

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2011, or tax year beginning OCT 1, 2011, and ending SEP 30, 2012

2011

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

Name of exempt organization

Hartford Hospital

Employer identification number

06-0646668

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1078232912
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] 8/21/13 VP & CFO
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only [Signature] Date 8/21/13 Check if also paid preparer [] Check if self-employed [] ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code Hartford Hospital 80 Seymour Street Hartford, CT 06102 EIN 06-0646668 Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only Print/Type preparer's name Chad D. Franks Preparer's Signature Date 07/25/2013 Check [] if self-employed PTIN P01071312
Firm's name Ernst & Young U.S. LLP Firm's EIN 34-6565596
Firm's address 55 Ivan Allen Jr. Blvd, Suite 1000 Atlanta, GA 30308 Phone no. (404) 874-8300

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hartford Hospital		D Employer identification number 06-0646668
	Doing Business As		E Telephone number (860)696-6200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1158172408.
	80 Seymour Street, P.O. Box 5037		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 Hartford, CT 06102-5037		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: Jeffrey Flaks 80 Seymour Street, Hartford, CT 06102		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HARTHOSP.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1854 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Hartford Hospital, founded in 1854, is one of the largest teaching hospitals and tertiary care		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8107
	6 Total number of volunteers (estimate if necessary)	6	1392
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1726386.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-102624.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39885454.	50463051.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	911673420.	994234347.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26731204.	21910378.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7662857.	11625136.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	985952935.	1078232912.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1390713.	267919.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	559021985.	597207276.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1364047.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	389765452.	409536237.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	950178150.	1007011432.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	35774785.	71221480.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1166702504.	1326505378.
	22 Net assets or fund balances. Subtract line 21 from line 20	659754390.	765877368.
		506948114.	560628010.

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 <i>Gerald J. Boisvert</i>	Date 8/2/13
	Gerald J. Boisvert, VP & CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Chad D. Franks	Preparer's signature <i>Chad D. Franks</i>
	Firm's name Ernst & Young U.S. LLP	Date 07/25/2013
	Firm's address 55 Ivan Allen Jr. Blvd, Suite 1000 Atlanta, GA 30308	Check if self-employed <input type="checkbox"/> PTIN P01071312
		Firm's EIN 34-6565596
		Phone no. (404)874-8300

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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

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

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

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 and section 4947(a)(1) trusts 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 \$ 127692741. including grants of \$) (Revenue \$ 143496090.) At the completion of fiscal year 2012 (FY2012), there were 68 medical staff members in Hartford Hospital's Division of Cardiology. The staffing was comprised of 14 full-time hospital-employed faculty cardiologists, 47 private practice cardiologists, 7 full-time employed hospitalists and 4 doctoral-level researchers. The Cardiology division members published 44 publications in peer-reviewed journals in 2012. Total cardiology full-time equivalent employees including patient care units for 2012 was 360. Medical Cardiology Non-ICU units had 4,714 discharges. Cardiac Surgery Non-ICU units had 1,049 discharges. Medical Cardiology patient days were 20,218. Cardiac Surgery patient days were 7,783. Medical Cardiology ICU discharges were 1,264 with 4,182 days; Cardiac Surgery ICU discharges were 1,172 with 5,397 days.

4b (Code:) (Expenses \$ 69555870. including grants of \$) (Revenue \$ 57907611.)

The Institute of Living (Hartford Hospital's Department of Psychiatry) is referred to as the IOL. The IOL's achievements in 2012 must be considered in the context of the continuing overall failure of the mental health system(s) in America to meet the needs of our mentally ill. In last year's report it was noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that in 2011 less the 40% of individuals experiencing a mental illness received treatment and less than 60% of those with a severe mental illness received any psychiatric services. Very little has changed since then.

4c (Code:) (Expenses \$ 26095866. including grants of \$) (Revenue \$ 106886399.)

IMAGING CENTER AT HARTFORD HOSPITAL There are currently 186 full time employees in the Radiology Department. General radiology's procedures increased from 36,747 to 38,326 which was a 3.7% increase from prior year. MRI procedures increased from 9,893 to 10,708 which was a 6.5% increase. CT procedures increased from 41,322 to 41,915 which was a 0.7% increase. Fluoroscopy volume was increased by 8.0%. This change represented an additional 401 procedures when compared to prior year. Nuclear Medicine nationally has continued to decrease. Our decrease was 3.4%. Our Outpatient PET volume has increased by 11.5% and our inpatient volume has decreased by 84%. ED imaging increased from 43,916 in FY 11 to 45,775 which was a 4.23% increase. Ultrasound volume was increased by 3.1%.from 12,805 to

4d Other program services (Describe in Schedule O.) (Expenses \$ 652662351. including grants of \$ 267919.) (Revenue \$ 689624435.)

4e Total program service expenses 876006828.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	824		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	8107		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?	X	
b	If "Yes," enter the name of the foreign country: Bermuda See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7e			
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Carol Wardell - 860-696-6200**
80 Seymour Street, Hartford, CT 06102-5037

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeffrey Flaks President & CEO	35.00	X		X				964787.	0.	67231.
(2) Stacy R. Nerenstone Ex-Officio	2.00	X						0.	0.	0.
(3) Douglas G. Elliot Chair of the Board	3.00	X		X				0.	0.	0.
(4) Greg Deavens Director	2.00	X						0.	0.	0.
(5) Jeffry Nestler M.D. Ex-Officio	2.00	X						0.	0.	0.
(6) Andrew L. Salner M.D. Dir., Dir. of Cancer Prgm.	3.00	X		X				203414.	0.	0.
(7) Joseph Henry Director	2.00	X						0.	0.	0.
(8) Gregory M. Jones Director	2.00	X						0.	0.	0.
(9) Roger Klene Director	2.00	X						0.	0.	0.
(10) David R. McHale Director	2.00	X						0.	0.	0.
(11) Jarrod B. Post Director	2.00	X						0.	0.	0.
(12) Magdalena Rodriguez Director	2.00	X						0.	0.	0.
(13) Westley V. Thompson Director	2.00	X						0.	0.	0.
(14) James M. Loree Director	2.00	X						0.	0.	0.
(15) Neil Yeston M.D. Vice President	40.00			X				568828.	0.	78967.
(16) Joseph J. Klimek M.D. Vice President	40.00			X				2939783.	0.	55124.
(17) Harold I. Schwartz M.D. Vice President	40.00			X				574631.	0.	175414.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) Jamie M. Roche M.D. Vice President	40.00			X				423252.	0.	72583.
(19) Thomas J. Marchozzi Exec. VP & CFO	20.00			X				690977.	0.	62526.
(20) Wendy E. Elberth Vice President	40.00			X				279355.	0.	42036.
(21) Laurine Bow Vice President	40.00			X				201744.	0.	59806.
(22) Carol S. Garlick Vice President	40.00			X				199238.	0.	33875.
(23) Rocco Orlando Senior Vice President	30.00			X				584734.	0.	88633.
(24) Bimal Patel Vice President	40.00			X				483312.	0.	48200.
(25) Donna Handley Vice President	40.00			X				289680.	0.	42828.
(26) James M. Blazar Vice President	20.00			X				526556.	0.	63763.
1b Sub-total								8930291.	0.	890986.
c Total from continuation sheets to Part VII, Section A								15960210.	0.	2152331.
d Total (add lines 1b and 1c)								24890501.	0.	3043317.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **895**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Connecticut Health Center 263 Farmington Avenue, Farmington, CT 06030	Interns, Residents and Medical Services	21955318.
FIP Construction Inc. 10 McKee Place, Cheshire, CT 06410	Construction	13716862.
Allscripts Healthcare LLC 24630 Network Place, Chicago, IL 60673	Software Support Services	5687720.
Connecticut Multipspecialty Group PC 85 Seymour Street, Hartford, CT 06106	Medical Services	3360028.
Air Methods Corporation P.O. Box 172892, Denver, CO 80217	Aviation Services	3033524.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **180**

