ELF Return Status Information

ACCOUNT	PRODUCT	PREPARER	RETURN ID	NAME	FEDERAL STATUS	FEDERAL DATE	STATE/OTHER	STATE STATUS	STATE DATE
139621	990	MICHAEL J. ENGLE	15X:CCSHS:V1	HARTFORD HEALTHCARE SENIOR SERVICES, INC.	Accepted	8/10/2017			
139621	990	Mike Engle	15X:HOCC:V1	The Hospital of Central Connecticut	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:MIDSTATE:V1	MidState Medical Center	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:HHCC:V1	Hartford HealthCare Corporation	Accepted	8/10/2017			
139621	990	MICHAEL J. ENGLE	15X:backushospit:V1	THE WILLIAM W BACKUS HOSPITAL	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:HH:V1	Hartford Hospital	Accepted	8/10/2017			
139621	990		15X:backuscorp:V1	BACKUS CORPORATION	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:WINDHAM:V1	Windham Community Memorial Hospital	Accepted	8/10/2017			
139621	990		15X:SOUTHINGTON:V2	THE ORCHARDS AT SOUTHINGTON	Accepted	8/9/2017			
139621	990		15X:RUSH_INC:V1	Rushford Center, Inc.	Accepted	8/9/2017			
139621	990		15X:MMC_AUX:V1	MidState Medical Center Auxiliary	Accepted	8/9/2017			
139621	990		15X:VNA:V1	Hartford HealthCare at Home, Inc.	Accepted	8/9/2017			
139621	990	Jeanne Schuster	15X:HHC_PCI:V1	HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group	Accepted	8/9/2017			
139621	990	Mike Engle	15X:NATCHAUG:V1	Natchaug Hospital, Inc	Accepted	8/9/2017			
139621	990		15X:MULBERRY:V2	MULBERRY GARDENS OF SOUTHINGTON, LLC	Accepted	8/9/2017			
139621	990		15X:HHC_ACO:V1	Hartford HealthCare Accountable Care Organization Inc.	Accepted	8/9/2017			
139621	990		15X:VNA_HRI:V1	Hartford HealthCare Independence at Home Inc.	Accepted	8/9/2017			
139621	990		15X:RUSH_FDN:V1	Rushford Foundation, Inc.	Accepted	8/9/2017			

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning OCT 1 , 2015, and ending SEP 30 , 20 16

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

OMB No. 1545-1879

2015

Name of exempt organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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	504,127,465.
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 2015 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 of officer: [signature] | Date: 8/10/17 | ▶ Title: SVP, Financial Operation

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

ERO's signature ▶ [signature]	Date 8/8/17	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 HealthCare Corporation One State Street, Suite 19 Hartford, CT 06103			EIN 22-2672834 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: JEANNE M. SCHUSTER	Preparer's signature: [signature]	Date 8/8/17	Check [ ] if self-employed	PTIN P00743154
Firm's name ▶ Ernst & Young U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 200 Clarendon Street, 44th Floor Boston, MA 02116			Phone no. (617) 226-2000	

Extended to August 15, 2017

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

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

C Name of organization: Hartford HealthCare Corporation

Doing business as

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

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

D Employer identification number: 22-2672834

E Telephone number: (860)696-6200

G Gross receipts $ 521,699,412.

F Name and address of principal officer: Elliot T. Joseph
One State St., Ste 19, Hartford, CT 06103

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

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

J Website: ▶ www.hartfordhealthcare.org

H(c) Group exemption number ▶

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

L Year of formation: 1985 **M** State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2773
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	36,626,689.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-18,732,748.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	293,217,778.	368,901,013.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-43,013.	134,370,444.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,811,373.	856,008.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	297,986,138.	504,127,465.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,980.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,302,927.	217,008,348.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	164,791,297.	197,627,700.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	335,128,204.	414,636,048.
	19	Revenue less expenses. Subtract line 18 from line 12	-37,142,066.	89,491,417.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,604,617,968.	1,711,631,274.
	21	Total liabilities (Part X, line 26)	963,219,745.	956,477,058.
	22	Net assets or fund balances. Subtract line 21 from line 20	641,398,223.	755,154,216.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 8/10/17

▶ Gerald Boisvert, SVP, Financial Operations
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jeanne Schuster	Jeanne M Schuster	8/8/17		P00743154

Firm's name ▶ Ernst & Young U.S. LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 200 Clarendon Street, 44th Floor
Boston, MA 02116 — Phone no. (617) 226-2000

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 401,674,319. including grants of $ 0.) (Revenue $ 368,959,839.)
The Corporation collaborates with its supported organizations (hospitals) to develop and implement programs to improve the future of health care in southern New England. This includes initiatives to improve the quality and accessibility of health care; create efficiency in internal operations; and provide patients with the most technically advanced and compassionate, coordinated care. Through its supported organizations (hospitals), the Corporation was designed to provide patients with more convenience to healthcare access in their local communities. The hospitals provide these needed medical services to all patients regardless of their abilities to pay.

Through Hartford Hospital, we provide the state's first critical air

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

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

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

4e Total program service expenses ▶ 401,674,319.

