Huber, Jack

From:

LeConche, Kim <Kim.LeConche@hhchealth.org>

Sent:

Wednesday, December 30, 2015 2:55 PM

To:

Huber, Jack; Greer, Leslie

Cc:

LeConche, Kim; Liquindoli, Ellen

Subject:

HHC MG Annual State Filing

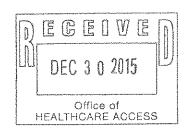
Attachments:

HHC MG 2015 Annual Report State of CT group_medical_practice_report.xlsm; HHC

MG_2013 Form 990 (FY14) pdf; HHC MG Annual Filing Report 2015_Company Info.pdf

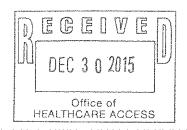
Please find attached the HHC MG 2015 Medical Foundation Annual Reporting to OHCA

Hartford HealthCare Medical Group



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Hartford HealthCare Medical Group



Mission: By putting our patients first, we will provide coordinated quality care and value, exceeding the expectations of patients, providers, staff and the community we serve.

Services Provided: Hartford HealthCare Medical Group provides Primary Care, Urgent Care, Walk-in services, along with the following specialties: Bariatric Surgery, Breast Care & Surgery, Cardiac Surgery, Cardiology, Colorectal Surgery, Dermatology, General Surgery, Hand Surgery, Head, Neck & Thyroid Surgery, Hepatobiliary & Pancreatic Surgery, Neurosurgery, Oral Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Plastic & Reconstructive Surgery, Podiatric Surgery, Rheumatology, Surgical Oncology, Thoracic Surgery, Transplant Surgery, Urologic Surgery, Vascular Surgery.

There has been no significant change in the services provided by Hartford HealthCare Medical Group.

Form 8453	-FO	Exe	mpt Organizatlo	n Declaration	on and Sig	mature for	<u> </u>	OMB No. 1545-1879
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Form 990

Return of Organization Exempt From Income Tax Under seotion 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private Toundations)

2013

Do not enter Social Security numbers on this form as it may be made public.

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	HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group 45-4456939 Page 2
Form	ODITION DISTANTIAN DISTANTANTANTANTANTANTANTANTANTANTANTANTANT
Par	Statement of Program Service Accomplishments X
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Mission of Hartford HealthCare Medical Group is to put patients
	Charles and district care and value, and exceed the
	expectations of patients, providers, staff and the community that it
	serves.
	the vear which were not listed on
2	Did the organization undertake any significant program services during the year which was program 990 or 990-FZ?
	K INCA II describe these pow somices on Schedule ()
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Vor." describe these changes on Schedule O.
4	Describe the expenience 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
	the state of the s
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 53,308,306 · including grants of \$) (Revenue \$ 48,107,093 ·)
42	Gora Gora
	The Deimary Caro program has 72 physicians and 39 advanced
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	To a term demonstrant and MidState Medical Center. The Didulics Paw
	221 150 patient visits in 2014. Our providers are credentiated in both
	internal and family medicine, with a commitment to providing sick
	visits within 24 hours.
	VISICS WICHIH AT MORE.
4b	(Code:) (Expenses \$ 11,843,292. including grants of \$) (Revenue \$
40	The Congral Surgery practice has 12 surgeons and 5 advanced
	Control Connecticut MidState Medical Center, UCONN Health Center, and
	Windham Community Memorial Hospital. The group saw 23,516 visits in
	0044
	The Dirigion of Congral Surgery at Hartford HealthCare Medical Group is
	The amoraidor of domorphonglyp General Silidely lesources in Non
	The load Chaffod by Roard Certified General Surgeons, the pidcule is
	recognized for its expertise, quality personalized care, and experience
	in the use of leading-edge techniques such as minimally-invasive
	surgery.
	(Code:) (Expenses \$ 13,818,290. including grants of \$) (Revenue \$ 10,699,217.)
40	Who Urological Surgery practice has 13 surgeons and 2 advanced
	amount it inners who provide care at Haittoid nospital, hospital of
	deter Connections MidState Medical Center, and UCUNN negitif Center,
	who grown is active in teaching medical students and residents curvuying
	UCONN and Hartford Hospital. The group saw 40,304 patient visits in
	2014.
	The Urology providers have expertise in a wide range of areas that are
	The late of the diagnostic and treatment Inclining Diagnost Gibease,
	incontinging and voiding dystunction, prostate cancer diagnosis,
	Frankmont and after dare temale Hrolody and Dediduit dividy.
	Minimally invasive surgical options are available, including robotic
	MINIMALLY INVASIVE Surgical Options are available, and
40	Other program services (Describe in Schedule O.) 5,000 •) (Revenue \$ 42,925,003 •)
	(Expenses \$ OU, JOO, IIJ. Including grants of \$
_4∈	Total program service expenses ► 139,556,003.

D/B/A Hartford HealthCare Medical Group 45-4456939

Par	V Checklist of Required Schedules	T	Yes	No
	cot (a)/2) or 4047(a)/1) (other than a private foundation)?		1	
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	
	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete scriedule b, scriedule of contributes at the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	his office? If "Vas " complete Schedule C. Part I	3		X
4	Section 50 (cl) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	X
	the townsor? If "Ves " complete Schedule C. Part II	4	\dashv	
5	In the progression a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	elmiles amounte as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the exceptation maintain any deportactived funds or any similar funds or accounts for which denors have the right to			X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete screenie D, Fart 1	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ [x
	the environment, bistoric land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Cabadula D. Part III	8		
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?	9		X
	ts NAC - Normalata Schadula D. Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		Х
	and autmonts, or great-endowments? If "Yes." complete Schedule D, Part V	10		
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			
	se envisedble			
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	ł
	Part VI			l
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
	assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VII	1		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1.15		
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	11d	х	ĺ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
	the organization's liability for uncertain tax positions under 1910 46 (ASC 740): 11 1703, somplete			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
b	Was the organization included in consolidated, independent additional and the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
	If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Ϊ	X
14a	Did the organization maintain an onice, employees, or agents outside of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	record If "Ves." complete Schedule F. Parts I and IV	14b	X	<u> </u>
467	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	1
15	foreign organization? If "Yes " complete Schedule F, Parts II and IV	15	1	X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	1
16	or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16		X
477	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	Long (A) Illinois 6 mod 11-2 if "Yes " complete Schedule G. Part (17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	1	
10	a - a + t "Von " complete Schedule G. Part II	18	<u> </u>	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schodula G. Part III	19	4	X
20:	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
1	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUL		1
		Fon	n サダし	(2013