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(27) Richard G. Stys Treasurer & Vice President	20.00			X				405557.	0.	49885.
(28) Sonal Shah Vice President	30.00			X				275361.	0.	34805.
(29) Yvette Melendez Vice President	35.00			X				270992.	0.	41573.
(30) Michele B. Bush Esq Vice President	20.00			X				503415.	0.	71722.
(31) Karen T. Goyette Vice President	40.00			X				247358.	0.	38449.
(32) Betsy Boatman Vice President	40.00			X				212887.	0.	29673.
(33) Rita Parisi Vice President	20.00			X				313651.	0.	58439.
(34) Lenworth Jacobs M.D. Dir. EM Trauma Program	40.00			X				594476.	0.	26252.
(35) Cheryl Ficara Vice President	40.00			X				254857.	0.	53435.
(36) Tracy A. Church Vice President	20.00			X				237657.	0.	33031.
(37) Luis Taveras Vice President	20.00			X				336925.	0.	34362.
(38) Susan Huntington Deputy General Counsel	40.00			X				323293.	0.	29212.
(39) Peter Q. Fraser Vice President	40.00			X				106638.	0.	15811.
(40) Stuart Markowitz Vice President	40.00			X				100000.	0.	0.
(41) Orlando C. Kirton M.D. Dir. Surgery	40.00				X			592661.	0.	84052.
(42) Joel I. Sorosky M.D. Dir. Womens' Health	40.00				X			538627.	0.	68378.
(43) Paul Thompson M.D. Dir. Cardiology	40.00				X			536368.	0.	179277.
(44) Michael Lindberg M.D. Dir. Medicine	40.00				X			360958.	0.	71697.
(45) Kevin P. Keating M.D. Dir. Surgical Critical Car	40.00				X			393096.	0.	71431.
(46) Judith Pepe M.D. Dir. OP Clinical	40.00				X			340705.	0.	62059.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(47) Vernon Y. Kwok M.D. Dir. Dental Clinic	40.00				X			228934.	0.	20393.
(48) Robert S. Dicks M.D. Dir. Geriatrics Medicine	40.00				X			202146.	0.	55151.
(49) Alan Laites Dir. Jefferson House	40.00				X			204959.	0.	10659.
(50) Christopher Clyne M.D. Dir. Electrophysiology	40.00				X			484698.	0.	67512.
(51) Karyn L. Butler M.D. Dir. Surg. Critical Care	40.00				X			417749.	0.	62798.
(52) Ikram Kureshi, M.D. Dir. Neurosurgery	40.00				X			158421.	0.	0.
(53) Paul W. Crespi Dir. Managed Care Contract	40.00				X			413171.	0.	63058.
(54) Alan J. Smally M.D. Dir. ER Physicians	40.00				X			378636.	0.	83868.
(55) Detlef Wencker M.D. Dir. Cardiac Transplant	40.00				X			374415.	0.	57483.
(56) Jonathan A. Hammond M.D. Dir. Cardiovascular Surgery	40.00				X			409257.	0.	25575.
(57) Patricia Sheiner M.D. Dir. Transplant	40.00				X			187033.	0.	12724.
(58) Jeffrey Kluger M.D. Dir. of Arrhythmia Center	40.00					X		486602.	0.	27728.
(59) Steven L. Zweibel M.D. Dir. Electrophysiology	40.00					X		486896.	0.	42444.
(60) John F. Greene Jr. M.D. Co-Dir. WAHS	40.00					X		425912.	0.	54492.
(61) Eric Crespo M.D. Dir. Electrophysiology	40.00					X		381959.	0.	37696.
(62) Mark W. Sebastian M.D. Medical Director - Surgery	40.00					X		495886.	0.	54245.
(63) Elliot T. Joseph Former-President & CEO	0.00						X	1651291.	0.	175301.
(64) Stephan O'Neill Former - Vice President	0.00						X	338744.	0.	60724.
(65) James K. Kinsella Former - Vice President	0.00						X	221803.	0.	80389.
(66) Linda B. Spivack Former - Vice President	0.00						X	224982.	0.	19668.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(67) Paul S. Besson Esq Former - Vice President	0.00						X	346063.	0.	12873.
(68) Alfred Herzog M.D. Former-Vice President	0.00						X	123702.	0.	8716.
(69) Gary V. Heller M.D. Former - Director	0.00						X	371469.	0.	65291.
Total to Part VII, Section A, line 1c								15960210.		2152331.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1399677.			
	d Related organizations	1d	258694.			
	e Government grants (contributions)	1e	37651504.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11153176.			
	g Noncash contributions included in lines 1a-1f: \$		2552646.			
	h Total. Add lines 1a-1f		50463051.			
Program Service Revenue	2 a Patient Care	Business Code 624100	987703326.	987703326.		
	b Ref. Testing & Fees	621500	4446589.	3017906.	1428683.	
	c Free Bed Income	621400	1896181.	1896181.		
	d Sale of By Products	900099	185895.	185895.		
	e Library	541700	2356.		2356.	
	f All other program service revenue					
	g Total. Add lines 2a-2f		994234347.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11109226.		11109226.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	2881923.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	2881923.			
	d Net rental income or (loss)		2881923.		2881923.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	90344348.			
		(ii) Other	21350.			
		b Less: cost or other basis and sales expenses	79493827.	70719.		
		c Gain or (loss)	10850521.	-49369.		
	d Net gain or (loss)		10801152.		10801152.	
	8 a Gross income from fundraising events (not including \$ 1399677. of contributions reported on line 1c). See Part IV, line 18	a	244080.			
		b Less: direct expenses	374950.			
c Net income or (loss) from fundraising events			-130870.		-130870.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a Inc. From Inv - Other	900003	5406574.	5111227.	295347.		
b Cafeteria Income	722210	3467509.			3467509.	
c						
d All other revenue						
e Total. Add lines 11a-11d		8874083.				
12 Total revenue. See instructions.		1078232912.	997914535.	1726386.	28128940.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	192919.	192919.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	75000.	75000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20013814.	15028872.	4984942.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2895934.	497533.	2398401.	
7 Other salaries and wages	416702278.	376828878.	38783248.	1090152.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	58353885.	47402194.	10951691.	
9 Other employee benefits	67415785.	54747078.	12668707.	
10 Payroll taxes	31825580.	26365193.	5460387.	
11 Fees for services (non-employees):				
a Management				
b Legal	950137.		950137.	
c Accounting	643414.		643414.	
d Lobbying	145237.		145237.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1769212.	1062290.	706922.	
g Other	58537034.	52849188.	5687846.	
12 Advertising and promotion	5492938.	55000.	5437938.	
13 Office expenses	14539615.	14422951.		116664.
14 Information technology	1060462.	217874.	806276.	36312.
15 Royalties				
16 Occupancy	25237380.	20905775.	4331605.	
17 Travel	1744304.	1525096.	217004.	2204.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178651.	66290.	112361.	
20 Interest	4517043.	3480302.	1036741.	
21 Payments to affiliates	8519221.	4259611.	4259610.	
22 Depreciation, depletion, and amortization	47345574.	33116143.	14213417.	16014.
23 Insurance	14459859.	11978117.	2481742.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	134369312.	134369312.		
b Purchased Services	38895508.	30735614.	8064657.	95237.
c Bad Debt	22658424.	22645968.	12456.	
d Equipment & Ppty Maint	14851334.	12641704.	2209630.	
e All other expenses	13621578.	10537926.	3076188.	7464.
25 Total functional expenses. Add lines 1 through 24e	1007011432.	876006828.	129640557.	1364047.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	37959740.	1	67549972.
	2 Savings and temporary cash investments	90183767.	2	53372534.
	3 Pledges and grants receivable, net	5069321.	3	6555214.
	4 Accounts receivable, net	136565342.	4	175777067.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11054903.	8	11444006.
	9 Prepaid expenses and deferred charges	10161480.	9	8182321.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1016532749.		
	b Less: accumulated depreciation	10b 653919912.		
	11 Investments - publicly traded securities	319493675.	10c	362612837.
	12 Investments - other securities. See Part IV, line 11	329477915.	11	387217959.
	13 Investments - program-related. See Part IV, line 11	114096152.	12	128093912.
	14 Intangible assets	55670129.	13	67518507.
	15 Other assets. See Part IV, line 11	25811034.	14	25811034.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31159046.	15	32370015.	
	1166702504.	16	1326505378.	
Liabilities	17 Accounts payable and accrued expenses	120841013.	17	169073583.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	538913377.	25	596803785.
	26 Total liabilities. Add lines 17 through 25	659754390.	26	765877368.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	240155196.	27	259069182.
	28 Temporarily restricted net assets	85467133.	28	105046304.
	29 Permanently restricted net assets	181325785.	29	196512524.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	506948114.	33	560628010.
	34 Total liabilities and net assets/fund balances	1166702504.	34	1326505378.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1078232912.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1007011432.
3	Revenue less expenses. Subtract line 2 from line 1	3	71221480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	506948114.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17541585.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	560628009.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

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

▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization Hartford Hospital	Employer identification number 06-0646668
--	---

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

LHA

132041
01-27-12

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		145237.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			145237.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Hartford Hospital paid Kenneth L. Przybysz, LLC and Gaffney Bennett & Associates for their lobbying efforts on behalf of the organization during the fiscal year. Przybysz, LLC and Gaffney Bennett & Associates were paid \$4,570 and \$66,625 respectively. Efforts mainly included lobbying of Connecticut State Legislators in the interest of a group of

Part IV Supplemental Information (continued)

specialty hospitals in the State of Connecticut. Hartford Hospital also pays annual dues to Connecticut Hospital Association (CHA) and American Hospital Association (AHA). Both CHA and AHA allocate a portion of their dues as lobbying expenses. The portion of dues allocated as lobbying expenses is calculated under current Medicare rules. CHA and AHA conduct lobbying activities under current Medicare rules. CHA and AHA conduct lobbying activities on behalf of their members. The total amount of dues allocated for lobbying expenses for FY12 was \$74,042.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	108251287.	112783609.	106412056.	111529519.	
b Contributions	959611.	329266.	1357240.	175575.	
c Net investment earnings, gains, and losses	14072208.	106788.	6795833.	-2825233.	
d Grants or scholarships					
e Other expenditures for facilities and programs	3629476.	4968376.	1781520.	2467805.	
f Administrative expenses					
g End of year balance	119653630.	108251287.	112783609.	106412056.	

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 57.00 %
- c Temporarily restricted endowment 43.00 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment. 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		19538073.		19538073.
b Buildings		521243700.	341879092.	179364608.
c Leasehold improvements				
d Equipment		475750976.	312040820.	163710156.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) 362612837.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Funds Held in Trust	128093912.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	128093912.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment Malpractice		
(2) Captive	21874429.	End-of-Year Market Value
(3) Other Assets	16759067.	End-of-Year Market Value
(4) Insurance Receivable	28885011.	End-of-Year Market Value
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	67518507.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Post Retirement Expenses	372843056.
(3) Accrued Asbestos Costs	2522839.
(4) Other Net Liabilities	32627011.
(5) Long Term Debt - Interco Bonds	188810879.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	596803785.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
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 XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and

Part XIV Supplemental Information *(continued)*

investment management costs, of a least 4% over the long term. Actual returns in any given year may vary from this amount.

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
North America/Caribbean	1	2	Program Services	Insurance	8124224.
North America/Caribbean			Investment		21874429.
3 a Sub-total	1	2			29998653.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	2			29998653.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

Part I

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

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

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Black & Red Ball (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	1643757.		1643757.
	2	Less: Charitable contributions	1399677.		1399677.
	3	Gross income (line 1 minus line 2)	244080.		244080.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	56913.		56913.
	7	Food and beverages	152263.		152263.
	8	Entertainment	95810.		95810.
	9	Other direct expenses	69964.		69964.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(374950)
	11	Net income summary. Combine line 3, column (d), and line 10			-130870.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

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

Part Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8368383.		8368383.	.85%
b Medicaid (from Worksheet 3, column a)			168635686.	148312496.	20323190.	2.06%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			177004069.	148312496.	28691573.	2.91%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6185671.	105.	6185566.	.63%
f Health professions education (from Worksheet 5)			49199376.	14439509.	34759867.	3.53%
g Subsidized health services (from Worksheet 6)			9307561.	5378427.	3929134.	.40%
h Research (from Worksheet 7)			12844711.		12844711.	1.30%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15119435.	11721892.	3397543.	.35%
j Total. Other Benefits			92656754.	31539933.	61116821.	6.21%
k Total. Add lines 7d and 7j			269660823.	179852429.	89808394.	9.12%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			216666.		216666.	.02%
2 Economic development			203942.		203942.	.02%
3 Community support			186660.	3585.	183075.	.02%
4 Environmental improvements			3293.		3293.	.00%
5 Leadership development and training for community members			126195.	140.	126055.	.01%
6 Coalition building			7174.		7174.	.00%
7 Community health improvement advocacy			19008.		19008.	.00%
8 Workforce development			54713.		54713.	.01%
9 Other						
10 Total			817651.	3725.	813926.	.08%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1
- 2 Enter the amount of the organization's bad debt expense 2 22658425.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy 3 0.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5 294968734.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 268788601.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 26180133.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.
Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name and address

1 Hartford Hospital
80 Seymour Street
Hartford, CT 06102

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks in the first six columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Hartford Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

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

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.		