See Schedule O for Continuation(s)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23	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 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	396			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	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	2773			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b	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)?			4a	X	
b	If "Yes," enter the name of the foreign country: ▶ Bermuda					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		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?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		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 or note to any line in this Part VI [X]

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	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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 [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
Carol Wardell - (860) 696-6200
One State Street, Suite 19, Hartford, CT 06103

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Ramani Ayer Director	2.00	X						0.	0.	0.
(2) David Hyman, DDS Director	2.00	X						0.	0.	0.
(3) William Conway, MD Director	2.00	X						0.	0.	0.
(4) Lawrence McGoldrick Director	2.00	X						0.	0.	0.
(5) Anthony Joyce Director (Thru June 2016)	2.00	X						0.	0.	0.
(6) John Patrick, Jr. Director	2.00	X						0.	0.	0.
(7) James Kaskie Director	2.00	X						0.	0.	0.
(8) Elizabeth Conway Director (Thru March 2016)	2.00	X						0.	0.	0.
(9) William Trachsel Director	2.00	X						0.	0.	0.
(10) David Hess Director	2.00	X						0.	0.	0.
(11) Laura Estes Director	2.00	X						0.	0.	0.
(12) Joanne Berger-Sweeney Director	2.00	X						0.	0.	0.
(13) Brian MacLean Chair	3.00	X		X				0.	0.	0.
(14) Greg Deavens Vice Chair	3.00	X		X				0.	0.	0.
(15) Elliot Joseph Director & CEO	40.00 20.00	X		X				2,200,950.	0.	304,513.
(16) Jeffrey Flaks President & COO	40.00 20.00			X				1,371,766.	0.	113,623.
(17) Margaret Marchak Secretary & CLO	40.00 20.00			X				660,302.	0.	141,415.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Charles Johnson Board Treasurer, EVP & CFO	40.00 20.00			X				344,245.	0.	59,722.
(19) James Cardon, MD EVP	40.00 20.00			X				728,927.	0.	143,465.
(20) Tracy Church EVP	60.00			X				596,462.	0.	125,243.
(21) David Whitehead EVP	60.00			X				969,377.	0.	71,418.
(22) Stuart Markowitz, MD SVP	10.00 50.00				X			744,015.	0.	151,368.
(23) Gerald Boisvert SVP	50.00 10.00				X			622,517.	0.	112,552.
(24) Richard Shirey SVP	60.00				X			480,237.	0.	121,322.
(25) James Blazar SVP (Thru Dec. 2015)	60.00				X			652,220.	0.	135,887.
(26) Richard Stys SVP	60.00				X			661,277.	0.	70,855.
1b Sub-total ▶								10,032,295.	0.	1,551,383.
c Total from continuation sheets to Part VII, Section A ▶								7,428,587.	1,331,328.	1,013,000.
d Total (add lines 1b and 1c) ▶								17,460,882.	1,331,328.	2,564,383.

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 ▶ 355

		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*	3	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*	4	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*	5		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
Precision Computer Services Inc. 175 Constitution Blvd., Shelton, CT 06484	Software Support Services	4,510,395.
AllScripts HealthCare LLC 24630 Network Place, Chicago, IL 60673	Software Support Services	4,295,562.
KPMG LLP 1 Financial Plaza #11, Hartford, CT 06103	Consulting Services	3,495,476.
Mintz & Hoke Inc. 40 Tower Lane, Avon, CT 06001	Public Relations & Advertising Services	3,203,235.
Huron Consulting Group Inc. 3005 Momentum Place, Chicago, IL 60689	Consulting Services	2,593,211.

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 ▶ 80

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 (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) Rita Parisi SVP	20.00 40.00				X			436,824.	0.	85,790.
(28) Lucille Janatka SVP	20.00 40.00				X			777,836.	0.	79,868.
(29) Bimal Patel SVP	20.00 40.00				X			476,135.	0.	95,399.
(30) Rocco Orlando III, MD SVP	60.00				X			898,279.	0.	106,883.
(31) Patricia Rehmer, MSN SVP	60.00				X			264,097.	0.	58,098.
(32) Vincent DiBattista SVP	60.00				X			249,820.	0.	57,852.
(33) Paul Thompson, MD Co-Physician in Chief	60.00				X			548,363.	0.	67,462.
(34) Harold Schwartz, MD VP	30.00 30.00					X		0.	607,092.	87,493.
(35) John Greene, MD VP	60.00					X		592,869.	0.	77,945.
(36) Daniel Lohr VP	10.00 50.00					X		576,066.	0.	64,342.
(37) Jonathan Velez, MD VP	60.00					X		472,365.	0.	70,593.
(38) Steven Hanks, MD VP	60.00					X		1,669,882.	0.	47,270.
(39) Stephen Larcen (Former) SVP	0.00						X	0.	724,236.	99,900.
(40) Thomas Marchozzi Former EVP & CFO	0.00						X	466,051.	0.	14,105.
Total to Part VII, Section A, line 1c								7,428,587.	1,331,328.	1,013,000.

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Part VIII **Statement of Revenue**

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶						
Program Service Revenue			Business Code					
	2 a	System Support Svcs	541900		233,686,189.	233,686,189.		
	b	Laboratory Services	621500		134,435,905.	98,653,095.	35,782,810.	
	c	Income From JV's	900003		778,919.	778,919.		
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			368,901,013.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			75,608.	58,826.		16,782.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory		151,754,836.				
	b	Less: cost or other basis and sales expenses		17,460,000.				
	c	Gain or (loss)		134,294,836.				
	d	Net gain or (loss) ▶			134,294,836.		843,879.	133,450,957.
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a	111,947.				
	b	Less: cost of goods sold	b	111,947.				
	c	Net income or (loss) from sales of inventory ▶			0.			
		Miscellaneous Revenue	Business Code					
	11 a	Other Income	621110		856,008.			856,008.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			856,008.			
	12	**Total revenue.** See instructions. ▶			504,127,465.	333,177,029.	36,626,689.	134,323,747.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,570,781.	10,086,615.	3,484,166.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	152,642,575.	152,642,575.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,929,557.	14,962,549.	1,967,008.	
9 Other employee benefits	21,204,298.	19,741,801.	1,462,497.	
10 Payroll taxes	12,661,137.	12,578,021.	83,116.	
11 Fees for services (non-employees):				
a Management				
b Legal	3,468,661.		3,468,661.	
c Accounting	2,067,231.		2,067,231.	
d Lobbying	429,050.		429,050.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,613,651.	16,613,651.		
12 Advertising and promotion	10,307,296.	10,307,296.		
13 Office expenses	10,777,432.	10,777,432.		
14 Information technology	31,694,227.	31,694,227.		
15 Royalties				
16 Occupancy	7,106,411.	7,106,411.		
17 Travel	1,035,793.	1,035,793.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	555,854.	555,854.		
20 Interest	2,336,675.	2,336,675.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,981,950.	27,981,950.		
23 Insurance	527,194.	527,194.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Purchased Services	52,507,150.	52,507,150.		
b Medical Supplies	15,768,643.	15,768,643.		
c Repairs & Maintenance	8,973,620.	8,973,620.		
d Dues & Licenses	3,661,101.	3,661,101.		
e All other expenses	1,815,761.	1,815,761.		
25 **Total functional expenses.** Add lines 1 through 24e	414,636,048.	401,674,319.	12,961,729.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X [ ]