Com	990 (2013) D/B/A Hartford HealthCare Medical Group 45-4456	939	Pa	ge 4
Par	Section (2013) Checklist of Required Schedules (continued)	— т	т.	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	response on Part IV, 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 individuals in the United States on Fart IX,	.	j	v
	(A) I' on It IVon II complete Schedule I. Parts Land III	22		<u>X</u>
23	Did the experimentary applyor "Ves" to Part VII. Section A. line 3.4, or 5 about compensation of the organization's current			•
2.5	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Out and the 1	23	X	
240	and the second state of the exposure than the property of the second state of the second seco			
24 8	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	i		
	Schodule K. If "No" go to line 25a	24a		X
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
p	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
С	any tax-exempt bonds?	24c		
	Tild the augmination got as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Þ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		Х
	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	Did the organization report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report any amount of Fart A, line 5, 5, to 22 for recordance memory report and recordance memory records and recordance memory records recordance memory records recorded memory recorded memory recorded memory recorded m			
	former officers, directors, trustees, key employees, highest compensated employees, or assessment of the second end of t	26		X
	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	Did the organization provide a grant or other assistance to all officer, director, trusted, the controlled entity or family member			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
	of any of these persons? If "Yes," complete Schedule L, Part III			
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):	28a	X	2900000
а		28b		Х
þ	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
		29	i	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	į	Х
	contributions? If "Yes," complete Schedule M	- 50		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	31	 	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, "complete	32		X
	Schedule N. Part II	32		+
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	not 7701 p. and 201 7701.32 If "Yes." complete Schedule B. Part (33	 	1-22
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	Х	
	Port 1/ line 1	34	1	
35a	Tild the erranization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	-
Ŀ	H "Ves" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ı	\ \ \	ļ
•	we will be a facility of another E12/b)/13/2 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?			1 7.
	If "Vor." complete Schedule R. Part V. line 2	36	-	X
37	Did the erganization conduct more than 5% of its activities through an entity that is not a related organization	1		107
٠,٠	and the tie tracted as a partnership for federal Income tax purposes? If "Yes," complete Scriedule is, mail vi	37	-	X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
38	Note, All Form 990 filers are required to complete Schedule 0	38		

HHC	Physi	ciansCare,	Inc.
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	D/B/A Hartford HealthCare Medical Group 45-44569	39	_Pac	e 5
Mary Company	- Charles and Tay Compliance		`	
Par	Check if Schedule O contains a response or note to any line in this Part V		[
	Uneck if Schedule of contains a response of hote te any	1	es	No
	131			ŽIĘ,
1a	Enter the number reported in Box 3 of Form 1096. Effect of a fibrid applicable			
þ	C. L. Harriston of Ferroe MCCG application in the La Fill BirD in Du applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	X	
	(gambling) winnings to prize winners?			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 1015			
	find for the calendar year ending with or within the year covered by this return	2b	X	3622672E3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	-	X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	<u> </u>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	20000000	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	was the organization a party to a provinced day droken such as a party to a prohibited tax shelter transaction?	5c	一	
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	- 1	X
	and the stage that wore not tay deductible as charitable contributions?	- 54	-	
b	any contributions that were not any decidence as a subject of the contribution of gifts if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	0.0		
7	Organizations that may receive deductible contributions under section 170(c).	7a		X
а	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.	7b	- 1	
b	If "Vog " did the organization notify the donor of the value of the goods or services provided?	-,n		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c	- 1	X
	to file Form 82827	70		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
е	Did the expanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	75		X
f	Build a very jestion during the year pay premiums directly or indirectly, on a personal benefit contract?	7g		
g	the exceptation received a contribution of qualified intellectual property, did the organization like Form 8899 as required;	7h	\dashv	
h	If the expenity tion received a contribution of cars, boats, airplanes, or other vehicles, did the organization rie a room rose of			
8	Connection occupies these maintaining donor advised funds and section 509(2)(3) supporting organizations. Did the supporting	8		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	0	5 7 3 A	ev k
9	Sponsoring organizations maintaining donor advised funds.	Ωο		
а	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		- T
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 4-	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
, ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	emounts due or received from them)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
t	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
,- é	ls 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.			
,	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	4		1
,	The the amount of records on hand	7		X
	But the annual entire repolity any payments for indoor tanning services during the tax year?	14a	 	_ A
1-46	bid the organization receive any payments for industrial for industrial for the organization in Schedule O	14b	1 n 990	V20±2
		-7117		

D/B/A Hartford HealthCare Medical Group 45-4456939 Page 6 Form 990 (2013) 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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 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? 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? 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, Other (explain in Schedule O) X Upon request ____ Another's website Own website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Ellen Liquindoli - 860-545-7188

Form 990 (2013)

1290 Silas Deane Highway, Wethersfield,

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Form 990 (2013) Employees, and Independent Contractors

