive Newington, CT 06111 06-1525596	Laboratory Services	CT	3,870	1,097,733	Hartford HealthCare Corporation
HHC EMS Holdings LLC 100 Pearl Street Hartford, CT 06103	EMS Services	CT	0	0	Hartford HealthCare Corporation
HHC Imaging Center Holdings LLC One State Street Suite 19 Hartford, CT 06103 85-1275537	Imaging Services	CT	0	36,720,000	Hartford HealthCare Corporation
Hartford HealthCare Institutes LLC 85 Seymour Street Hartford, CT 06102 36-4692507	Health Care & Social Assistance	CT	21,400	0	Hartford HealthCare Corporation
HHC Surgery Center Holdings LLC One State Street Suite 19 Hartford, CT 06103 84-4855812	Surgery Services	CT	1,834,288	51,083,393	Hartford HealthCare Corporation
Integrated Care Partners LLC One State Street Suite 19 Hartford, CT 06103 37-1740267	Integrated Health Delivery	CT	11,565,000	33,255,000	Hartford HealthCare Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
326 Washington Street Norwich, CT 06360 22-2481794	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	
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 PO Box 5037 Hartford, CT 06102 06-0646668	Healthcare Services	CT	501(c)(3)	3	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 Britain, 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	

(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	Related	1,028,742	5,243,534		No			No	50.000 %
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	N/A					No			No	
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	Hartford Heathcare Corporation	Related				No			No	50.000 %
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	N/A					No			No	
Glastonbury Endoscopy Center LLC 300 Western Blvd Suite B Glastonbury, CT 06033 26-1721234	Endoscopy Svcs	CT	N/A					No			No	
Glastonbury Surgery Center LLC 195 Eastern Boulevard Glastonbury, CT 06033 26-2600828	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	Related	-2,410,517	-3,285,205		No			No	50.000 %
Hartford-Middlesex Clinical System LLC 80 Seymour Street Hartford, CT 06110 06-1543605	Affiliate Support Services	CT	N/A					No			No	
HHC Hartford Surgery Center LLC 100 Avon Meadow Lane Avon, CT 06001 81-2637261	Surgery Svcs	CT	N/A					No			No	
HHC Southington Surgery Center LLC 100 Avon Meadow Lane Avon, CT 06001 46-5500829	Surgery Svcs	CT	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) Disprortionate 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	7,208,729	2,678,050	50.000 %	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	Hartford HealthCare Corporation	C	20,147,000	41,513,000	100.000 %	Yes	
Hartford HealthCare Indemnity Services Ltd FB Perry Bld 40 Church Street Hamilton BD	Captive Insurance	BD	Hartford HealthCare Corporation	C	79,805,000	250,984,000	100.000 %	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			50.000 %	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	Hartford HealthCare Corporation	C		426,473	100.000 %	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
Hartford HealthCare Indemnity Services Ltd	R	56,682,728	FMV
Hartford HealthCare Senior Services Inc	O	2,776,735	FMV
Hartford HealthCare Senior Services Inc	P	57,667	FMV
Hartford HealthCare Senior Services Inc	Q	3,232,497	FMV
Hartford HealthCare Senior Services Inc	R	438,923	FMV
Hartford HealthCare Senior Services Inc	S	1,939,017	FMV
The Hospital of Central Connecticut	M	7,264,046	FMV
The Hospital of Central Connecticut	O	41,022,156	FMV
The Hospital of Central Connecticut	P	1,369,545	FMV
The Hospital of Central Connecticut	Q	171,323,755	FMV
The Hospital of Central Connecticut	R	3,681,501	FMV
The Hospital of Central Connecticut	S	80,255,673	FMV
MidState Medical Center	M	3,932,067	FMV
MidState Medical Center	O	23,120,674	FMV
MidState Medical Center	P	1,266,081	FMV
MidState Medical Center	Q	128,255,327	FMV
MidState Medical Center	R	5,227,347	FMV
MidState Medical Center	S	55,509,894	FMV
Hartford HealthCare Medical Group Inc	A	987,032	FMV
Hartford HealthCare Medical Group Inc	O	74,662,833	FMV
Hartford HealthCare Medical Group Inc	P	429,459	FMV
Hartford HealthCare Medical Group Inc	Q	33,232,519	FMV
Hartford HealthCare Medical Group Inc	R	830,061	FMV
Hartford HealthCare Medical Group Inc	S	10,406,091	FMV
Hartford HealthCare at Home Inc	A	4,355	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 at Home Inc	M	332,137	FMV