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,491,834.	1	5,493,425.
	2	Savings and temporary cash investments		59,590,021.	2	60,585,740.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,430,954.	4	3,150,104.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,440,905.	8	798,071.
	9	Prepaid expenses and deferred charges		9,190,428.	9	11,623,093.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 350,953,214.			
	b	Less: accumulated depreciation	10b 71,656,281.	211,699,799.	10c	279,296,933.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		7,729,651.	12	6,313,093.
	13	Investments - program-related. See Part IV, line 11		563,908,801.	13	563,908,801.
	14	Intangible assets		2,302,100.	14	2,302,100.
	15	Other assets. See Part IV, line 11		730,833,475.	15	778,159,914.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,604,617,968.	16	1,711,631,274.
Liabilities	17	Accounts payable and accrued expenses		77,412,610.	17	96,681,120.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		750,362,109.	20	746,310,043.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		70,712,882.	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		64,732,144.	25	113,485,895.
	26	**Total liabilities.** Add lines 17 through 25		963,219,745.	26	956,477,058.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		591,042,223.	27	704,798,216.
	28	Temporarily restricted net assets		20,916,000.	28	20,916,000.
	29	Permanently restricted net assets		29,440,000.	29	29,440,000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		641,398,223.	33	755,154,216.
	34	Total liabilities and net assets/fund balances		1,604,617,968.	34	1,711,631,274.

Form **990** (2015)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	504,127,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	414,636,048.
3	Revenue less expenses. Subtract line 2 from line 1	3	89,491,417.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	641,398,223.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	24,264,576.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	755,154,216.

Part XII Financial Statements and Reporting

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

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

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

The organization is not a private foundation because it is: (For lines 1 through 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 (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An 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 [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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

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

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

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

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

f Enter the number of supported organizations 7

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Hartford Hospital	06-0646668	3	X		0.	143,762,454.
Midstate Medical Center	06-0646715	3	X		0.	29,350,305.
Windham Community Memorial Hospital	06-0646966	3	X		0.	9,402,746.
Natchaug Hospital	06-0966963	3	X		0.	4,548,990.
Hospital of Central Connecticut	06-0646768	3	X		0.	42,376,140.
Total					0.	255,024,783.

See Part VI for Line 11g Continuation

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .... 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 .... 15 %

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .... ▶ ☐

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .... ▶ ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .... ▶ ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .... ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☒ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a	X	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b	X	

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2015**	**(iii) Distributable Amount for 2015**
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

FORM 990 SCH A PART I, LINE 11G COL. (VI)

Hartford HealthCare Corporation (HHC) is organized as a supporting organization that was established to govern, manage and provide support services to its member organizations. During FY2016, HHC provided executives and support services to its member organizations including but not limited to the following: Legal, Treasury, Finance, Revenue Cycle, Information Technology Services (IT), Marketing, Strategic Planning and Human Resources (HR). The total non-monetary support provided was $255,024,783.

FORM 990 SCH A PART IV, SECTION A LINE 1

Hartford HealthCare Corporation ("HHC")is the parent organization of an integrated health care delivery system. In addition to those organizations specifically listed in HHC's By-Laws, the organization provides services to other organizations that are a part of the HHC System, and that directly further the charitable purposes of the supported organizations.

FORM 990 SCH A PART IV, SECTION A, LINE 6

Hartford HealthCare Corporation ("HHC"), a Connecticut nonprofit corporation headquartered in Hartford, Connecticut is the Parent entity of a number of affiliated entities (the "System") that offer extensive health care services to residents of North Central, Eastern Connecticut and Hartford Region.

The System's objective is to be an integrated health System with a strong patient focus and consistent quality performance. With those

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

goals, the Systems' management emphasizes increased efficiencies and an open collaborative sharing of best practices across all System affiliates. One of the System guiding principles is to provide patients greater access to health care close to their homes and across a wide spectrum of providers from a tertiary care medical center, to community hospitals, behavioral health, home care, ambulatory care centers, rehabilitation and senior care.

The System includes:

* Hartford Hospital ("Hartford Hospital") - a tertiary-care teaching hospital that includes the operating departments/divisions of Institute of Living, Jefferson House and Cedar Mountain Commons;

* Hospital of Central Connecticut at New Britain General and Bradley Memorial (the "Hospital Of Central Connecticut") - a community teaching hospital with two hospital campuses;

* Three community hospitals - MidState Medical Center ("MidState"), Windham Community Memorial Hospital Inc. ("Windham Hospital") and The William W. Backus Hospital ("Backus Hospital");

Other key System affiliates include:

- Two regional behavioral health centers;
- A multi-specialty group encompassing physicians in more than 30 specialties in convient offices across Central and Eastern Connecticut;
- A regional home care system;
- Senior Care Facilities;
- A physical therapy and rehabilitation network with offices throughout central Connecticut
- Integrated Care Partners ("ICP"), a clinical integration organization.