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

X

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 report-
- able 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 compensati				(D)	(E)	(F)
(A)	(B) Average			Posi	tion	ı		Reportable	Reportable	Estimated
Name and Title	hours per	hox.	uale	heck r ss per	son i	is both	an	compensation	compensation	amount of
	week	offic	er en	d a di	recto	r/trusl	æe)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	rdlin	8			ted		organization	(W-2/1099-MISC)	from the organization
<u> </u>	related	aalsi	truste		90	pens		(W-2/1099-MISC)		and related
	organizations below	量	ional		playe	t com	_			organizations
	line)	individual trustee or director	institulional trustee	Office)	Key emplayee	Highest compensated employee	Former			
1) Steven Hanks, M.D.	2.00	=	=							
Director, Physician	60.00	X		'				0.	629,647.	161,712
(2) Rocco Orlando, M.D.	2.00							_	004 000	000 005
Director, Physician	60.00	X	İ			_	L	0.	804,020.	232,305
(3) James M. Blazar	2.00								561,172.	119 973
irector	60.00	-	<u> </u>			<u> </u>		0.	301,112.	1,10,01,4
(4) James P. Cardon, M.D.	3.00			X		1		0.	576,744.	95.181
Chair, Physician	60.00	X	\vdash	╀	-	╀			3,0,,,,,,	
(5) Jeffrey A. Flaks	60.00	∤ _x						0.	985,840.	182,075
Director	2.00	Δ.	╁	┼-	╫	十	H			
(6) Thomas J. Marchozzi	60.00	\mathbf{x}	Ì	-			ļ	0.	778,430.	157,569
Director (Thru Sept. 2014)	60.00		╁─╴	 	╁─	┼-	\vdash			
(7) Kent I. Stahl, M.D. Interim President & CEO	- 00.03	$d_{\mathbf{x}}$		X				486,707.	0.	53,330
(8) Susan Levine, M.D.	60.00	十	╆		T	T			_	4.6 -04
Director, Physician		X	1		ļ		İ	144,460.	0.	16,531
(9) Louis Meyer, M.D.	60.00		Π			T				25 70
Director, Physician		X	_	<u> </u>	上	\perp	_	202,992.	0.	35,70
(10) Janice A. Oliveri, M.D.	60.00		1					0.47 010	0.	42,19
Director, Physician		X	4_		↓_		+	247,218.		42,13.
(11) Steven Shichman, M.D.	60.00							552,246	. 0.	27,95
Director, Physician	60.00	X	-	+	╀	+	-	332,240		2,7,3
(12) James Watkins, M.D. (Jan 2014)	60.00	4	1	X	1		İ	0.	. 0.	
President	(0.00	+-	+	Δ.	+-	╁	╄			
(13) Jeffrey Cohen, M.D.	60.00	4			$ _{\mathbf{x}}$			655,530	. 0.	61,85
VP Specialty Care	60.00	+		+	╬		╀┈	033,300		
(14) Diana Caffarena, M.D.	60.00	4			_X			156,969	0.	21,12
VP,COO-Primary Care	60.00	+	╫╌	+	+=	+	╫	2.20,55		
(15) Carla Nunziante, M.D.	00.00	4			x	اء		154,284	. 0.	33,11
VP,COO-Specialty Care	60.00	1	十	+-	+-	+	+-			-
(16) John MacDonald	30.00	4			K			0	. 0.	
CFO (17) Charles Castiglione, M.D.	60.00)	+	1	۲	1	十			
Plastic Surgeon	1	\dashv	1		ı	X	-	1,096,327	. ا	113,39

332007 10-29-13

10

Form 990 (2013)

\$100,000 of compensation from the organization

'a n	: VIII	Statement of Revenu Check if Schedule O contain	1 6	or note to any lin	e in this Part VIII			
		Check if Schedule O contain	is a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
is l	.	Federated campaigns	1a					
텖		Membership dues	· · · · · · · · · · · · · · · · · · ·					
힘		Fundraising events	······ , 					
Ž		Related organizations						
뺼		Government grants (contribution						
and Other Similar Amounts		All other contributions, gifts, grants			and the second			
Ē		similar amounts not included above						
悥		Noncash contributions included in lines 1						
[2]		Total. Add lines 1a-11						
- 		TOTAL AUGUSTOS TO 17 ASSESSED		Business Code				
.	0.0	Patient Care		621110	109,744,661	109,744,661.		
	∠ a b	-					ļ	
16		·						
, se l	c d						<u></u>	
Revenue	u						<u> </u>	
2	f	All other program service rever	nue				A STATE OF THE STA	
		Total. Add lines 2a-2f			109,744,661			
	3	Investment income (including	dividends, inte	rest, and				
	3	other similar amounts)						
İ	4	Income from investment of tax					ļ <u> </u>	
	5	Royalties						
		1 toyanes	(i) Real	(ii) Personal				
	6.	Gross rents				100.2016		CONTRACTOR
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities					T E MI
	/ a	assets other than inventory	W	9,000				
		Less: cost or other basis						
		and sales expenses		52,202				
	_	Gain or (loss)		-43,202	5.00			12.00
		Net gain or (loss)			-43,200	2.		-43,20
	0 7	Gross income from fundraisin	a events (not				4	
enne	0 "	including \$	of					
-		contributions reported on line	1c). See					
E		Part IV, line 18		а				
Other Re	h	Less; direct expenses		ь			4	
ō		: Net income or (loss) from fun	draising events	3 <u></u>	- Company of the Comp			V V V
	9 9	Gross income from gaming a	ctivities. See					100 TO 10
	"	Part IV, line 19		a				7 (47 7 34 7 1
	H	Less: direct expenses		ь				
		: Net income or (loss) from gar	ming activities	>				
		Gross sales of inventory, less						
		and allowances		а				
	F	Less: cost of goods sold						
		Net income or (loss) from sal			1			
	<u> </u>	Miscellaneous Reven		Business Co	de			
	11 8							
	1	3		_				
		C					 	
	1	d All other revenue						
		e Total. Add lines 11a-11d					3	043,2
	1 '	Total revenue. See instructions			109,701,45	9. 109,744,66	T *	7-1