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 13

Name and address	Type of Facility (describe)
1 Eye Center - Newington 505 Willard Avenue Newington, CT 06111	Eye Center
2 West Hartford Surgery Center 65 Memorial Road, Suite 500 West Hartford, CT 06102	General Cardiology, Integrative Medicine
3 The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Sleep Lab
4 Hartford Hosp. Healthcare - Enfield 113 Elm Street Enfield, CT 06082	Rehabilitation Services
5 Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Lab
6 Glastonbury Surgery Center, LLC 195 Eastern Boulevard Glastonbury, CT 06033	Nuclear Cardiology, Education Center
7 Glastonbury Endoscopy Center, LLC 300 Western Boulevard Glastonbury, CT 06033	Endoscopy Center, Education Center
8 Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Wellness Center
9 Hartford Hosp. Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Education Center
10 Hart. Hosp. Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Nuclear Cardiology, Education Center

Part V Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
11 Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Nuclear Cardiology, Education Center
12 Duncaster Primary Care Satellite 40 Loeffler Road Bloomfield, CT 06002	Primary Care
13 South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c: Hartford Hospital used Federal Poverty Guidelines to determine eligibility.

Part I, Line 7: The organization utilized an overall cost to charge ratio, (RCC), developed from the audited Financial Statements, (AFS). Total expense was adjusted for: bad debt expense, directly identified community benefit expense and non-patient care expense, (as adjusted from the Medicare cost report). This was then divided by the total AFS gross revenue to develop the cost to charge ratio. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

Part V Supplemental Information

Part I, Line 7g: No physician clinic costs were included in the subsidized Health Services cost calculations.

Part I, Ln 7 Col(f): The Bad Debt Expenses included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 22,658,424

Part II: Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$800,000 on community building activities during fiscal year 2012. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty; quality of housing; neighborhood safety; and education can be found in the following Community Building activities.

Advocacy for Community Health Improvement - Since the immediately adjacent community the Hospital serve is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition for Environmental Justice, Community Partners in Action (to assist people in the criminal justice system), Community Solutions (to provide alternatives to incarceration programs), and the Anti Defamation League.

Coalition Building - Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for

Part VI Supplemental Information

Giving, and the Connecticut Council for Philanthropy to ensure programs to improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population.

Community Support - To address the personal safety for participants at evening activities, as well as to prevent vandalism and break-ins, Hartford Hospital provides security patrols around the Girl Scout campus 24/7. Management participates on the boards of local homeless and domestic violence shelters and supports periodic employee activities to provide personal care and food items to those in need. The Hospital has donated funds to provide free ice skating at Bushnell Park during the winter season to allow underprivileged children and their families an opportunity to exercise outdoors in a safe environment.

Economic Development - Hartford Hospital is active in the marketing efforts to promote Hartford by the following organizations in order to bring more jobs and commerce to the city: Greater Hartford Visitors Convention Bureau; Metro Hartford Alliance; The Children's Museum, Connecticut Center for Advanced Technology; and Chambers of Commerce for towns in the Hospital's service area.

Leadership Development - Hartford Hospital supported the Latinas and Power Symposium, which provided professional development sessions on financial stability, personal growth, entrepreneurship and career building. This effort enhanced the job opportunities and improved the financial judgment of those currently living in poverty.

Part VI Supplemental Information

Mentoring Programs - Hartford Hospital provides support to programs such as Our Piece of the Pie for social and personal growth of urban youth; spelling bees; Hartford Public Schools city-wide Science Fair; and college scholarships through Capital Community College and Southside Institutions Neighborhood Alliance.

Part III, Line 4: Please see the text of the footnote that describes bad debt expense beginning on page 16 of the Audited Financial Statement.

In 2012 a pre-bad debt financial assistance screening was put in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2012 would be immaterial.

Part III, Line 8: Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b: The Financial Assistance Policy states: In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited

Part V Supplemental Information

to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

Hartford Hospital:

Part V, Section B, Line 13g: A public notice regarding financial assistance and availability of free beds funds are posted at all of the registration sites, including admitting and emergency department.

Hartford Hospital:

Part V, Section B, Line 19d: Hartford Hospital is in the process of adopting proposed 501r regulations. Once the regulations are final the hospital will be in compliance.

Part VI, Line 2: Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and the Connecticut Children's Medical Center. The Health Needs Assessment was completed in March, 2012. The consortium hired a national consulting firm to conduct Key Respondent interviews with local social service, health, government and community leaders. In addition, the results from a survey of over 400 Hartford

Part VI Supplemental Information

residents by the Urban Alliance were incorporated into the findings. To be in compliance with IRS regulations, the Hospital will conduct a Needs Assessment at least once in every three years, and adopt an implementation strategy to meet the community health needs identified through such assessment.

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

Part VI, Line 4: Hartford Hospital is located in the capital of the State of Connecticut, which is one of the poorest cities in the nation with 31.9% of all of its residents and 38.3% of its families with children under the age of 18 living below the poverty line (US Census 2010). According to the CHNA just completed, the City of Hartford's population of 124,775+/- remains overwhelmingly minority and is comprised of 42% Hispanic, 37% Black. White and other groups make up the rest of the population. The median age of Hartford residents is 31 (CERC, 2011). This compares unfavorably with Hartford County's median age of 40. In 2010,

Part VI Supplemental Information

the median income per household within the City of Hartford was \$26,055 (CERC, 2011). This compares unfavorably with Hartford County's median household income of \$60,177 (CERC, 2011). According to the Connecticut Department of Labor, the unemployment rate in the City of Hartford was estimated to be 15.4% in October, 2011 versus a statewide rate of 8.2%.

There is one other acute care hospital in Hartford proper and two smaller acute care hospitals in nearby suburbs.

Part VI, Line 5: The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being.

The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program.

As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not

Part VI Supplemental Information

available at other hospitals. These services are provided regardless of a patient's ability to pay.

Hartford Hospital is the Center for Emergency Medical Preparedness for the Connecticut Department of Emergency Management and Homeland Security for Regions 3 and 4. These regions include 15 hospitals. HH has responsibility for planning and training activities that service all of these hospitals.

The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Sch O.

Part VI, Line 6: Hartford Hospital is an affiliate of Hartford HealthCare Corporation (HHC). HHC strives to provide compassionate care designed to deliver the necessary health services needed by the community. Hartford HealthCare Strategic Planning and Community Benefit Planning Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

HHC affiliation creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and

Part VI Supplemental Information

Innovation located at Hartford Hospital, the flagship tertiary medical center of the system hospitals.

The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Hartford Hospital

Employer identification number
06-0646668

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association P.O. Box 3049 Syracuse, NY 13220	13-5613797	501(c)(3)	5000.	0. FMV		Annual support for research, education, treatment and government advocacy for	Annual support for the Arthritis Foundation programs and services to those who suffer from
Arthritis Foundation 35 Cold Spring Road, #411 Rocky Hill, CT 06067	06-0672782	501(c)(3)	25000.	0. FMV		Annual support for the	Arthritis Foundation programs and services to those who suffer from
Bushnell Center for the Performing Arts - 166 Capitol Ave - Hartford, CT 06106	06-0662112	501(c)(3)	5000.	0. FMV		To provide funding for innovative equipment and programs in the heart program at the Medical	Arts in Education program, which uses arts strategies to teach core curriculum to diverse,
Connecticut Children's Medical Center - 282 Washington St - Hartford, CT 06106	22-2619869	501(c)(3)	5000.	0. FMV		To provide panel discussions among renowned experts to encourage the free and	To support science education, exhibits and programs.
Connecticut Forum 750 Main St Hartford, CT 06103	06-1343149	501(c)(3)	6500.	0. FMV			
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501(c)(3)	10000.	0. FMV			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 19.

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

See Part IV for Column (h) descriptions **89**

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

06-0646668

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cystic Fibrosis Foundation 306 Industrial Mark Rd., Suite 107 Middletown, CT 06457	06-0834391	501(c)(3)	5000.	0. FMV			Efforts to improve the lives of the 30,000 children and adults living with cystic
Greater Hartford Arts Council 45 Pratt St Hartford, CT 06123	23-7111486	501(c)(3)	10000.	0. FMV			To provide free summer theater education at Little Theater of Manchester, emergency
Hartford Public High School, Nursing Academy - 55 Forest St - Hartford, CT 06105	06-6001870	501(c)(3)	5819.	0. FMV			Support to Nursing Academy to encourage nursing careers to inner city youth.
Hartford Stage 50 Church St Hartford, CT 06103	06-0790484	501(c)(3)	5000.	0. FMV			Support for Hartford Stage's education programs that serve the region's underserved
Hartford Symphony Orchestra 100 Pearl St Hartford, CT 06103	06-0637319	501(c)(3)	5000.	0. FMV			To support the orchestra in providing free programs for local children.
Jewish Foundation 333 Bloomfield Ave, Suite C West Hartford, CT 06117	06-0655482	501(c)(3)	5600.	0. FMV			To support the Kosher Food Pantry and the Jewish Employment Transitions Services.
Leadership Greater Hartford 30 Laurel St Hartford, CT 06106	06-1167174	501(c)(3)	5000.	0. FMV			To develop programming and allow people who could not otherwise afford these programs to
Mandell Jewish Community Center 335 Bloomfield Ave West Hartford, CT 06117	06-0662142	501(c)(3)	5000.	0. FMV			To support the Family Room Parenting Center programs for children, parents and professional
My Sister's Place 102 Pliny St Hartford, CT 06129	06-1079879	501(c)(3)	5000.	0. FMV			Programs for homeless children in this shelter.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Petit Family Foundation P.O. Box 310 Plainville, CT 06062	23-0627813	501(c)(3)	10000.	0.FMV			To provide \$25,000 scholarships for women in science at Bay Path College and at Quinnipiac
Spanish American Merchants Association - 95 Park St - Hartford, CT 06106	06-1390672	501(c)(3)	50000.	0.FMV			SAMA serves as a vehicle for the economic growth of small businesses, in particular Latino, to
University of Connecticut Foundation - 2390 Alumni Drive Unit 3206 - Storrs, CT 06269	06-6070722	501(c)(3)	15000.	0.FMV			UConn Health Center Mission Fund for expenses related to education and conferences.
Urban League 140 Woodland St Hartford, CT 06105	06-6066491	501(c)(3)	10000.	0.FMV			To support programs in the areas of workforce development and training, education and youth

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Tapestry Awards	3	10000.	0.		
Sons and Daughters Scholarship Awards	65	65000.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Upon issuing the grant the hospital attaches a letter that restricts the use of the funds for a specific purpose. All of the grants are made to public charities to assist in funding their exempt programs. Therefore, extensive monitoring of the use of these funds by these entities is not warranted.