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

Hartford Healthcare has focused on disciplined strategic growth and development to facilitate the System's objective of delivering integrated, high quality care. Hartford HealthCare was organized in 1985, serving originally as the sole corporate member of only Hartford Hospital. In 1986, Hartford HealthCare became the sole corporate member of MidState. In 1994, The Institute of Living became a department of Hartford Hospital. Hartford HealthCare became the sole corporate member of Windham in 2009 and the sole corporate member of The Hospital of Central Connecticut. On August 1, 2013, Hartford HealthCare became the sole corporate member of Backus Corporation ("Backus Corporation"), the parent of Backus Hospital and other affiliates. Hartford HealthCare is either the direct or indirect corporate member of all System affiliated entities and retains direct and indirect reserved corporate powers over these entities.

Day-to-day management of System affiliates is provided by regional senior vice presidents through a regional management initiative. Hartford HealthCare's regional management structure supports coordinated care at the individual hospital level and throughout the System. The regionalization initiative aims to enhance the System's ability to provide consistent quality, which is intended to improve patient experience and to control costs.

The System's operating and financial decision making is centralized at Hartford HealthCare with each of HHC supported hospitals having a significant voice in HHC's operations. With guidance from each of its

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

supported hospitals, Hartford HealthCare continues to centralize logistics and day-to-day operation in the following areas: Finance, Human Resources, Supply Chain, Revenue Cycle, Information System, Legal, Risk Management, Compliance, Privacy, Business and System Development, Planning, Marketing, Government Relations, Managed Care, Debt and Asset Management, Insurance and Internal Audit. Centralized system services are expected to reduce variation, to control costs through efficiencies and economies of scale and to improve the System's delivery of coordinated and integrated care. Significant progress has been made over the past years, including consolidation of payroll systems, retirement savings plan managers, e-mail systems and employee health plans. Hartford HealthCare expects that the centralization of all System-corporate services will be complete by 2018. System affiliates pay Hartford HealthCare an allocated cost for such services based on either per unit charge outs or a prorated percent of total System expenses.

FORM 990 SCH A PART IV SECTION D LINE 3

Hartford Healthcare Corporation ("HHC") is the parent organization of an integrated health care delivery organization and has a close and continuing relationship with its supported hospitals, and has significant controls over the activities of its supported hospitals. There are significant and ongoing relationships between HHC and its supported hospitals that demonstrate the close and continuous working relationship between HHC and the supported organizations and that the supported organizations have a significant voice in the activities of HHC. For example, supported organizations' board members are members of

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

key HHC Board committees that have been delegated the authority for significant functions of HHC. A significant portion of the authority of the HHC Board has been delegated to and is performed through its committees. These Committees include the Finance Committee; Quality and Safety Committee; and Strategic Planning and Community Benefit Committee. Through the presence of their board members on these key committees, the supported organizations have a significant voice in the operations of HHC. In addition to the above, HHC receives significant input from and works with all of the supported hospitals to develop community health needs assessments (CHNA). The CHNA work is started in the HHC Board Committee called Strategic Planning and Community Benefit, then developed by the hospitals and approved by the hospital boards.

HHC is responsive to the needs and demands of its supported hospitals and the supported hospitals have significant influence in the operational aspects of HHC, the management, quality and otherwise in directing the use of income or assets of HHC. The HHC corporate purposes include developing and implementing: (a) goals and priorities for new or expanded health-related programs for the benefit of the supported hospitals and the communities served by them; (b) programs and facilities for the effective delivery of a continuum of health care services; (c) programs of the supported hospitals to enhance the quality and accessibility of health care services, the efficiency of utilization of health care facilities and services and the reasonableness of the cost of health care to the public; and (d) educational programs for health professionals and the public (e.g.,

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

continuing medical education, nursing education, allied health professional education, graduate medical education, and community education) about health services, preventive care, and wellness. HHC also examines the needs and pursues opportunities for routine corporate matters such as acquiring or constructing properties which may enhance the delivery of health care services.

HHC's Chief Operating Officer participates in board meetings of the supported hospitals to discuss system activity. The highest executive at each supported hospital (The "Regional President") is employed by HHC. The Regional President meets with all executives of HHC leadership weekly for leadership meetings throughout the course of the year to discuss matters related to HHC and make decisions about the services and operations of the supported hospitals through capital and operating budget discussions and strategic planning for operations.

As a result of these close and continuous interactions, the supported organizations and their officers and directors and other leadership provide significant advice and input to HHC and its leadership on important matters such as: (a) operating budgets, including routine and strategic capital expenditures; (b) strategic plans and other key initiatives; and (c) population healthcare planning needs, including areas of deficiency, oversupply, and expected future need. This level of interaction generates an ongoing dialogue that affords the supported hospitals and their leadership a significant voice in HHC decision making on such matters of strategic importance. Directors of new supported hospitals that join the system serve on the board of HHC

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

thereby providing additional means for the supporting organizations to have a significant voice in the operations of HHC.

FORM 990 SCH A PART IV, SECTION E LINES 3A & 3B

While the supported organizations maintain significant voices in the operations of HHC, HHC is the parent organization of the overall health system and, both through its ability to appoint and remove the directors of the supported organizations and certain reserved powers over the operations of the supported organizations, exercises a substantial degree of control over the policies, programs and activities of each supported organization. In addition, HHC exclusively engages in activities that further the charitable purposes of the supported organizations that would be carried on by the supported hospitals directly were it not for the existence of HHC. To that end, and far beyond the revenues and expenses of the Form 990, HHC provides significant oversight to the supported organizations to ensure that the entire health care system is operated in a charitable manner that best serves the health needs of the communities serviced by the HHC health care system.

Part VI **Supplemental Information** (Schedule A, Part I, Line 11g - Information regarding supported organizations (continuation)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above)	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support	(vi) Amount of other support
William W. Backus Hospital	06-0250773	3	X		0.	22,902,803.
Rushford Center Inc.	06-0932875	7	X		0.	2,681,345.
Continuation Totals						25,584,148.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
Hartford HealthCare Corporation	22-2672834

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

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-.