Form 990 (2013) D/B/A Hartford
Part X Statement of Functional Expenses

	501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in i	his Part IX	(C)	(D)
o na	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 E	rants and other assistance to governments and		r 000		
	rganizations in the United States. See Part IV, line 21	5,000	5,000.		
2 (irants and other assistance to individuals in	·			
	he United States. See Part IV, line 22			APPENDING TO	
3 (Grants and other assistance to governments,				
	organizations, and individuals outside the	1			
1	Inited States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,		m 200 244	245 724	
	rustees, and key employees	8,074,678.	7,828,944.	245,734.	
6 (Compensation not included above, to disqualified			į.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			0.05	
	Other salaries and wages	83,778,974.	79,523,050.	4,255,924.	
, ,	Pension plan accruals and contributions (include			24 252	
8	section 401(k) and 403(h) employer contributions)	5,591,201.	5,497,151. 6,535,940.	94,050.	
	Other employee benefits	7,365,974.	6,535,940.	830,034.	
	Payroll taxes	4,831,792.	4,526,700.	305,092.	
	Payroll taxes Fees for services (non-employees):				
		1,885,408.		1,885,408.	
	Management	88,699.		88,699.	
	Legal	9,850.		9,850.	
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25,	12,634,843.	10,475,373.	2,159,470.	
	column (A) amount, list line 11g expenses on Sch O.)	894,141.	4,664.	889,477.	
	Advertising and promotion	4,020,538.		951,584.	
	Office expenses	$\frac{1}{6,155,902}$		1,552,781.	
	Information technology	0,133,302.	4,000,12		
15	Royatties	9,993,609.	8,986,618.	1,006,991.	
16	Occupancy	293,717.	203,662		
17	Travel	293,111.	203,002		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 600	190.	2,699.	
20	Interest	2,889.	288,094	2,419,298.	
21	Payments to affiliates	2,707,392.		522,431.	
22	Depreciation, depletion, and amortization	1,716,920.	1,194,489	88,192.	
23	Insurance	3,129,401.	3,041,209	00,134.	
24 24	Other expenses Hernize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				and the second
	amount, list line 24e expenses on Schedule 0.)				
а	Medical Supplies	2,427,294.			
b	Dues, Subs & Licenses	621,137	574,071		
	Education/Tech Traning/	292,773.			
٠ د	Repairs & Maintenance	272,211.	. 257,789		
d -		282,072	244,878	. 37,194.	
. e	All other expenses Total functional expenses. Add lines 1 through 24e	157,076,415	139,556,003	. 17,520,412.	
25	Joint cests. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.]

	X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X		
		CHECK II CONCUMO O CONTAINO A COPE	(A) Beginning of year	End of year
$\neg \Gamma$	1	Cash - non-interest-bearing		1 5,663 2 7,725,000
	2	Savings and temporary cash investments	4,050,652.	
	3	Pledges and grants receivable, net		$\frac{3}{4}$ 11,535,524
	4	Accounts receivable, net	13,997,462.	4 11,535,524
	5	Loans and other receivables from current and former officers, directors,		
j		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 unde		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9	
		employers and sponsoring organizations of section 501(c)(9) voluntary		
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		7
Pager		Notes and loans receivable, net		⁷ ₈ 251,782
Č	8	Inventories for sale or use	644,946.	9 915,421
	9	Prepaid expenses and deferred charges	044,740.	9
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part Vi of Schedule D 10a 21,215,162		10c 18,190,392
	b	Less: accumulated depreciation		11
	11	Investments - publicly traded securities		12
1	12	Investments - other securities. See Part IV, line 11		13
ı	13	Investments - program-related. See Part IV, line 11		14
1	14	Intangible assets		15 2,392,56
ı	15	Other assets. See Part IV, line 11	" SE ESS 1 OF 1	16 41,016,35
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	17 006 007	17 14,221,64
	17	Accounts payable and accrued expenses		18
ļ	18	Grants payable		19
- 1	19	Deferred revenue		20
١	20	Tax-exempt bond liabilities	···	21
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		
2	22	Loans and other payables to current and former officers, directors, trustees,		
=		key employees, highest compensated employees, and disqualified persons.		22
Hanning		Complete Part II of Schedule L		23
-	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24
	24	Other liabilities (including federal income tax, payables to related third		
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of		
1		·	6,680,363.	9,333,56
		Schedule D Total liabilities. Add lines 17 through 25	23,767,350.	26 23,555,21
	26	Organizations that follow SFAS 117 (ASC 958), check here X an	i i	
		complete lines 27 through 29, and lines 33 and 34.		
Ses	07	Unrestricted net assets	13,830,845.	27 17,461,13
E	27	Temporarily restricted net assets		28
E E	28	Permanently restricted net assets	1 :	29
20	29	Organizations that do not follow SFAS 117 (ASC 958), check here		and the state of t
Ē		and complete lines 30 through 34.		
ō	20	Capital stock or trust principal, or current funds		30
9	30	Oppital stock of a doc principal of sales and a second fund		31
sets c	24	Poid-in or capital surplus, or land, building, or equipment rung		
t Assets c	31	Paid-in or capital surplus, or land, building, or equipment fund		32
Net Assets or Fund Balances	31 32 33	Paid-in or capital surplus, or land, building, or equipment turk Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	12 020 0/5	32 33 17,461,13 34 41,016,35

Form 990 (2013)

	HHC PhysiciansCare, Inc.	4 1-	445600	α _ 4	
om.	990 (2013) D/B/A Hartford HealthCare Medical Group	45-	-445693	9 Page 1	2
Par	Reconciliation of Net Assets			X	7
	Check if Schedule O contains a response or note to any line in this Part XI	<u>-</u>		<u>LA</u>	<u></u>
			100 7	01,459	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{01,435}{76,415}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{76,415}{74,956}$	
3	Revenue less expenses. Subtract line 2 from line 1	4		30,845	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	13,0	30,013	. .
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments	9	51 N	05,249	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	J.L., U	03/225	<u>.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	17.4	61,138	١_
	column (B))	10	2//-		
िवा	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes No	0
	Other				
1	Accollating method used to prepare the Form 550, Cara Casa Casa Casa Casa Casa Casa Casa	• O.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X	r L
2 a	Were the organization's financial statements compiled by reviewed by an independent december of the year were compiled or reviewed by an independent december of the year were compiled or reviewed by an independent december of the year were compiled or reviewed by an independent december of the year were compiled or reviewed by an independent december of the year.	d on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
_	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2	ьХ	40
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basi	is,		
	if "Yes," check a box below to indicate whether the maintainstance for the year and the consolidated basis, or both:				
	Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audi	it,		
С	review, or compliation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	redule	o.		
9-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle A	udit		
38	Act and OMB Circular A-133?		3	la X	<u>. </u>
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uired a	udit		
O	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	********	3	Въ	
	Of addits, capitally with in defibulate of and decorate any		E	vm 990 (201	13)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

INGO Physical and Care Tog Employer identification number

2013

Open to Public Inspection

No

Name of the organization HHC PhysiciansCare, Inc.