Part II, line 1, Column (h):

Name of Organization or Government: American Heart Association

(h) Purpose of Grant or Assistance: Annual support for research,

Part IV Supplemental Information

education, treatment and government advocacy for cardiovascular disease.

Name of Organization or Government: Arthritis Foundation

(h) Purpose of Grant or Assistance: Annual support for the Arthritis Foundation programs and services to those who suffer from arthritis, as well as to fund vitally important research.

Name of Organization or Government:

Bushnell Center for the Performing Arts

(h) Purpose of Grant or Assistance: Arts in Education program, which uses arts strategies to teach core curriculum to diverse, economically disadvantaged students in Grades Pre-K through 12 in the Hartford Public School District.

Name of Organization or Government: Connecticut Children's Medical Center

(h) Purpose of Grant or Assistance: To provide funding for innovative equipment and programs in the heart program at the Medical Center.

Name of Organization or Government: Connecticut Forum

(h) Purpose of Grant or Assistance: To provide panel discussions among renowned experts to encourage the free and active exchange of ideas that inform, challenge, entertain, inspire and build bridges among all people and organizations in our community.

Name of Organization or Government: Cystic Fibrosis Foundation

(h) Purpose of Grant or Assistance: Efforts to improve the lives of the 30,000 children and adults living with cystic fibrosis through research.

Part IV Supplemental Information

Name of Organization or Government: Greater Hartford Arts Council

(h) Purpose of Grant or Assistance: To provide free summer theater education at Little Theater of Manchester, emergency first aid training to Front of House Managers at the Bushnell Center for Performing Arts, actor housing at TheaterWorks, nutritious snacks for children enrolled in Charter Oak Cultural Center's after-school program, a full trimester of cultural classes for students at The Artists Collective, and a number of other mission-based programs in Greater Hartford.

Name of Organization or Government: Hartford Stage

(h) Purpose of Grant or Assistance: Support for Hartford Stage's education programs that serve the region's underserved youth.

Name of Organization or Government: Jewish Foundation

(h) Purpose of Grant or Assistance: To support the Kosher Food Pantry and the Jewish Employment Transitions Services, which has helped people find jobs and has provided networking and job-search workshops.

Name of Organization or Government: Leadership Greater Hartford

(h) Purpose of Grant or Assistance: To develop programming and allow people who could not otherwise afford these programs to attend.

Name of Organization or Government: Mandell Jewish Community Center

(h) Purpose of Grant or Assistance: To support the Family Room Parenting Center programs for children, parents and professional caregivers and educators.

Name of Organization or Government: Petit Family Foundation

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: To provide \$25,000 scholarships for women in science at Bay Path College and at Quinnipiac University.

Name of Organization or Government:

Spanish American Merchants Association

(h) Purpose of Grant or Assistance: SAMA serves as a vehicle for the economic growth of small business, in particular Latino, to acquire a better understanding of basic business management and economic principles through technical assistance, education and advocacy. SAMA's office is a neighbor of the Hospital's Women's Ambulatory Health Center and a strong presence in the Latino community.

Name of Organization or Government: Urban League

(h) Purpose of Grant or Assistance: To support programs in the areas of workforce development and training, education and youth development and economic empowerment services to individuals in the Connecticut Capital Region

Schedule I, Part III

Once recipients are determined, the funds are sent directly to the institutions and not to individuals.

Required qualifications

* The applicant must be financially dependent on the employee by being claimed on either parent's tax return. The applicant must be enrolled as a full-time student in an Accredited Undergraduate Program or attending any of Hartford Hospital's School of Allied Health Programs. The applicant must be the son or daughter (biological, adopted,

Part IV Supplemental Information

stepchild, or legal ward) of a Hartford Hospital, Institute of Living, Jefferson House, or Cedar Mountain employee (full-time or part-time, budgeted to work at least 20 hours per week). The dependent of a Hartford Hospital employee who is also employed at Hartford Hospital is eligible to apply if they are budgeted to work less than 20 hours per week at Hartford Hospital. If the student is budgeted to work more than 20 hours at Hartford Hospital, the student is not eligible for the scholarship, but may instead apply for tuition reimbursement from the hospital. Applicant must have a verifiable GPA of 3.0 or higher to apply

Applicants are chosen on 3 criteria.

1. Based on parent's years of service to Hartford Hospital.
2. GPA (must be at least a 3.0 or higher to apply)
3. Essay score

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <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 checked="" type="checkbox"/> Tax indemnification 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jeffrey Flaks	(i) 578495. (ii) 0. (iii) 0.	367920.	18372.	32425.	34806.	1032018.	0.
2 Andrew L. Salner M.D.	(i) 203414. (ii) 0. (iii) 0.	0.	0.	0.	0.	203414.	0.
3 Neil Yeston M.D.	(i) 473270. (ii) 0. (iii) 0.	80268.	15290.	49973.	28994.	647795.	0.
4 Joseph J. Klimek M.D.	(i) 454032. (ii) 0. (iii) 0.	72496.	2413255.	0.	55124.	2994907.	2371573.
Harold I. Schwartz 5 M.D.	(i) 431706. (ii) 0. (iii) 0.	109137.	33788.	146322.	29092.	750045.	0.
6 Jamie M. Roche M.D.	(i) 328412. (ii) 0. (iii) 0.	76869.	17971.	45900.	26683.	495835.	0.
7 Thomas J. Marchozzi	(i) 497032. (ii) 0. (iii) 0.	173443.	20502.	36100.	26426.	753503.	0.
8 Wendy E. Elberth	(i) 242635. (ii) 0. (iii) 0.	36000.	720.	26012.	16024.	321391.	0.
9 Laurine Bow	(i) 199835. (ii) 0. (iii) 0.	0.	1909.	36678.	23128.	261550.	0.
10 Carol S. Garlick	(i) 174912. (ii) 0. (iii) 0.	23470.	856.	19190.	14685.	233113.	0.
11 Rocco Orlando	(i) 451211. (ii) 0. (iii) 0.	110160.	23363.	59375.	29258.	673367.	0.
12 Bimal Patel	(i) 266513. (ii) 0. (iii) 0.	216211.	588.	33832.	14368.	531512.	0.
13 Donna Handley	(i) 247110. (ii) 0. (iii) 0.	40688.	1882.	18325.	24503.	332508.	0.
14 James M. Blazar	(i) 399602. (ii) 0. (iii) 0.	120943.	6011.	38586.	25177.	590319.	0.
15 Richard G. Stys	(i) 309393. (ii) 0. (iii) 0.	94536.	1628.	24228.	25657.	455442.	0.
16 Sonal Shah	(i) 215828. (ii) 0. (iii) 0.	54961.	4572.	18604.	16201.	310166.	0.