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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		1,000.
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		163,050.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		265,000.
j Total. Add lines 1c through 1i			429,050.
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**

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

Part II-B, Line 1, Lobbying Activities:

Hartford HealthCare Corporation incurred $429,050 of lobbying expenditures for FY 16. Kenneth Przybysz, LLC provided lobbying services on behalf of the organization during the fiscal year. Efforts mainly include the lobbying of Connecticut State Legislators in the interest of tax exempt hospitals in the State of Connecticut, while

Part IV **Supplemental Information** *(continued)*

Baker Donelson Bearman Caldwell & Berkowitz, Coalition to Protect America's Health Care concentrated on federal issues. In addition, the organization utilizes management time to lobby on its behalf at the Federal and State levels. The Organization occasionally asks its employees to volunteer their time to contact their legislators in an effort to lobby on its behalf.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation
Employer identification number: 22-2672834

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year ▶ ______

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

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

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

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

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

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		9,816,156.	4,610,864.	5,205,292.
c Leasehold improvements		10,428,162.	4,743,207.	5,684,955.
d Equipment		250,397,539.	62,302,210.	188,095,329.
e Other		80,311,357.		80,311,357.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				279,296,933.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Longterm Investments in		
(2) Affiliates	563,908,801.	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	563,908,801.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Intercompany Allocation - Bond Debt	676,130,627.
(2) Due From/To Affiliates	95,612,659.
(3) Deferred Liability	1,416,628.
(4) Funds Held in Escrow (Sale of Lab.)	5,000,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	778,159,914.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Program Related Liability	21,578,685.
(3) SERP Liability	3,721,502.
(4) Payments to Affiliates	5,580,126.
(5) TD Bank - Line of Credit	82,605,582.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	113,485,895.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization	Employer identification number
Hartford HealthCare Corporation	22-2672834

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
Central America/Caribbean	1	2	Program Service - Captive Insurance	Insurance Premiums	24,790,434.
Central America/Caribbean	1	2	Investment In Captive		68,277,478.
3 a Sub-total	2	4			93,067,912.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	4			93,067,912.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2015**

532071 10-01-15

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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" on 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)* ..... [X] Yes [ ] No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ..... [ ] Yes [X] 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)* ..... [X] 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 [X] 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 [X] No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ..... [ ] Yes [X] No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Sch F, Part I, Line 3

The Audited Financial Statements for the Investment in Captive were prepared according to US Generally Accepted Accounting Principles (GAAP). Insurance Premiums are being reported on an cash basis.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

Part I Questions Regarding Compensation

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(1) Elliot Joseph	(i)	1,218,495.	732,921.	249,534.	235,612.	68,901.	2,505,463.	0.
Director & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jeffrey Flaks	(i)	813,226.	382,765.	175,775.	60,445.	53,178.	1,485,389.	0.
President & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Margaret Marchak	(i)	463,399.	166,749.	30,154.	93,339.	48,076.	801,717.	0.
Secretary & CLO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Charles Johnson	(i)	280,374.	60,000.	3,871.	39,482.	20,240.	403,967.	0.
Board Treasurer, EVP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) James Cardon, MD	(i)	499,738.	192,081.	37,108.	97,242.	46,223.	872,392.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Tracy Church	(i)	426,540.	166,636.	3,286.	89,380.	35,863.	721,705.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) David Whitehead	(i)	564,363.	316,867.	88,147.	22,260.	49,158.	1,040,795.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Stuart Markowitz, MD	(i)	559,531.	162,445.	22,039.	102,732.	48,636.	895,383.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Gerald Boisvert	(i)	433,267.	175,942.	13,308.	66,772.	45,780.	735,069.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Richard Shirey	(i)	364,161.	110,655.	5,421.	79,959.	41,363.	601,559.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) James Blazar	(i)	468,254.	171,418.	12,548.	92,690.	43,197.	788,107.	0.
SVP (Thru Dec. 2015)	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Richard Stys	(i)	444,537.	157,324.	59,416.	36,551.	34,304.	732,132.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Rita Parisi	(i)	310,114.	84,955.	41,755.	52,425.	33,365.	522,614.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Lucille Janatka	(i)	572,147.	180,278.	25,411.	21,200.	58,668.	857,704.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Bimal Patel	(i)	355,464.	118,896.	1,775.	76,741.	18,658.	571,534.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Rocco Orlando III, MD	(i)	566,368.	203,507.	128,404.	56,425.	50,458.	1,005,162.	0.
SVP	(ii)	0.	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Patricia Rehmer, MSN	(i)	225,807.	35,250.	3,040.	44,399.	13,699.	322,195.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Vincent DiBattista	(i)	201,514.	40,000.	8,306.	37,388.	20,464.	307,672.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Paul Thompson, MD	(i)	546,641.	0.	1,722.	33,125.	34,337.	615,825.	0.
Co-Physician in Chief	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Harold Schwartz, MD	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	460,289.	113,781.	33,022.	33,125.	54,368.	694,585.	0.
(21) John Greene, MD	(i)	470,432.	87,091.	35,346.	39,200.	38,745.	670,814.	0.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) Daniel Lohr	(i)	373,623.	106,207.	96,236.	22,260.	42,082.	640,408.	74,000.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) Jonathan Velez, MD	(i)	364,066.	105,198.	3,101.	31,970.	38,623.	542,958.	0.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) Steven Hanks, MD	(i)	298,957.	0.	1,370,925.	0.	47,270.	1,717,152.	593,863.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) Stephen Larcen	(i)	0.	0.	0.	0.	0.	0.	0.
(Former) SVP	(ii)	434,751.	184,730.	104,755.	56,425.	43,475.	824,136.	0.
(26) Thomas Marchozzi	(i)	0.	0.	466,051.	0.	14,105.	480,156.	0.
Former EVP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a:

Starting in 2013, the organization implemented a written Tax Gross Up policy which restricts the use of future gross ups.