D/B/A Hartford HealthCare Medical Group 45-4456939

Part 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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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:

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.)

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 X 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.

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than

foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III
supporting organization, check this box
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(ii)

11g(iii)

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-12 HHC PhysiciansCare, Inc.

Schedule A (Form 990 or 990 EZ) 2013 D/B/A Hartford HealthCare Medical Group 45-4456939 Page 2 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 (e) 2013 (f) Total (d) 2012 (c) 2011 (b) 2010 Calendar year (or fiscal year beginning in) (a) 2009 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 (f) Total (d) 2012 (e) 2013 **(b)** 2010 (c) 2011 Calendar year (or fiscal year beginning in) (a) 2009 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 2013 (line 6, column (f) divided by line 11, column (f)) % % 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990 or 990-EZ) 2013

HHC PhysiciansCare, Inc.

Schedule A (Form 990 or 990-EZ) 2013 D/B/A Hartford HealthCare Medical Group 45-4456939 Page 3
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						In Take		
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1 Gifts, grants, contributions, and				İ	i			
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in								
any activity that is related to the organization's tax-exempt purpose				78,276,707.	109,744,661.	188,021,368.		
3 Gross receipts from activities that	1							
are not an unrelated trade or bus- iness under section 513					1			
4 Tax revenues levied for the organ-	, .							
ization'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				78,276,707.	109,744,661.	188,021,368.		
6 Total. Add lines 1 through 5				16,210,707.	109,744,501.	100,021,300.		
7a Amounts included on lines 1, 2, and						0.		
3 received from disqualified persons						· ·		
b Amounts included on lines 2 and 3 received				İ				
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.		
amount on line 13 for the year						0.		
c Add lines 7a and 7b		Copyright Copyri				188,021,368.		
8 Public support (Subtract line 7c from line 6.)				2000-00-00-00-00-00-00-00-00-00-00-00-00		100,021,500.		
Section B. Total Support				1 (50040	(+) 0010	M Tetal		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012 78,276,707.	(e) 2013 109,744,661.	(f) Total 188,021,368,		
9 Amounts from line 6				10,210,101.	103,142,001.	100,022,000		
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								
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain								
or loss from the sale of capital assets (Explain in Part IV.)								
13 Total SUDDOIT, (Add lines 9, 10c, 11, and 12.)				78,276,707.	109,744,661.			
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501 (c)(3) organia	zation,		
check this box and stop here	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					> \X		
Section C. Computation of Publ	ic Support Pe	ercentage						
15 Public support percentage for 2013 (ine 8, column (f) (divided by line 13,	column (f))	,	15	%		
16 Public support percentage from 2012	Schedule A, Par	t III, line 15			16	%		
Section D. Computation of Inves	stment Incom	ne Percentage)					
17 Investment income percentage for 20	13 (line 10c, colu	ımn (f) divided by l	ine 13, column (f))		17	%		
18 Investment income percentage from 2	2012 Schedule A	, Part III, line 17			18	%		
19a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 ls not		
more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	difies as a publicly	supported organiz	ation	>		
h 33 1/3% support tests - 2012. If the	organization did	not check a box of	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and		
line 18 is not more than 33 1/3%, che	eck this box and :	stop here. The org	janization qualifies	as a publicly supp	orted organization	¹ }		
20 Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check 1	his box and see in	structions	P0 or 990-F7) 2013		

	HHC PhysiciansCare, Inc.
Schedule A Part IV	HHC PhysiciansCare, Inc. (Form 990 or 990 to 2) 2013 D/B/A Hartford HealthCare Medical Group 45-4456939 Page 4 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	A30 complete a 10 p
	· · · · · · · · · · · · · · · · · · ·
	

(Form 990)

Supplemental Financial Statements

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

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name	D/B/A Hartford Healt	hCare Medical Group		45-4456939
Par		unds or Other Similar Funds	or Accou	Ints.Complete if the
27. 30	organization answered "Yes" to Form 990, Part IV, line 6.		_	
	organization are words	(a) Donor advised funds	(b) Fun	ds and other accounts
4	Total number at end of year			1000
1	Aggregate contributions to (during year)			
2				
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	ing that the assets held in donor advise	d funds	
5	Did the organization inform all donors and donor advisors in write are the organization's property, subject to the organization's exc	ducive local control?	-	Yes No
	are the organization's property, subject to the organization's exc	core in writing that grant funds can be i	ised only	
6	Did the organization inform all grantees, donors, and donor advi-	sols if while that grant tones can so	onferring	
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose of	ioi non ing	Yes N
	impermissible private benefit?	"Vac" to Form 990 P	art IV line 7	
Pai	TIL Conservation Easements. Complete if the organi	zation answered Tes to Torritoro, Ti	111111111111111111111111111111111111111	
1	Purpose(s) of conservation easements held by the organization	(check all that apply). cation) —— Preservation of an hist	_ ulaa Haribere	ortant land area
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of an inst		
	Protection of natural habitat	Preservation of a ceru	lea Historic	Skuciuje
	Preservation of open space			IT the least
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	ot a conserv	ation easement on the last
	day of the tax year.		100	Held at the End of the Tax Yes
				Hell at the cut of the Lax Les
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		<u>2</u> b	
c	Number of conservation easements on a certified historic struct	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struct:	ire	
4	listed in the National Beginter		20	
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	organizatio	n during the tax
ی	vear >			
	Number of states where property subject to conservation easer	ment is located >		
4	Millippel of grafes where broberts earliest to competence arrest			

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

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

and section 170(h)(4)(B)(ii)?