Hartford Hospital

06-0646668

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Yvette Melendez	(i) 227091. (ii) 0. (iii) 0.	41785. 0. 0.	2116. 0. 0.	18975. 0. 0.	22598. 0. 0.	312565. 0. 0.	0. 0. 0.
2 Michele B. Bush Esq	(i) 431766. (ii) 0. (iii) 0.	65173. 0. 0.	6476. 0. 0.	56389. 0. 0.	15333. 0. 0.	575137. 0. 0.	0. 0. 0.
3 Karen T. Goyette	(i) 187284. (ii) 0. (iii) 0.	59666. 0. 0.	408. 0. 0.	14700. 0. 0.	23749. 0. 0.	285807. 0. 0.	0. 0. 0.
4 Betsy Boatman	(i) 184586. (ii) 0. (iii) 0.	27945. 0. 0.	356. 0. 0.	15022. 0. 0.	14651. 0. 0.	242560. 0. 0.	0. 0. 0.
5 Rita Parisi	(i) 243049. (ii) 0. (iii) 0.	56505. 0. 0.	14097. 0. 0.	41175. 0. 0.	17264. 0. 0.	372090. 0. 0.	0. 0. 0.
6 Lenworth Jacobs M.D.	(i) 564368. (ii) 0. (iii) 0.	0. 0. 0.	30108. 0. 0.	0. 0. 0.	26252. 0. 0.	620728. 0. 0.	0. 0. 0.
7 Cheryl Ficara	(i) 232799. (ii) 0. (iii) 0.	21658. 0. 0.	400. 0. 0.	29400. 0. 0.	24035. 0. 0.	308292. 0. 0.	0. 0. 0.
8 Tracy A. Church	(i) 197762. (ii) 0. (iii) 0.	34000. 0. 0.	5895. 0. 0.	15908. 0. 0.	17123. 0. 0.	270688. 0. 0.	0. 0. 0.
9 Luis Taveras	(i) 244414. (ii) 0. (iii) 0.	42000. 0. 0.	50511. 0. 0.	15821. 0. 0.	18541. 0. 0.	371287. 0. 0.	0. 0. 0.
10 Susan Huntington	(i) 253382. (ii) 0. (iii) 0.	68750. 0. 0.	1161. 0. 0.	17150. 0. 0.	12062. 0. 0.	352505. 0. 0.	0. 0. 0.
11 Orlando C. Kirton M.D.	(i) 553542. (ii) 0. (iii) 0.	0. 0. 0.	39119. 0. 0.	54642. 0. 0.	29410. 0. 0.	676713. 0. 0.	0. 0. 0.
12 Joel I. Sorosky M.D.	(i) 519805. (ii) 0. (iii) 0.	0. 0. 0.	18822. 0. 0.	39775. 0. 0.	28603. 0. 0.	607005. 0. 0.	0. 0. 0.
13 Paul Thompson M.D.	(i) 516304. (ii) 0. (iii) 0.	0. 0. 0.	20064. 0. 0.	152303. 0. 0.	26974. 0. 0.	715645. 0. 0.	0. 0. 0.
14 Michael Lindberg M.D.	(i) 342910. (ii) 0. (iii) 0.	0. 0. 0.	18048. 0. 0.	45900. 0. 0.	25797. 0. 0.	432655. 0. 0.	0. 0. 0.
15 Kevin P. Keating M.D.	(i) 375100. (ii) 0. (iii) 0.	0. 0. 0.	17996. 0. 0.	45900. 0. 0.	25531. 0. 0.	464527. 0. 0.	0. 0. 0.
16 Judith Pepe M.D.	(i) 326620. (ii) 0. (iii) 0.	0. 0. 0.	14085. 0. 0.	36601. 0. 0.	25458. 0. 0.	402764. 0. 0.	0. 0. 0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Vernon Y. Kwok M.D.	(i) 222215.	(ii) 0.	(iii) 6719.	0.	20393.	249327.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
2 Robert S. Dicks M.D.	(i) 201320.	(ii) 0.	(iii) 826.	32027.	23124.	257297.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
3 Alan Laites	(i) 180587.	(ii) 18031.	(iii) 6341.	0.	10659.	215618.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
4 Christopher Clyne M.D.	(i) 389684.	(ii) 77562.	(iii) 17452.	39775.	27737.	552210.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
5 Karyn L. Butler M.D.	(i) 400366.	(ii) 0.	(iii) 17383.	36100.	26698.	480547.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
6 Ikram Kureshi, M.D.	(i) 158421.	(ii) 0.	(iii) 0.	0.	0.	158421.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
7 Paul W. Crespi	(i) 306216.	(ii) 85941.	(iii) 21014.	39775.	23283.	476229.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
8 Alan J. Smally M.D.	(i) 345939.	(ii) 0.	(iii) 32697.	59375.	24493.	462504.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
9 Detlef Wencker M.D.	(i) 360429.	(ii) 0.	(iii) 13986.	33010.	24473.	431898.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
10 Jonathan A. Hammond M.D.	(i) 409257.	(ii) 0.	(iii) 0.	0.	25575.	434832.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
11 Patricia Sheiner M.D.	(i) 168541.	(ii) 15000.	(iii) 3492.	0.	12724.	199757.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
12 Jeffrey Kluger M.D.	(i) 386345.	(ii) 76441.	(iii) 23816.	0.	27728.	514330.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
13 Steven L. Zweibel M.D.	(i) 395349.	(ii) 79170.	(iii) 12377.	27663.	14781.	529340.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
14 John F. Greene Jr. M.D.	(i) 384018.	(ii) 0.	(iii) 41894.	39775.	14717.	480404.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
15 Eric Crespo M.D.	(i) 318422.	(ii) 63240.	(iii) 297.	24647.	13049.	419655.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
16 Mark W. Sebastian M.D.	(i) 495113.	(ii) 0.	(iii) 773.	34835.	19410.	550131.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Elliot T. Joseph	(i) 1058368.	(ii) 486360.	(iii) 106563.	130564.	44737.	1826592.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 Stephan O'Neill	(i) 219520.	0.	119224.	38434.	22290.	399468.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 James K. Kinsella	(i) 92668.	0.	129135.	66478.	13911.	302192.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 Linda B. Spivack	(i) 110541.	0.	114441.	9155.	10513.	244650.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 Paul S. Besson Esq	(i) 0.	0.	346063.	276.	12597.	358936.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 Alfred Herzog M.D.	(i) 106605.	0.	17097.	0.	8716.	132418.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 Gary V. Heller M.D.	(i) 368516.	0.	2953.	52257.	13034.	436760.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
9	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
10	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
11	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
12	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
13	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
14	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
15	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							
16	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.							

Part III Supplemental Information

Complete this part to 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.

Part I, Line 1a: Tax indemnification and gross-up payments to individuals for benefits are included as taxable income on Form W-2.

The box related to health or social club dues or initiation fees is checked. Hartford Hospital, a member of Hartford HealthCare Corporation maintains memberships at two local clubs. These clubs do not allow for corporate memberships, therefore, the membership fees are paid directly to the clubs, but accounts are assigned to individual executives. These executives do not derive any personal benefit from the use of the clubs and any use is for business purposes only. These executives are not taxed, and are required to sign an annual attestation that they do not derive any personal benefit from the use of these club memberships. The memberships reside at Hartford Hospital and can be reassigned at will.

Part I, Line 1b: The organization does not have a formal written policy relating to gross-up payments. Requests for gross-up payments are reviewed by both the Tax & Payroll departments to ensure compliance with Federal and State regulations. Payments are included in the recipient's form W-2 and are taxed as required.

Part III Supplemental Information

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

Part I, Lines 4a-b: Mr. Stephan O'Neill (former Officer) severance payment began in September of 2011. Total severance payment in 2011 was \$111,660.

Mr. Paul Besson (former Officer) severance payment began in January of 2011. Total severance payment in 2011 was \$345,050.

Ms. Linda B. Spivack (former Officer) severance payment began in July of 2011. Total severance payment in 2011 was \$113,556.

Dr. Joseph J. Klimek was paid a lump sum amount of \$2,371,573 to close out his participation in the Hartford Hospital Supplemental Employee Retirement Plan (SERP), upon his reaching Normal Retirement Age, as required under the SERP. Total compensation to Dr. Klimek including the SERP payment was \$2,994,907.

2011 SERP accruals made on behalf of the following individuals:

Dr. Harold Schwartz \$68,596

Dr. Paul Thompson \$74,454

Part III Supplemental Information

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

Dr. Orlando Kirton \$14,867

Elliot Joseph \$90,789

Part I, Line 7: The hospital has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Transactions With Interested Persons

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Name of the organization Hartford Hospital	Employer identification number 06-0646668
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Part V	See Part V	0.	See Part V		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Business Transactions Involving Interested Persons

(a) Name of Person: Douglas Elliot

(b) Relationship Between Interested Person and Organization: Board Member

(c) Amount of Transactions: \$4,407,727

(d) Description of Transaction: Mr Douglas Elliot is a board member of Hartford Hospital. He is also an executive at the The Hartford Insurance Group (The Hartford). The Hartford provided Auto and Marine insurance policies to Hartford Hospital and Affiliates and received premium fees for the risk. Mr. Elliot has no personal involvement in any of these transactions.

(e) Sharing of Organization's Revenue? No

(a) Name of Person: Greg Deavens

(b) Relationship Between Interested Person and Organization: Board Member

(c) Amount of Transactions: \$494,525

(d) Description of Transaction: Mr Greg Deavens is a board member of Hartford Hospital. He is also an executive at Mass Mutual Life Insurance Company. Mass Mutual provided certain insurance coverages to

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Hartford Hospital and affiliates. Mr Deavens has no personal involvement in any of these transactions.

(e) Sharing of Organization's Revenue? No

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	2552646.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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Form 990, Part I, Line 1, Description of Organization Mission:

centers in New England. The hospital is home to a particularly extensive surgical practice. It has been training physicians for over 130 years, primarily in collaboration with the University of Connecticut School of Medicine. It is a member of Hartford HealthCare Corporation, a large, diversified health care system. The hospital is an 867-bed regional referral center that provides high-quality care in all clinical disciplines, enhanced by robust research endeavors. Among its divisions are the Institute of Living, a 150-bed mental health facility, and Jefferson House, a 104-bed long-term care facility. The hospital's active medical staff includes over 1,300 physicians and dentists within 18 clinical departments. In 2012, the hospital had 41,251 discharges and 99,811 emergency department visits. The Hospital owns and operates the State's only Air Ambulance System (LifeStar).

Form 990, Part III, Line 4a, Program Service Accomplishments:

DIVISION OF CARDIOLOGY PATIENT CARE ACTIVITIES

Cardiac Catheterization Laboratory:

For FY2012, there were 3,841 total cases: 3,339 Coronary and 502 Peripheral. Of the Coronary procedures, 2,135 were Diagnostic and 1,204 Interventional. There was a 5% decrease in Angioplasties, 2% increase in Cardiac Diagnostic Studies and 2% increase in Peripheral studies. 89 Percutaneous Coronary Interventions (PCI) were done on an Outpatient basis, up from 22 in FY2011. Peripheral Volume included the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

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following: 502 total cases; 164 diagnostic; 338 interventional. The PCI length of stay (LOS) was 2.57 days, lower than the ACC NCDR average (2.92 days). The 'Emergent' case status for PCIs at Hartford Hospital was 23.8% compared to 15.6% for similar hospitals. In addition, 20% of all PCIs were STEMIs compared to 14% at similar-sized hospitals (source: Q1, 2012 ACC NCDR Report). Median time to PCI from STEMI was 51.5 minutes which is near the 90th percentile for all hospitals. The 50th percentile was 60.4 minutes (source: Q1, 2012 ACC NCDR Report). 22% of our patients were direct transfers and 23% came in through the Hartford Hospital Emergency Room. 50% of all cardiac lab cases were Elective, 39% Urgent and 11% Emergent. This was a slight increase in Electives from previous year (44%). There was a threefold increase in Structural Heart Interventions; 19 in FY11 vs 56 in FY12. There were 23 Valvuloplasties, 19 Trans Aortic Valve Replacements (TAVR) and 14 Ventricular Assist devices.