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

Part I, Line 3:

Please see Sch O, Part VI, Section B, Line 15 for comments regarding compensation.

Part III Supplemental Information

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

Part I, Lines 4a-b:

The following individuals received a lump sum severance payment in 2015:

Thomas Marchozzi (Former Officer)in the amount of $450,000

Steven Hanks, MD (VP) in the amount of $775,451

Patricia Walden (VP) in the amount of $390,469

Hartford Healthcare Corporation maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause or upon reaching age 65. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service.

Part III Supplemental Information

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

2015 SERP accruals made on behalf of the following individuals:

Jeffrey Flaks	$ 21,245
Tracy Church	$ 52,830
James Blazar	$ 56,140
Bimal Patel	$ 44,157
Stuart Markowitz	$ 66,182
Gerald Boisvert	$ 30,222
James Cardon	$ 60,692
Margaret Marchak	$ 56,789
Richard Shirey	$ 46,117
Vincent DiBattista	$ 20,346
Charles Johnson	$ 27,692
Patricia Rehmer	$ 26,117
Jeffrey Flaks	$106,225*
Elliot Joseph	$134,825*
Stephen Larcen	$ 51,590*
Rocco Orlando	$ 68,545*
Richard Stys	$ 52,938*

Part III Supplemental Information

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

David Whitehead $ 69,487*

Rita Parisi $ 35,383*

*For these individuals, vesting occurred, causing taxable income. A portion of the vested amount was used to pay the associated tax liability. The remaining balance stayed in the SERP account.

2015 SERP Payments were made to the following individuals:

Steven Hanks $593,863

Daniel Lohr $ 74,000

Part I, Line 7:

Hartford HealthCare Corp. has a Compensation At Risk Plan that provides at-risk award opportunities to motivate eligible executives to put forth maximum effort to accomplish specified annual goals. The payment of an award to any senior executive is contingent on the System achieving pre-established performance goals and maintaining financial stability, participants achieving pre-established performance goals, and on approval

Part III Supplemental Information

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

of the Executive Compensation Committee of the Board of Directors.

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation
Employer identification number: 22-2672834

Part I Bond Issues See Part VI for Columns (a) and (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	State of Connecticut Health & Education Facil	06-0806186	20774YCZ8	09/29/11	330,863,039.	Refund portions of existing debt		X		X	X	
B	State of Connecticut Health & Education Facil	06-0806186	20774YQK6	03/26/14	85,958,709.	Refund portions of existing debt		X		X	X	
C	State of Connecticut Health & Education Facil	06-0806186	20774YVKO	05/12/15	126,868,188.	Funding for future capital ne		X		X	X	
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	331,667,796.	85,962,200.	126,925,969.	
4	Gross proceeds in reserve funds	19,572,000.			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	4,652,264.	1,438,989.	1,868,188.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	-856,906.	12,839,911.	56,962,061.	
11	Other spent proceeds	303,153,428.	70,742,963.	4,463,282.	
12	Other unspent proceeds	4,342,230.	938,409.	63,577,985.	
13	Year of substantial completion	2012	2014	2015	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X			X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2.00 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	2.00 %		%		%		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

(a) Issuer Name:
State of Connecticut Health & Education Facilities Authority.
(f) Description of Purpose:
Refund portions of existing debt and obtain funds for future capital needs.

(a) Issuer Name:
State of Connecticut Health & Education Facilities Authority.
(f) Description of Purpose: Funding for future capital needs

Form 990, Schedule K
On September 29, 2011 Hartford HealthCare Corporation (Corporation) issued approximately $330,863,000 of CHEFA Revenue Bonds Series A & B. In conjunction with the issuance of the HHC 2011 Bonds, an obligated group was formed. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and Midstate Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a

See Part VI Supplemental Information Sheet

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

designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations.

Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, the Corporation issued approximately $83,790,000 of CHEFA Revenue Bonds Series E. The 2011 and 2014 Bonds were issued to refund portions of existing debt under Corporation and to obtain funds for future capital needs.

Effective May 12, 2015 the Corporation issued approximately $126,860,000 of CHEFA Revenue Bonds Series F & G. The 2015 Bonds were issued to obtain funding for future capital needs.

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization	Employer identification number
Hartford HealthCare Corporation	22-2672834

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

serves.

Form 990, Part III, Line 3, Changes in Program Services:

On February 29, 2016, the Corporation sold the outreach laboratory service business of Clinical Laboratory Partners (Single Member LLC). During the year ended September 30, 2016, the Corporation recorded a gain on the sale in the other operating revenue within the accompanying consolidated statements of opertions and changes in net assets.

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

helicopter service, called Life Star. This provides air transport around the clock for patients who require life-saving advanced care for critical injuries, often those caused by accidents. Each year, about 1,200 patients are transported on specially equipped Life Star helicopters, which can travel at 150 mph.

Hartford HealthCare is further integrating care, and increasing access to high-quality services, through its institute model. The Corporation has established the Hartford HealthCare Cancer Institute, the first in the nation to be named a member of the Memorial Sloan Kettering Cancer Alliance; the Bone and Joint Institute, with New England's first and only orthopedic specialty hospital; the Neuroscience Institute, with a renowned Headache Center and Movement Disorders Center; the Heart and Vascular Institute; the Tallwood Urology and Kidney Institute; and the Behavioral Health Network. Our institutes are led by world-renowned

Name of the organization	Employer identification number
Hartford HealthCare Corporation	22-2672834

physicians-in-chief, and provide clinical support, research, and education for our patients, physicians and communities.

Hartford HealthCare is an economic engine for the state of Connecticut. We are the third-largest employer in the state, and our ongoing investment in capital programs and projects provides jobs, enhances access to care and improves the quality of life for all state residents.