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

	HHC Phys	siciansCare	3, <u>↓</u> ∐	IC.	odicol	Cran	n /	15-44	56939	Bogo 2
Sched	ule D (Form 990) 2013 D/B/A Ha	rtford Hea	TCUC	are m	Bulcal	GI UU	L Cimile	TA ACCO	te(continue	raye <u>r</u>
Part	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Otne	Comme	ar Asse	Lacondinoe	<u>u) </u>
3 (Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	are a sig	gnificant i	use of its	collection it	ems
	check all that apply):									
a	Public exhibition	d			ange prograr					
ь	Scholarly research	е	0 لـــا	ither						
C	Preservation for future generations								. Servi	
4	Provide a description of the organization's co	lections and explair	n how the	ey further th	ne organizatio	n's exen	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	r similar	assets	·	- r	
•	to be sold to raise funds tather than to be ma	intained as part of t	he organ	ization's co	llection?			<u></u> L	Yes I	No
Parl		gements. Comple	te if the	organizatio	n answered "\	res" to l	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	ls the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other ass	ets not	included	_	٦ ١	─ 1
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						***************************************
-									Amount	
c	Beginning balance						. 1c			
ď	Additions during the year			.,,,,			. 1d			
	Distributions during the year						. 1e			
f	Ending balance						. 1f			
24	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	No
<i>2</i> a	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in P	art XIII				
Par	Endowment Funds. Complete it	f the organization ar	swered '	"Yes" to Fo	rm 990, Part I	v, ime 3	U.			
		(a) Current year		rior year	(c) Two years	s back	(d) Three	years back	(e) Four ye	ars back
4.	Beginning of year balance	_(-)								
	Contributions									
	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs									
	Administrative expenses									
g	End of year balance	t	i dina t	a column (all held as	1			. 	
	Provide the estimated percentage of the cur	rent year end baland		y, commit	an Heid as.					
	Board designated or quasi-endowment		%							
	Permanent endowment >	%								
c	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shot	uld equal 100%.				med for t	ho organ	ization		
За	Are there endowment funds not in the posse	ession of the organiz	tation tha	at are neid a	and administe		iie olgari	12.ELION	V	es No
	by:								3a(i)	
	(i) unrelated organizations				••••					
	(ii) related organizations	.,,.							••	 -
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	dule R?					30	
4	Describe in Part XIII the intended uses of the	e organization's end	owment	funds.						
Pa	Land, Buildings, and Equipm	nent.				17 + 30	lima 10			
	Complete if the organization answere	ed "Yes" to Form 99	0, Part IV	, line 11a. 5	See Form 990	, Pari X,	anie io.		(d) Book	
	Description of property	(a) Cost or basis (invest		1	t or other (other)	• •	ccumula preciatio		(a) Book	value
4-	land			<u> </u>						
	Land	L								
þ	Buildings									
C	Leasehold improvements	1		21.2	15,162.	3,	024,	770.	18,190	,392.
d	Equipment			,						
e	Other	- wel Form 200, Dev	+ V colu	ron (R) line	10(c))			>	18,190	,392.
Tota	I. Add lines 1a through 1e. (Column (d) must	ециаї гопп 990, Раг	17,00101	141 Df 11130	. 5(5)-7	,,,****			le D (Form	

Part VII Investments - Other Securities.		000 D tV Fred0	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	(c) Method of valuation: Cost or en	d-of-vear market value
(a) Description of security or category (holiuding name of security)	(b) Book value	(c) Ivied fod of Valdation, odds of or	d of your mander to a
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	<u> </u>		
(B)			
(C)			
(D)			
(E)			
(F)(G)			
(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"	to 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 en	d-of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Coi. (b) must equal Form 990, Part X, col. (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets.) From OOS Dort N/ Spo	11d Son Form 990 Part X line 15	
Complete if the organization answered "Yes"	Description	11d. 366 F 6/11/300, 1 26274, 11/3 FC.	(b) Book value
Demografia	DESCRIPTION		55,274.
(1) Security Deposits (2) Other Assets			4,711.
			2,332,584.
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	· · · · · · · · · · · · · · · · · · ·	2,392,569.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	: 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			Control of the second second
(2) Due to Affiliates		2,802,638.	
(3) Accrued Pension Plan		1,105,493.	
(4) Other Liabilities		5,425,435.	
(5)		USE SECTION OF THE PROPERTY OF	
(6)			
(7)			
(8)			
(9)		0 222 566	
Total. (Column (b) must equal Form 990, Part X, col. (B) fil	ne 25.)	9,333,566.	a that range to the
Liability for uncertain tax positions. In Part XIII, provid	le the text of the footnote	to the organization's financial statement	s that reports the
organization's liability for uncertain tax positions under	er FIN 48 (ASC 740). Chec	k here if the text of the footnote has bee	en provided in Part Alli

332053 09-25-13

Schedule D (Form 990) 2013

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group 45-4456939 Page 4 Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments 2¢ c Other losses d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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

Statement of Activities Outside the United States

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

2013

➤ Attach to Form 990. ➤ See separate instructions. Department of the Treesury Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization HHC PhysiciansCare, Inc. 45-4456939 D/B/A Hartford HealthCare Medical Group 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 _____ 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.) (f) Total (d) Activities conducted in region (e) If activity listed in (d) (b) Number of (c) Number of (a) Region expenditures is a program service, employees, agents, and (by type) (e.g., fundraising, program offices for and describe specific type services, investments, grants to investments in the region independent contractors of service(s) in region recipients located in the region) in region in region Central 3,129,401. 0 Program Services America/Caribbean 40,520. Indexing Services Program Services South Asia 3,169,921. 3 a Sub-total b Total from continuation

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

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Schedule F (Form 990) 2013

3,169,921.