Cardiac Electrophysiology Laboratory:

For FY2012, there were a total of 1,183 cases performed. There were 758 patient visits. There were 215 cardiac ablations. 290 implantable cardioverter defibrillator (ICD) cases were performed. Of these, 12% were ICD generator changes, 21% were biventricular ICD generator changes, 31% were initial biventricular ICD implants, and 36% were initial single or dual chamber ICD implants. 247 pacemaker (PM) cases were performed; a 113% increase from FY2011. Of these, 10% were PM generator changes, 2% were biventricular PM generator changes, 43% were initial biventricular PM implants, and 45% were initial single or dual chamber PM implants. 16 laser lead extractions were performed. 58 lead cases (other than laser) were performed and 166 Lead/Device explants

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were preformed.

Nuclear Cardiology/Exercise Stress Test Laboratories:

There was a total 2,351 nuclear cardiology imaging studies performed at Hartford Hospital in FY2012. Cardiac PET represented 97 of the total procedures. Among the satellite nuclear cardiology programs, there were 187 scans performed in Avon; 324 scans performed in Glastonbury; 624 performed at Retreat Avenue; 226 scans performed at Blue Back Square, West Hartford, and 180 performed in Farmington. Overall, FY2012 nuclear cardiology volume for both HH and satellites (including Cardiac PET) totaled 3,892 procedures. The PET decrease is due to a recall of the isotope and decrease in carrier approval and the usage of appropriateness criteria for nuclear cardiology procedures.

There were a total of 2,686 stress tests performed at Hartford Hospital in FY2012. Of these procedures, 420 were standard ETT (increased 16% from FY2011), 2,254 were combined with perfusion imaging (increased 8% from FY2011) and 72 were with Cardiac PET (decrease due to product recall).

Echocardiography:

In FY2012, the Hartford Hospital Echocardiography Lab performed 9,700 transthoracic studies, 659 transesophageal echocardiographic studies, and 184 stress echocardiograms. Full-time sonographer staff has increased from 7 to 8. Approximately 47% of transthoracic studies were performed at the bedside, similar to the previous year. The Echocardiography laboratory has been an instrumental part of the Transcatheter Aortic Valve Implantation procedure that was implemented

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as a collaborative process at Hartford Hospital this year.

Cardiac Surgery:

FY2012 proved to be a great year in Cardiac Surgery. Hartford Hospital successfully recruited Dr. Robert Hagberg from Beth Israel Deaconess Medical Center/Harvard Medical School in Boston as Chief of Cardiac Surgery. Cardiac Surgery clinical statistics include: 714 cases in FY2012, 371 CABG-only cases, 98 CABG/Valve, 185 Valves and 59 other procedures. There was a slight decrease in CABG surgeries but a compensatory increase in Valve surgeries. 43% of all CABG only surgeries were off pump, a 3% decrease. The National rate of Off-Pump CAB is 18%. For Isolated CABG surgeries, our Deep Sternal Wound Infection rate remains at 0% for the second year. This had previously been at 1.8%. Hartford Hospital was in the top 5% in the United States for CAB and CAB/Valve volume and top 10% for Valves. (Source: STS Fall 2011 report). Our CABG mortality was 1.9% and our risk adjusted Observed to Expected Mortality ratio continues to be favorable. 14 Heart Transplants were done at Hartford Hospital in FY2012.

Advanced Heart Failure and Transplant Center:

The Center for Advanced Heart Failure's Infusion Clinic continues to provide successful outpatient therapy for decompensated heart failure patients thereby reducing length of stay, preventing re-admission and allowing patients to stay in the comfort of their own home. Outpatient Intravenous Diuretic Therapy continues to be a major draw for new referrals. It has been highly effective in stabilizing patients with acute heart failure syndrome. During FY2012, a total of 130 new patients were seen, and a total of 1,480 infusions were performed (200

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more than 2011). At the same time, the number of new patients seen in the infusion center has increased by 100% compared to 2009. In addition, a number of heart failure (re)admissions to the hospital were prevented due to a new program, the Emergency Department Heart Failure Infusion Center (EDHFIC) Program, initiated by Dr. Jason Gluck and the Emergency Department. Patients with heart failure are screened, and if they meet criteria they are assessed for treatment in the Infusion Center rather than being admitted. This has provided better patient care as well as decreased (re)admissions for the heart failure population.

The Mechanical Circulatory Support ("VAD"):

The VAD program has shown excellent quality of life and functional capacity for end-stage HF patients. It has provided continuous growth over the past year with a total of 25 VAD implanted this year (21 HMII, 13 Impella, 4 Tandem). The destination VAD Program has shown top 10% outcome in the country with the lowest infection rate (2%) and lowest incidence of right sided failure (0.5%). The DT Program is a significant milestone in the therapy for advanced heart failure and has the potential for further future growth considering the many end-stage HF patients that are not eligible for heart transplantation.

Heart Transplant Program (HHTP):

In FY2012, the Hartford Hospital Heart Transplant Program (HHHTP) performed 14 orthotopic heart transplants with a one year survival rate over 90%. A new protocol for HIV was adopted by the Transplant Program, and the first HIV patient was transplanted in CT. More than 150 previously transplanted heart patients are followed by the Hartford

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Hospital Transplant team.

Preventive Cardiology:

Preventive Cardiology includes cholesterol management, LDL-apheresis, cardiovascular sports medicine consultation, counseling/stress management, smoking cessation and cardiac rehabilitation. LDL Apheresis was relocated to the Cardiology Department and serves patients from Connecticut and Western Massachusetts, has doubled in size over the last few years and is one of the largest programs in the country.

Cardiac Rehabilitation continued to expand with an automatic referral system for patients being discharged with cardiac diagnoses. There were over 14,000 Cardiac Rehabilitation visits at the four sites: Hartford, Glastonbury, Avon and West Hartford. In September 2012, the Avon and West Hartford sites relocated and services consolidated to a new site in Farmington. The smoking cessation program continues to provide services to both patients and employees.

Form 990, Part III, Line 4b, Program Service Accomplishments:

The IOL's most significant access/quality initiative this year has been the "Purple Pod Initiative," a multispecialty, multidisciplinary effort to plan for an expansion of psychiatric services in the Emergency Department. This includes a physical renovation of the Purple Pod space as well as enhancements to staffing, leadership and process improvements which will continue through 2013. At the same time, planning for implementation of a proactive model for consultation/liaison services (the Behavioral Intervention Team or BIT model) proceeded with several grant applications being made. Our multi-year "culture change" program this year focused on the completion

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of comfort rooms on all our inpatient units, the implementation of a sensory/comfort plan for all adult and geriatric patients and continued reductions in the use of seclusion and restraint. We continued our focus on suicide assessment/prevention as national suicide rates continued to rise (10% increase from 2000 to 2010).

The IOL's residency programs continued to thrive with an outstanding class of new residents in both our general adult and child and adolescent residencies. Our research programs had an excellent year as well with over \$7 million in new grants awarded and 101 publications generated. As we enter 2013 we look forward to the many challenges that will face our system of care and we anticipate and accommodate to the needs of health care reform.

Statistical Data:

Total discharges for the year were 4,115. The number of adult day treatments was 13,688. The IOL treated 2,039 patients for eating disorder and 3,996 for Schizophrenia rehabilitation. A total of 2,235 patients received Geriatric day treatment, 4,334 received professional day treatment, 6,481 received Child/Adolescent day treatment and 2,778 went through the DBT program. The average length of stay was 9.3 days and the average daily census was 104.6. Hartford residents accounted for 34% of admissions and 65% of admissions were from other areas within the state.

Patient Care Activities and Program Development:

Patient care activities and program development were guided by the IOL's internal goals for 2012. Highlights included a focus on

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significant growth in the Young Adult Program which received a \$350,000 grant to establish a clinic to complement its partial hospitalization and IOP programs.

Other program highlights for this year included:

Assessment Center: Clinicians evaluated 6,460 patients in the Hartford Hospital Emergency Department (10% increase over 2011), 2,294 children in the Connecticut Children's Medical Center Emergency Department and averaged 4,200 telephone interventions per month.

Adult Ambulatory Services: Provided over 73,000 services in eight specialty programs including Adult Day Treatment, Addiction Recovery Service, Dialectical Behavior Therapy, Eating Disorders, Geriatric Day Treatment, Professionals Program (including Professionals Addiction Recovery Service), Schizophrenia Rehabilitation Program and the Young Adult Program.

Inpatient Services: Total discharges were 4,115 from three adult units, one geriatric unit, one child unit, one adolescent unit and one child/adolescent unit (CARES).

Child/Adolescent Division: Consists of the Outpatient Clinic, Extended Day Treatment (TOPS), Partial Hospital and Intensive Outpatient Programs (IOP), the Child/Adolescent "Practice" and the Webb Schools (Hartford and Cheshire). The Webb Schools opened the Transitional Learning Academy at the beginning of the year and saw enrollment grow by 25% over the year.

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Geriatric Division: Remained very active with inpatient, day hospital, outpatient and nursing home components. Electroconvulsive therapy utilization remains high.

Consultation/Liaison Service and Emergency Department: Utilization continues to grow. Major focus was the Purple Pod Initiative.

Quality and Performance Measures:

The Institute of Living's Executive Quality Management Committee continues to oversee quality initiatives and activities. The committee collects and analyzes data to assess quality and safety outcomes of patient care. Results of performance indicators are reported annually to the Hartford Hospital Quality Council. Highlights of this year's quality initiatives include suicide prevention and assessment, reduction in the use of seclusion and restraint, and fall prevention. Other quality/safety initiatives included the continued focus on our computerized clinical "alert" system, corporate compliance, and environment of care. Another important initiative implemented this year was "Hospital-Based Inpatient Psychiatric Services Core Measures Set," better known as HBIPS. HBIPS consists of 7 core measures which focus on critical issues that affect the course of an individual's psychiatric hospitalization - from the moment they enter the facility through discharge. The measures are evidence-based and have a direct impact on the quality of care received.

Research, Training and Education:

Research: The research enterprise at The Institute of Living is organized in four specialized centers. The Olin Neuropsychiatry

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Research Center, directed by Godfrey Pearlson, M.D., focuses on studies of the major psychiatric disorders using brain imaging and electrophysiological techniques along with genetic analysis. The Anxiety Disorders Center, directed by David Tolin, Ph.D., researches treatments for Obsessive-Compulsive Disorder (OCD), Panic Disorder, Compulsive Hoarding and other disorders on the anxiety spectrum. The Braceland Center for Mental Health and Aging (Karen Blank, M.D., Director) addresses issues related to memory in normal aging and in individuals with Alzheimer's Disease or other dementing processes. Finally, the Burlingame Center for Psychiatric Research and Education, directed by John Goethe, M.D., focuses on outcomes and best practices research as well as pharmacogenetics, metabolic syndrome and treatment resistant mood disorders.