Hartford HealthCare at Home Inc	O	16,306,382	FMV
Hartford HealthCare at Home Inc	P	207,504	FMV
Hartford HealthCare at Home Inc	Q	12,766,028	FMV
Hartford HealthCare at Home Inc	R	413,025	FMV
Hartford HealthCare at Home Inc	S	16,569,810	FMV
Mulberry Gardens of Southington LLC	O	810,375	FMV
Mulberry Gardens of Southington LLC	Q	1,217,572	FMV
Mulberry Gardens of Southington LLC	S	617,772	FMV
The William W Backus Hospital	M	4,657,432	FMV
The William W Backus Hospital	O	33,445,418	FMV
The William W Backus Hospital	P	1,473,313	FMV
The William W Backus Hospital	Q	129,485,056	FMV
The William W Backus Hospital	R	2,571,777	FMV
The William W Backus Hospital	S	70,516,926	FMV
Windham Community Memorial Hospital	M	733,199	FMV
Windham Community Memorial Hospital	O	11,595,104	FMV
Windham Community Memorial Hospital	P	473,973	FMV
Windham Community Memorial Hospital	Q	42,563,845	FMV
Windham Community Memorial Hospital	R	1,257,196	FMV
Windham Community Memorial Hospital	S	21,139,120	FMV
Natchaug Hospital	M	135,271	FMV
Natchaug Hospital	O	6,797,625	FMV
Natchaug Hospital	P	241,501	FMV
Natchaug Hospital	Q	8,208,128	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
Natchaug Hospital	S	8,327,420	FMV
HHMOB Corporation	O	55,933	FMV
HHMOB Corporation	P	214,242	FMV
HHMOB Corporation	Q	6,774,619	FMV
HHMOB Corporation	R	1,714,977	FMV
HHMOB Corporation	S	2,058,961	FMV
Rushford Center Inc	M	72,502	FMV
Rushford Center Inc	O	5,238,496	FMV
Rushford Center Inc	Q	4,295,343	FMV
Rushford Center Inc	R	150,310	FMV
Rushford Center Inc	S	5,202,921	FMV
Hartford HealthCare Rehabilitation Network LLC	A	129,930	FMV
Hartford HealthCare Rehabilitation Network LLC	P	63,969	FMV
Hartford HealthCare Rehabilitation Network LLC	Q	196,659	FMV
Hartford HealthCare Rehabilitation Network LLC	R	2,802,213	FMV
Hartford HealthCare Rehabilitation Network LLC	S	659,618	FMV
Hartford HealthCare Independence at Home Inc	O	1,740,067	FMV
Hartford HealthCare Independence at Home Inc	Q	1,089,679	FMV
Hartford HealthCare Independence at Home Inc	S	1,908,710	FMV
The Orchards of Southington Inc	O	576,029	FMV
The Orchards of Southington Inc	Q	1,225,839	FMV
The Orchards of Southington Inc	S	436,354	FMV
Hartford HealthCare Accountable Care Organization Inc	O	486,880	FMV
Hartford HealthCare Accountable Care Organization Inc	R	3,472,393	FMV
The Charlotte Hungerford Hospital	M	480,401	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 Charlotte Hungerford Hospital	O	15,850,863	FMV
The Charlotte Hungerford Hospital	P	985,441	FMV
The Charlotte Hungerford Hospital	Q	56,449,808	FMV
The Charlotte Hungerford Hospital	R	1,584,517	FMV
The Charlotte Hungerford Hospital	S	23,212,474	FMV
Hartford HealthCare Medical Group Specialists PLLC	A	4,465,370	FMV
Hartford HealthCare Medical Group Specialists PLLC	O	15,374,381	FMV
Hartford HealthCare Medical Group Specialists PLLC	P	1,198,726	FMV
Hartford HealthCare Medical Group Specialists PLLC	Q	130,998,350	FMV
Hartford HealthCare Medical Group Specialists PLLC	R	4,527,466	FMV
Hartford HealthCare Medical Group Specialists PLLC	S	24,051,551	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	M	3,023,339	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	O	35,252,586	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	P	1,564,541	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	Q	198,780,711	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	R	2,902,050	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	S	51,983,027	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	D	100,000	FMV
St Vincent's Special Needs Center Inc	O	4,161,548	FMV
St Vincent's Special Needs Center Inc	Q	2,306,660	FMV
St Vincent's Special Needs Center Inc	S	1,288,437	FMV
ConnCare Inc	S	102,814	FMV
St Vincent's Development Inc	P	126,264	FMV
St Vincent's Development Inc	Q	3,568,991	FMV
St Vincent's Development Inc	R	268,782	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
St Vincent's Development Inc	S	236,668	FMV
Hunter's Ambulance Service Inc	Q	811,744	FMV
Hartford Hospital	A	472,210	FMV
Hartford Hospital	M	20,037,776	FMV
Hartford Hospital	O	171,089,490	FMV
Hartford Hospital	P	10,327,155	FMV
Hartford Hospital	Q	768,181,693	FMV
Hartford Hospital	R	56,223,515	FMV
Hartford Hospital	S	284,124,607	FMV