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group

45-4456939

Page 2

Banil 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. Schedule F (Form 990) 2013

1 (a) Name of organization		(c) Region	(d) Purpose of	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	and Ein (ii applicable)		3.55					
						The state of the s		
			And the state of t					
								:
		,				·		
2 Enter total number	Enter total number of recipient organizations listed above the IRS or for which the grantee or counsel has brovided	ons listed above that are sel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the foreign country, recognized as tax-exempt by the IRS or for which the crantes or counsel has provided a section 501(c)(3) equivalency letter	he foreign counti	ry, recognized as tax	exempt by		
3 Enter total number	Enter total number of other organizations or entities			***************************************		A	CHO C	100 (000) 500) 500

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group

Page B

45-4456939

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. Schedule F (Form 990) 2013

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

23

Schedule F (Form 990) 2013

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group 45-4456939 Schedule F (Form 990) 2013 Part IV Foreign Forms 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 X Yes No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes X No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to fife Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) 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) 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) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see instructions Yes X No for Form 5713)

332074 10-03-13 Schedule F (Form 990) 2013

	HHC PhysiciansCare, Inc. Form 990) 2013 D/B/A Hartford HealthCare Medical Group 45-4456939 Page 5
Schedule F	Form 990) 2013 D/B/A Hartford Healthcare Medical Group Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	Provide the information required by Part I, line 2 (informationing of tarias), tart I, sociumn (c) 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.
	(estimated number of recipients), as approaches the terms of the state
-	
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breed.	
·····	

N F

A Other Assistance to Organizations

OMB No. 1545-0047

CHEDULE		<u>છ</u> (Grants and Other Assistance to Olganizations,	or Assistance		ed States		ペナこへ	
orm 990}		(GO)	Governments, and individuals in the Officer States	d Individuals	to Form 990, Part	IV, line 21 or 22.		2	
<u></u>				► Attach to Form 990.	1 990.			Open to Public	
epartment of the Treasury ternal Revenue Service		▼ Informatio	Information about Schedule I (Form 990) and its instructions is at www its gov/form990.	Form 990) and its	instructions Is at	www.irs.gov/form990		L'elladar	
lame of the organization	HHC E, G	PhysiciansCare, I	, Inc. 1+bCare Med	Medical Group		:		Employer identification number 456939	<u>_</u>
To load to Company	Ormation on Grants an	nd Assistance	DOTE O TOOL T						-
Tarr General III	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	tion Yes X Ng	C
criter	criteria used to award the grants or assistance?	stance?	oring the use of grant	the use of grant funds in the United States.	l States.	***************************************			-
Part Grants and	ribe in Fart IV tile organizations procedures or memory and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Grants and Other Assistance to Governments and Organizations in the United States.	Governments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	55,000. Part il can	be duplicated if additi	onal space is need	. Bd.	(f) Method of	(v) Description of	(h) Purpose of grant	
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Sponsorship for the	
								Chrysanthemum Ball event	ند
Hospital of Centri	Central CT D/B/A HHC						-	to assist accomplishing	
Auxiliary at NBG -	- 100 Grand	02 0646469	K03(0)(3)	5 000.1	0	PMV		their tax exempt mission	리
GILBOUL - New DILLCALLY	i .								
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						·····			
and the second second			A designation of the second of						
								A	-
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government (organizations listed in l	the line 1 table				A	0
3 Enter total num	Enter total number of other organizations listed in the line 1 table	ns listed in the line	e 1 table	***************************************				Schedule (Form 990) (2013)	013)
LHA For Paperwor	For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h)	se, see the Instruc IV for C	ŭ ⊢d	orm 990. (h) descriptions	15			•	
332101				26					

332101 10-29-13

45-4456939

Page 2 Schedule (Form 990) (2013) D/B/A Hartford HealthCare Medical Group

Bartill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	recipiens	Cast glait	Casil assistantion		
					-
		,			
Supplemental Information, Provide the Information required in Part I, line 2, Part III, column (b), and any other additional Information.	l quired in Part I, II	ne 2, Part III, colum	n (b), and any other	additional Information.	
Part II, line 1, Column (h):				and the state of t	
of Organ	Ċ.	All many to the state of the st			
tal of Central CT D/B/A HHC	Auxiliary	rat NBG			
of Grant or Assistance	1	Sponsorship for	the	Chrysanthemum	i i danyi i ma'ona oda siti qoʻqiy i i
TO BE OT TO	1		-	\ \tau \tau \tau \tau	
Ball event to assist accomplishing	their	tax exempt	mission	to raise	
money for hospital programs and s	services.				to the state of th
	ALANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA AMARANA				
332302 10-29-(3		27			Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ➤ See separate instructions.

Inspection -

Name of the organization

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

Employer identification number

45-4456939 D/B/A Hartford HealthCare Medical Group Part | Questions Regarding Compensation Yes No

	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	260		
1 a	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	111 to a serio and for paragraph 180			
	The state of the s			
	Take to compense			
	Tax intermination and gross up payments			
	Discretionary spending account			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			200 N
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_		
	at the summer heater's			
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			X
а	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		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	·			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
а	The organization?	5a		X
b		5b	general versula	X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	- 1 (5.00)	6a	,_,	X
	Any related organization?	6b	No.	X
~	If "Yes" to line 6a or 6b. describe in Part III.			
7	For persons listed in Form 990, Part Vil, Section A, line 1a, did the organization provide any non-fixed payments		7-	
•	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	50000
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	4974 5 - 4 775300	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
Ų	Regulations section 53.4958-6(c)?	9	<u></u>	<u></u>

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

Schedule J (Form 990) 2013

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group

Schedule J (Form 990) 2013

45-4456939

Page 2

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (II).