Our research centers continued to perform well in competitive funding with a total of \$7.7 million awarded to IOL researchers. The success of our research enterprise can be measured through grants awarded, the dissemination of important findings and the synergy between our research efforts and our training and clinical programs. IOL researchers and scholars published 101 articles, book chapters, and books, made 82 presentations, and received numerous awards and honors over the course of the year.

Training: The IOL's three psychiatry residency programs are complemented by psychology internship and post-doctoral programs as well as training opportunities in psychiatric social work, nursing and occupational/vocational therapies. Our training programs remain extremely competitive.

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Continuing Education: The mission of the Institute's Continuing Medical Education program is to support the hospital's quality care goals by promoting continuous improvement in clinical practice through education. The Institute has received the "Excellence in CME Award" from the CT State Medical Society in each of the last 14 years.

Form 990, Part III, Line 4c, Program Service Accomplishments:

13,204. This increase in volume was partially due to an increase in breast biopsies and breast ultrasound exams. Mammography showed a decrease of 2.1% which was due to the Mobile Mammography service not being operational. The Department had a five hundred thousand dollar donation which facilitated the purchase of a coach and a Hologic Digital mammography unit. The coach was delivered in February and had its first site visit April 17, 2012. We have performed over eight hundred mammograms since April. OR imaging showed growth which was more outpatients than inpatients. The increase was 4.6%, representing 387 more procedures.

Interventional Radiology patients were increased by 3.9%.

Interventional Neuroradiology volume was increased by 12.8%. Diagnostic procedures increased by 9.5% while therapeutic cases increased by 18.5%. On April 4, 2012, Drs. Gary Spiegel, Martin Ollenschleger and Stephan Ohki were the first in New England to use the Solitaire FR stent for a stroke procedure which successfully removed the clot in half the time of previous devices. INR and IR combined had an increase in volume by 4.7%. The Department also initiated 24/7 in-house radiology coverage, renovated the Mammography Reading Room and started

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installation of a new Fluoroscopy Suite. In addition, the Department created an Associate-Chief position for supporting service-line development and institute initiatives as well as initiated the Next Accreditation System (NAS) for the radiology residency program compliant with early adaptors of the American College of Graduate Medical Education's (ACGME) new system for residency review and accreditation.

2012 Highlights

Nuclear Medicine:

Volumes for OR Sentinel lymph node scans have stayed the same. The OR purchased 2 new Neo probes which now allow for better scheduling of patients for surgery. Inpatients PET scans decreased by 17% while outpatient PET scans increased by 8%. I-131 therapies increased by 187%, volume changed from 8 per year to 23. Pre and Post Sirt Spheres scans have increased by 41%.

CT Section:

CT has been approved to replace the Qxi eight slice scanner for a high-end scanner to improve our ability to build our cardiac CTA program. CT is an integral part of the new TAVR program which is an innovative procedure that replaces diseased heart valves non-invasively. Cardiac CTAs are now available for ED patients. The department aspires to build this program which will make an impact on chest pain turnarounds. CT has purchased a microwave ablation unit which reduces ablation time in half when compared to cryoablations.

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IR Section:

The department treated its 200th mechanical stroke patient this past summer. We installed 2 new state of the art Siemens single plane Artisrooms . These have advanced imaging capabilities for Dyna CT scan.

General Radiography:

Quality images and efficiency greatly enhanced with the replacement of 4 analog rooms and 3 portable units to digital radiography as well as 4 ED traumas rooms. Overall, the department is very close to being fully digital in general radiography.

Teaching, Research and Education

The Radiology Residency currently trains twenty residents. This year's graduating class had a 100% pass rate on the national board examination. The program graduates went on to fellowship training programs at some of the premier national programs. The residents broadly participated in research and department quality and safety programs. Additionally, the radiology training program converted to a more extensive and detailed system for tracking of teaching, attending engagement, resident learning and department-wide participation in scholarly activities called the Next Accreditation System (NAS). Dr. Michael O'Loughlin, associate - Chief of Education and Research, leads the residency program. The (NAS) was initiated this year and will carry forward into 2013.

People and Staffing

Conduct quarterly radiologist lead in-service training for technologist and mid-level staff.

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Establish recurring "town hall" meetings between radiology physician leadership and staff.

Create check-list pathway for new staff to demonstrate core equipment competencies.

Recruit Radiologist with Extra-mural research funding (e.g. K-grant or R01) and support with academic time.

Form 990, Part III, Line 4d, Other Program Services:

Founded in 1854, Hartford Hospital is one of the largest teaching hospitals and tertiary care centers in New England and has a robust clinical research program. It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Enfield, Glastonbury, Newington, West Hartford, Wethersfield and Windsor.

Hartford Hospital has New England's second-busiest surgical practice, after Massachusetts General. It is ranked among the top 10 centers in the country for experience in robotic surgery and performs more minimally invasive surgery than any hospital in the region. The hospital owns and operates LIFE STAR, the state's only critical-care air transport system, and is Hartford's only Level I trauma center.

Hartford Hospital is committed to promoting and sustaining the health and well-being of the people in our community. We treat the members of our community like family, providing our world-class clinical care to everyone, regardless of their ability to pay. According to the Office of Health Care Access 2012 Annual Report, Hartford Hospital is the second-largest provider of Medicaid services in the state.

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Assessing Community Health Needs

The Hospital collaborates with numerous partners in an ongoing effort to identify the health needs of our community. In 2012, we completed a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and Medical Center, the University of Connecticut Health Center and Connecticut Children's Medical Center. We are using the findings from this newest study to be sure our programs continue to respond to the community's health needs. A Community Health Needs Assessment will be conducted every three year as required by law.

Charity Care and Financial Assistance

The Hospital provides free and low-cost care that respects the dignity of each patient. We offer prompt Medicaid eligibility assessments and financial assistance reviews. Financial assistance brochures are available on-site and online in both English and Spanish. Our Patient Access and Financial Assistance team has bilingual staff members who assist patients who speak Spanish, Portuguese, French, Italian and Russian. Hartford Hospital's interpreter line provides assistance with other languages, so that we can continue to meet the needs of our diverse population. Financial assistance coordinators are available in the hospital, in our Emergency Department and at our outpatient locations. When necessary, we work with patients to develop payment plans.

Hartford Hospital improves community health in many ways:

Partnerships132212
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We partner with numerous community-based organizations to advance our shared goals, stimulate economic development, and improve both the health and quality of life of our neighbors.

Support Groups

Individuals and families can obtain support and education from our more than 30 support groups.

Outpatient Clinics

We operate several low- or no-cost outpatient clinics to provide the poorest among us with high-quality health care. In 2011, those clinics had more than 73,000 patient visits.

Community Outreach

We regularly bring health education and screenings out into the community through health fairs, lectures and special events. We particularly reach out to those who are uninsured or underinsured.

Contributions

We provide financial and in-kind contributions to nonprofit organizations that serve the community.

Health Professions Education

Hartford Hospital contributes to the long-term health of our community by educating hundreds of physicians, nurses and other health care professionals every year. Since many remain to practice in the area, we help ensure that there will be enough qualified health professionals to meet the community's growing needs.

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Cancer Outreach

Hartford Hospital is a national leader in providing expert, state-of-the-art cancer care. We bring that expertise to the community through:

- * Community-based screenings for prostate and colorectal cancer
- * Mobile mammography
- * The Partnership for Breast Care, a comprehensive center that coordinates prompt evaluation and treatment of breast problems

Emergency Services

From minor injuries to large-scale catastrophes, Hartford Hospital is the region's leading resource in an emergency.

* Our Emergency Department had approximately 100,000 visits in 2012.

* We are the area's only Level I Trauma Center.

* We operate LIFE STAR, the state's only critical care helicopter transport system. LIFE STAR transports emergency/critical care patients to tertiary care centers in a 150-mile radius, transporting approximately 1,100 patients annually.

* We are the state-designated Center of Excellence for Bioterrorism and Emergency Preparedness, responsible for planning and coordinating emergency response throughout north-central and eastern Connecticut.

Research

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01-23-12

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In 2012, we supported approximately 250 community benefit research projects, expending a total of \$12,844,741. Our research helps expand the medical community's knowledge and gives our patients access to leading-edge treatments.

Expenses \$ 652662351. including grants of \$ 267919. Revenue \$ 689624435.

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

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

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

Form 990, Part VI, Section B, line 11: The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the CFO for review. The final form was provided to the entire Board and reviewed by the Board at one of its scheduled meetings. Once the entire review process was completed, the form was signed by the CFO and then filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC). All directors, officers and senior management of the organization complete and

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sign a Conflict of Interest statement. The statement includes an itemization and description of any actual or potential conflict of interest and all material facts related thereto for such director, officer or senior manager by virtue of his or her activities or the activities of related persons. Directors, officers and senior managers are urged to be inclusive in this disclosure since the disclosure of potential and actual conflicts of interest is essential to ensuring discussion of the conflict.

Conflict of Interest disclosure statements are returned to the HHC Office of Compliance, Audit & Privacy (OCAP). All disclosures are reviewed by OCAP under the direction of legal counsel and the HHC Executive Compliance Steering Committee (ECSC), who shall exercise good faith judgment as to whether a conflict exists. Legal counsel and the ECSC shall be responsible for monitoring transactions or arrangements in which a director, officer and senior management may have a conflict of interest and for assuring that the director, officer or senior management serves the hospital's best interests. OCAP, legal counsel and/or the ECSC may consult with any director, officer or senior manager and obtain information necessary for an ordinarily prudent person to make a judgment as to whether a conflict exists and each director, officer or senior manager shall cooperate with such requests. OCAP, legal counsel and/or the ECSC shall provide guidance to the director, officer or senior manager and to the board of directors as to the appropriate course of action. Legal counsel and the ECSC shall seek the advice and approval of the full Board of Directors in determining whether a conflict of interest exists and that the director, officer or senior manager serves the organization's best interests. When a conflict of interest is discovered, such director, officer or senior manager with the conflict will be required to refrain from participating in any discussion

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or action concerning such conflicted situation in accordance with policy.
 If, after completing and signing the annual disclosure statement, an actual
 or potential conflict arises, the director, officer or senior manager with
 the conflict shall promptly notify OCAP in writing.