In all, Hartford HealthCare proudly serves 101 of Connecticut's 169 cities and towns. The Corporation was designed to provide a high degree of access to quality services, offering patients, customers and clients with compassionate, coordinated care, close to home.

Form 990, Part 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 SVP of Financial Operations for review. The final Form was provided to the entire Board prior to submission to the Internal Revenue Services (IRS). Once the entire review process was completed, the Form was signed by the SVP of Financial Operations and then filed with the IRS.

Form 990, Part VI, Section B, Line 12c:
HHC's Conflict of Interest Policy (Policy) requires all Covered Individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance & Integrity (OCI). Employee disclosures are reviewed by OCI in collaboration with the Covered Individuals' supervisor when deemed appropriate, to determine if there is a potential conflict. Oversight review of employee disclosures is provided by the HHC Conflict of Interest Committee (the Committee) which includes representation from the Medical Staff, the Legal Department, Human Resources, Supply Chain Management and Compliance. The Committee assesses and may recommend the conflicting interest either be (a) eliminated for a continued relationship with HHC, or (b) managed through a management plan. Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.

Form 990, Part VI, Section B, Line 15:

The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare hires an outside consultant, Integrated Healthcare Strategies, a division of Gallagher Benefit Services, Inc., to determine best practices in governing executive compensation for the CEO and Senior Executives at Hartford HealthCare Corporation.

All compensation reported on this tax return follows Hartford HealthCare's compensation policy as outlined below:

- The use of Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare established and regularly reviews Executive Compensation Philosophy;

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

- The Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons";
- National peer groups are selected for comparative purpose based on organizational size, operating revenue, geography and other relevant factors;
- Analysis of current total compensation versus market is performed by an independent third party compensation consulting firm, and is then reviewed by the committee;
- Recommendations are made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy;
- CEO compensation determined by the Committee is based on comparative market information and organizational performance;
- All changes are reviewed and approved by the Executive Compensation Committee;

The compensation determination process for the CEO and other Senior Executives is reviewed on an annual basis.

Form 990, Part VI, Section C, Line 18:

The Organization's Form 990, 990T and Form 1023 and its attachments are available upon request.

Form 990, Part VI, Section C, Line 19:

The Organization's Financial Statements, Governing Documents and the Conflict of Interest Policy are available for inspection upon request at the Organization's address.

Name of the organization	Employer identification number
Hartford HealthCare Corporation	22-2672834

Form 990, Part XI, line 9, Changes in Net Assets:

Transfers From Affiliates	23,938,000.
True Up of K-1 Income	137,909.
Other	187,773.
Rounding	894.
Total to Form 990, Part XI, Line 9	24,264,576.

Form 990, Part XII, Line 3a & b

The Organization itself is not required to undergo the audit, however, the Organization is a parent to several acute care hospitals. The individual hospitals were required to undergo OMB Circular A-133 Audit. The audit itself was performed on a parent level with consolidation of affiliated hospitals and subsidiaries.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: Hartford HealthCare Corporation

Employer identification number: 22-2672834

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Hartford HealthCare Laboratories, LLC - 06-1525596, 80 Seymour Street, Hartford, CT 06102	Laboratory Services	Connecticut	112,160,000.	15,212,000.	Hartford HealthCare Corporation
Practice Central LLC - 36-4692507 85 Seymour Street Hartford, CT 06102	Health Care & Health Delivery	Connecticut	-1,556,000.	10,000.	Hartford HealthCare Corporation
Integrated Care Partners, LLC - 37-1740267 One State Street, Suite 19 Hartford, CT 06103	Integration of Electronic Health System & Data Sharing Services	Connecticut	-4,977,000.	12,259,000.	Hartford HealthCare Corporation

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

(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
Hartford Hospital - 06-0646668 80 Seymour Street Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Windham Community Memorial Hospital Inc. - 06-0646966, 112 Mansfield Ave., Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Ave., Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital	X	
Connecticut Health System Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Delivery	Connecticut	501(C)(3)	11(c)	Hartford HealthCare Corporation	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2015**

532161 09-08-15 LHA

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
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Ctr, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hy, Suite 4B, Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Healthcare Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
MidState Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	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	
Hartford HealthCare Independence at Home, Inc. - 06-1161422, 1290 Silas Deane Hy, Suite 4B, Wethersfield, CT 06109	Home Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare at Home, Inc.	X	
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Ave. Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial 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 Corporation	X	
Hartford HealthCare Senior Services, Inc. - 22-2635676, 45 Meriden Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Bradley Health Services, Inc. - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Citizens	Connecticut	501(C)(3)	9	Hartford HealthCare Senior Services, Inc.	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	Hartford HealthCare Senior 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
MidState Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	11(a)	Midstate Medical Center	X	
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Medical Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Hartford HealthCare ACO, Inc. - 46-0886367 1290 Silas Deane Highway, 2nd Floor Wethersfield, CT 06109	Government Contracts	Connecticut	501(C)(3)	7	HHC PhysicansCare, Inc	X	
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	Medical Benefits Trust	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation	X	
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support Organization	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Hospital	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Support Organization	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation	X	
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support Organization	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.	X	
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Caring for Colleagues Employee Crisis Fund - 26-4469178, 100 Grand Street, New Britain, CT 06052	Employee Fund	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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
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
Ambulance Service of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450	Ambulatory Service	CT	N/A	Related	1,536,114.	5,003,141.		X	N/A		X	50.00%
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 06033	Surgery Services	CT	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
H.H.M.O.B. Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	Hartford HealthCare Corporation	C CORP	36,816,000.	32,647,000.	100.00%	X	
Windham Family Medical Services, PC - 06-1491649, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Hartford HealthCare Indemnity Services, Ltd 40 Church Street , Hamilton, BERMUDA	Captive Insurance	Bermuda	Hartford HealthCare Corporation	C CORP	36,940,205.	257,217,317.	100.00%	X	
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	X	
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	X	

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
Hartford - Middlesex Clinical System LLC - 06-1543605, 80 Seymour Street, Hartford, CT 06110	Affiliate Support Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Med East Association 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
Connecticut Imaging Partners, LLC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Glastonbury Endoscopy Center, LLC - 26-1721234, 300 Western Blvd, Suite B, Glastonbury, CT 06033	Endoscopy Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Omni Home Health Svcs E. CT, LLC d/b/a Backus Home Health Care - 06-1458837, 12 Case Street - #317, Norwich, CT	Home Health Care Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HHC Southington Surgery Center LLC - 46-5500829, 100 Avon Meadow Lane, Avon, CT 06001	Surgery Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV 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	(i) Section 512(b)(13) controlled entity? Yes	No
CenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A	X	
MidState Medical Group PC - 20-4327968 435 Lewis Street Meriden, CT 06450	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
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	X	
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	X	
Hartford Physician Hospital Organization, Inc - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	N/A	N/A	N/A	X	
Aetna Ambulance Service, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	6,244,274.	2,599,682.	50.00%	X	
Metro Wheelchair Service, Inc. - 06-0878432 P.O. Box 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	6,383.	20,109.	50.00%	X	
WWB Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A	X	
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Health Care Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A	X	
Windham Professional Office Condominium Association, Inc. - 06-1090041, 112 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HHC Rehabilitation Network, LLC	O	107,664.	FMV
(2) HHC Rehabilitation Network, LLC	S	428,628.	FMV
(3) H.H.M.O.B.	A	318,792.	FMV
(4) H.H.M.O.B.	M	402,792.	FMV
(5) H.H.M.O.B.	O	222,964.	FMV
(6) H.H.M.O.B.	Q	86,792.	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-r)	(c) Amount involved	(d) Method of determining amount involved
(7) H.H.M.O.B.	S	334,829.	FMV
(8) William W. Backus Hospital	A	3,110,862.	FMV
(9) William W. Backus Hospital	M	13,356,492.	FMV
(10) William W. Backus Hospital	O	30,873,864.	FMV
(11) William W. Backus Hospital	P	51,588.	FMV
(12) William W. Backus Hospital	Q	1,547,570.	FMV
(13) William W. Backus Hospital	S	13,875,608.	FMV
(14) Midstate Medical Center	M	21,618,960.	FMV
(15) Midstate Medical Center	O	18,958,047.	FMV
(16) Midstate Medical Center	Q	5,070,137.	FMV
(17) Midstate Medical Center	S	10,949,094.	FMV
(18) Natchaug Hospital	O	5,494,580.	FMV
(19) Natchaug Hospital	M	2,838,588.	FMV
(20) Natchaug Hospital	Q	97,540.	FMV
(21) Natchaug Hospital	S	2,087,024.	FMV
(22) Rushford Center, Inc.	M	1,628,772.	FMV
(23) Rushford Center, Inc.	O	4,942,021.	FMV
(24) Rushford Center, Inc.	Q	143,755.	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-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Rushford Center, Inc.	S	1,372,423.	FMV
(8) The Hospital of Central Connecticut	A	3,060,288.	FMV
(9) The Hospital of Central Connecticut	M	29,463,084.	FMV
(10) The Hospital of Central Connecticut	O	18,442,227.	FMV
(11) The Hospital of Central Connecticut	P	51,444.	FMV
(12) The Hospital of Central Connecticut	Q	2,482,174.	FMV
(13) The Hospital of Central Connecticut	S	17,372,720.	FMV
(14) Hartford HealthCare Senior Services D.B.A. Southington Care Center	O	3,815,488.	FMV
(15) Hartford HealthCare Senior Services D.B.A. Southington Care Center	S	1,236,608.	FMV
(16) Hartford HealthCare Senior Services D.B.A. Southington Care Center	Q	598,899.	FMV
(17) Hartford HealthCare At Home, Inc.	M	4,178,292.	FMV
(18) Hartford HealthCare At Home, Inc.	O	8,515,192.	FMV
(19) Hartford HealthCare At Home, Inc.	Q	1,203,965.	FMV
(20) Hartford HealthCare At Home, Inc.	S	2,855,415.	FMV
(21) Windham Community Memorial Hospital	A	1,754,548.	FMV
(22) Windham Community Memorial Hospital	M	6,566,016.	FMV
(23) Windham Community Memorial Hospital	O	4,116,148.	FMV
(24) Windham Community Memorial Hospital	Q	6,296,285.	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-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Windham Community Memorial Hospital	S	3,523,601.	FMV
(8) Hartford HealthCare PhysiciansCare Inc. DBA HHC Medical Group	M	13,314,132.	FMV
(9) Hartford HealthCare PhysiciansCare Inc. DBA HHC Medical Group	O	22,037,847.	FMV
(10) Hartford HealthCare PhysiciansCare Inc. DBA HHC Medical Group	P	61,921.	FMV
(11) Hartford HealthCare PhysiciansCare Inc. DBA HHC Medical Group	Q	1,480,341.	FMV
(12) Hartford HealthCare PhysiciansCare Inc. DBA HHC Medical Group	S	8,583,392.	FMV
(13) Hartford HealthCare PhysiciansCare Inc. DBA HHC Medical Group	R	71,179,550.	FMV
(14) The Orchards at Southington	Q	101,956.	FMV
(15) The Orchards at Southington	O	601,902.	FMV
(16) Jefferson House	S	551,615.	FMV
(17) Jefferson House	O	181,531.	FMV
(18) Mulberry Gardens at Southington	O	1,356,880.	FMV
(19) ConnCare, Inc.	S	188,847.	FMV
(20) Backus Corporation	S	565,368.	FMV
(21) Backus Corporation	M	498,756.	FMV
(22) CENCONN Services, Inc.	S	104,756.	FMV
(23) CENCONN Services, Inc.	M	79,068.	FMV
(24) HHC Idemnity Services, LTD	R	4,209,035.	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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