Form 990, Part VI, Section B, Line 15: The Independent Executive

Compensation Committee hires an outside consultant, Integrated Healthcare
 Strategies, to determine best practices in governing executive compensation
 for those employees who report directly to the CEO of Hartford HealthCare
 Corporation.

The following steps are taken:

- Independent Executive Compensation Committee (Committee) of the Board of
 Directors of Hartford HealthCare, on behalf of Hartford Hospital,
 established and regularly reviews Executive Compensation Philosophy
- Committee regularly reviews scope and depth of positions taking into
 account complexity and the financial impact and accountability of all
 "disqualified persons"
- National and regional peer groups are selected for comparative purposes
 based on organizational size, operating revenue, geography and other
 relevant factors
- Analysis of current total compensation versus market performed by
 independent third party compensation consulting firm, reviewed by the
 committee
- Recommendations made based on data analysis to ensure appropriate
 competitive positioning within parameters of compensation philosophy
- CEO compensation determined by Committee based on comparative market
 information and organizational performance

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- All changes reviewed and approved by Executive Compensation Committee

The CEO compensation determination process is reviewed on an annual basis.

All other executive compensation are regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.

Form 990, Part VI, Section C, Line 19: Form 990, 990T and Form 1023 and its attachments are available upon request. Hartford Hospital's governing documents, financial statements and Conflict of Interest statements are also made available upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	70792185.
Sch K-1 Reconciling Items	-295347.
Pension Adjustment	-37733912.
Transfer to Affiliates	-50304508.
Rounding	-3.
Total to Form 990, Part XI, Line 5	-17541585.

Part IV, Line 12 and Part XII, Line 2b

Hartford Hospital did not receive a separate audited financial statement and is included in a consolidated audited financial statement.

Form 990 Part VII, Column B

Average Hours Per Week

Certain employees listed on Part VII of Form 990 share their time

Name of the organization

Hartford Hospital

Employer identification number

06-0646668

between Hartford Hospital and other related organizations. These are
all full time employees that average 40-60 hours per week. Their hours
and salaries are allocated between Hartford Hospital and Hartford
Health Care Corporation for expenditure purposes.

(This section contains multiple horizontal lines for providing additional details.)

SCHEDULE R (Form 990)
 Department of the Treasury
 Internal Revenue Service

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

Name of the organization: **Hartford Hospital**
 Employer identification number: **06-0646668**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Connecticut Health System, Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Care Delivery	Connecticut	501(C)(3)	11 (c)	N/A		X
Hartford HealthCare Corporation - 22-2672834 80 Seymour Street Hartford, CT 06102	Support and Management Services to Hartford Hospital and Affiliates	Connecticut	501(C)(3)	11 (c)	N/A		X
Institute of Living - 06-0646683 200 Retreat Avenue Hartford, CT 06106	Psychiatric Services	Connecticut	501(C)(3)	11 (c)	Hartford HealthCare Corp.		X
Windham Community Memorial Hospital - 06-0646966, 112 Mansfield Avenue, Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2011

Part II Continuation of 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 organization?	
						Yes	No
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Williamantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11 (a)	Windham Community Memorial Hospital		X
Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X
VNA Health Care Inc. - 06-0646938 103 Woodland Street Hartford, CT 06105	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corp.		X
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corp.		X
VNA Health Resources Inc. - 06-1161422 103 Woodland Street Hartford, CT 06105	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.		X
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06115	Fundraising	Connecticut	501(C)(3)	11 (c)	Hartford Hospital		X
The Hospital of Central CT and Bradley Memorial - 06-0646768, 100 Grand Street, New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corp.		X
Central CT Senior Health Svc d.b.a. Southington Care - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.		X
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.		X
Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050	Support & Management Svcs. to TOCC and Affiliates - Shell	Connecticut	501(C)(3)	11 (b)	Hartford HealthCare Corp.		X
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Care	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.		X

Part II	Continuation of 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 organization?	Yes No

(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 organization?
						Yes No
Community Mental Health Affiliates - 06-0934544, 270 John Downey Drive, New Britain, CT 06051	Mental Health & Substance Abuse Treatment Provider	Connecticut	501(C)(3)	7	Hartford HealthCare Corp.	X
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.	X
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital	X
Windham Community Memorial Hospital Women's Auxiliary Inc. - 06-0677728, 112 Mansfield Avenue, Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11 (a)	Windham Community Memorial Hospital	X
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	3	Midstate Medical Center	X
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Practice Medicine and Provide Health Care Services to the Public	Connecticut	501(C)(3)	9	Hartford HealthCare Corp.	X
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 200 Retreat Avenue, Fl 9, Hartford, CT 06102	To Manage and Coordinate Care for Medicare Beneficiaries	Connecticut	501(C)(3)		HHC PhysiciansCare Inc.	X
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corp.	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner		(k) Percentage ownership
							Yes	No		Yes	No	
Central CT Sports Medicine Center LLC - 22-3196509, 15 Masairio Drive, Suite 104, Berlin, CT 06037	Physical Therapy	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
New Britain MRI Limited Partnership - 06-1271349, 100 Grand Street, New Britain, CT 06050	Magnetic Resonance Imaging	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
New Britain Occupational Health Center LLC - 06-1484904, 440 New Britain Avenue, Plainville, CT 06062	Occupational Healthcare	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Ambulance Service of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450	Ambulatory Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
H.H.M.O.B. Corporation & Subsidiary - 06-1140244 80 Seymour Street Hartford, CT 06102	Real Estate Parking	CT	N/A	C CORP	N/A	N/A	N/A
CHS Insurance LTD FB Ferry Bld., 40 Church St., Hamilton, BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	21681320.	21874429.	42.50%
Windham Health Services Inc. - 06-1461101 112 Mansfield Avenue Willimantic, CT 06226	Home Healthcare	CT	N/A	C CORP	N/A	N/A	N/A
Windham Physician Hospital Organization - 06-1441614 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A
Windham Family Medical Services - 06-1491649 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
							Yes	No			
Connecticut Imaging Partners LLC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Service	CT	N/A	Unrelated	294336.	1096009.		X	N/A	X	50.00%
Glastonbury Endoscopy Center, LLC - 26-1721234, 300 Western Boulevard, Glastonbury, CT 06033	Endoscopy Services	CT	N/A	Related	448859.	123624.		X	N/A	X	50.00%
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 06033	Surgery Services	CT	N/A	Related	1463349.	-100242.		X	N/A	X	51.00%
Hartford - Middlesex Clinical System LLC - 06-1543605, 80 Seymour Street, Hartford, CT 06110	Affiliate Support Services	CT	N/A	Unrelated	-135.			X	N/A	X	50.00%
Med-East Assoc., LLC - 06-1469575, 1703 West Main Street, Willimantic, CT 06226	Outpatient Care Clinic	CT	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

Part V Continuation of 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
CenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Investment Management	CT	N/A	C CORP	N/A	N/A	N/A
Grand Indemnity Co. LTD - 98-0609499 40 Church Street , Hamiltion, BERMUDA	Professional Liability	Bermuda	N/A	C CORP	N/A	N/A	N/A
Hartford Physician Services PC - 06-1254082 80 Seymour Street Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A
Meriden Imaging Center - 06-1541468 101 North Plains Industrial Road Meriden, CT 06429	Imaging	CT	N/A	S CORP	N/A	N/A	N/A
Hartford Physician Hospital Organization, Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	107408.	13600434.	50.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)	X	
j Lease of facilities, equipment, or other assets from related organization(s)	X	
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)	X	

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
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.				
(1) CHS Insurance Ltd		K	1205004.FMV	
(2) CHS Insurance Ltd		Q	13961197.FMV	
(3) CHS Insurance Ltd		P	293541.FMV	
(4) CHS Insurance Ltd		R	21874430.FMV	
(5) Eastern Rehabilitation Network		L	2238553.FMV	
(6) Eastern Rehabilitation Network		N	13808102.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(7) Eastern Rehabilitation Network	P	261013.FMV	
(8) Eastern Rehabilitation Network	D	3000000.FMV	
(9) Eastern Rehabilitation Network	A	127326.FMV	
(10) H.H.M.O.B	N	648444.FMV	
(11) H.H.M.O.B	I	128704.FMV	
(12) H.H.M.O.B	P	1113051.FMV	
(13) H.H.M.O.B	J	882162.FMV	
(14) H.H.M.O.B	A	4353.FMV	
(15) H.H.M.O.B	O	936511.FMV	
(16) H.H.M.O.B	E	850000.FMV	
(17) Immediate Medical Care Center	P	304169.FMV	
(18) Immediate Medical Care Center	K	429226.FMV	
(19) Immediate Medical Care Center	A	662484.FMV	
(20) Immediate Medical Care Center	N	544632.FMV	
(21) Immediate Medical Care Center	L	723104.FMV	
(22) Immediate Medical Care Center	Q	2248482.FMV	
(23) Midstate Medical Center	P	4066290.FMV	
(24) Midstate Medical Center	K	7379783.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(7)Midstate Medical Center	N	2122290.FMV	
(8)Natchaug Hospital Inc.	P	139884.FMV	
(9)Rushford Center Inc.	P	106168.FMV	
(10)Rushford Center Inc.	A	8995.FMV	
(11)The Hospital of Central Connecticut	K	1704602.FMV	
(12)The Hospital of Central Connecticut	P	75099.FMV	
(13)Institute Of Living	J	239236.FMV	
(14)Institute Of Living	D	1500000.FMV	
(15)VNA Health Care Inc.	K	259045.FMV	
(16)VNA Health Care Inc.	P	102703.FMV	
(17)Windham Hospital	K	223503.FMV	
(18)Windham Hospital	P	1517381.FMV	
(19)Windham Hospital	D	139604.FMV	
(20)Institute Of Living	P	50583.FMV	
(21)Hartford Hospital Auxiliary	C	258694.FMV	
(22)			
(23)			
(24)			

Part V **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.