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

		(B) Breakdown of V	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	.l	(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (a)	in prior Form 990
-	5		0	0	0	0.	0	0
Threator	3 8	498.515.		93,197.	137,676.	24,036.	791,359.	0.
(2) Bocco Orlando M.D	3 5	~I			0			
ector	Ē	517,103.	212,632.	74,285.	195,137.	37,168.	1,036,325	0
(3) James M. Blazar	Ξ		0	0				0
ator	E	426,962.	110,784.	23,426.	94,167.	24,806.	680,145.	0
(4) James P. Cardon, M.D.	8	0.		0.			- 1	0,0
-⊢1	Ξ	420,929.	155,81	0	68,739.	26,442.	671,925	0 0
(5) Jeffrey A. Flaks	ε	ı			,	- 1) I	
Director	Ξ	662,390.	248,669.	74,781.	149,116.	32,959.	1,167,91	
(6) Thomas J. Marchozzi	ε	0		•0		- 1		
actor (Thru	=	573,345.	200,716.	4,369.	129,5	· ~	935,99	
1 24		, 82	124,559.	5,328.	37,332.	15,998.	540,037	0
rim President &	=	0	0					•
(8) Susan Levine M.D.	s	140,344.	1,100.	3,016.	7,38	9,144.	160,990	0
, ector, Physician	:	0	0	0				0
1 40	8	198,546.	.0	4,446.	14,61	21,090.	238,698	0
Director Physician	: @	0	0	0.				
	Ξ	225,450.	20,528.	1,240.	17,76	24,428.	289,41)
	Ξ	0					0	0
(11) Steven Shichman, M.D.	€	319,886.	222,473.	9,887.	0	27,955.	580,20	0
Director, Physician	Ξ					ľ) 	0
(12) Jeffrey Cohen, M.D.	0	547,682.	98,153.	9,695.	46,511.	15,345,	717,38	
VP Specialty Care				0	l	١	ľ	-
(13) Diana Caffarena, M.D.	(1)	151,969.	5,000	0	9,448.	77,0'TT	TK0'8/T	
VP, COO-Primary Care	≘	0	0.	0		0		
(14) Carla Nunziante, M.D.	ε	154,284.	•0	0.	11,41	21,70	187,40I	
VP, COO~Specialty Care	(E)	0.	• 0	0	0.			
(15) John MadDonald	E	0		0,	0			
CFO	Ξ	0		0	0			0
(16) Charles Castiglione, M.D.		947,81	133,733.	14,777	77,446.	35,95	1,209,72	0
Plastic Surgeon	Ξ	0	0	0	0.	0	•	0
The state of the s							Sche	Schedule J (Form 990) 2018

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group Inc.

Page 2

45-4456939

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) 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.

		(B) Breakdown of V	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Deneme	(a)-(i)(a)	in prior Form 990
(17) Robert Gallagher, M.D.	ε	926,097.	56,048.	31,615.	71,50	38,083.	1,123,35	0
Cardiothoracic Surgeon				- 1	t	70 600		0
(18) Robert Hagberg, M.D.	8	830,874.	100,000.	21,385.	CR'/T	00	, 000 T	0 0
Chair, Dept. Cardiac Surgery			ł		- C	- 1	000	0
	Ξ	758,673.	50,000.	21,929.	58,69	36,924.	770,42	
Transplant Physician	: =	0	0	i		- 1	3	0.0
(20) Orlando Delucia, M.D.	Ξ	798,458.	0	13,899.	57,31	35,265.	904,93	0,
) E	0	0	0	0	0	0	0
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							Schec	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 L

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

Group

contributions by Hartford Healthcare Corporation involuntary separation Senior Vice President 0 0 0 g Each participant ceases a one-time lump sum payment of the accumulated amount during the Inc. compensation. Participants vest in the plan at the earlier of reaching of the participant's separation from service. Participants 457(f) plan. Participants include certain officers and key related organization, and Vice President levels that are reported by HHC PhysiciansCare. of the participant's following the participant's separation from service. Part VII. Contributions are made by Hartford Healthcare individuals: Executive Vice President, disability, following 65. ៧ cause or upon reaching age the plan based on a percentage Explanation: Hartford Healthcare Corporation, the death, 44 O on behalf 55 and having 5 years of service, the President, further accruals made for without reasonable 4p: eligible Corporation to period Ω †† Line on the date maintains a SERP employees Form 990, receive Part I, 30-day to be 2013 Schedule J (Form 990) 2013

\$72,684

Flaks

ď

Jeffrey

Mr.

\$62,491

Orlando

Rocco

Dr.

45-4456939

Page 3

Schedule J (Form 990) 2013

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. Partill Supplemental Information

<u>..</u> Line Ĥ Part

encourages that At Risk Plan ü has Inc. Explanation: HHC PhysiciansCare,

for management goals and rewards achievements of significant functional

financial direction. The organization(s) strategic and 40 contribute that

Plan utilizes market practice alignment to ensure competitive recruitment

CEO and/or Hartford HealthCare Awards are based on and retention. overall Committee discretionary assessment of Compensation Corporation's

performance and individual contribution to results organization

H Part LLC which Southwind, of an employee **დ** John MacDonald Explanation:

the t O provided consulting services to the organization. As part the **a** served John MacDonald provided by Southwind, consulting services

the filing organization is organization. However, filing the o T CFO determine how much John MacDonald was paid for his services for \$1,888,408 the organization paid Southwind Q L unable

total,

H

as CFO.

CFO മ വ John MacDonald's services ф 83 well20 services consulting Schedule J (Form 990) 2013

SCHEDULE L		Tran	eaction	s W	ith	Interested	Persons			OM	B No. 15	545-004	7	
(Form 990 or 990-EZ)	Transactions With Interested Persons ➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.										2013			
	la la	Attaci	28b, or 28c, o h ta Farm 990	r Form or For	ı 990-l m 990	EZ, Part V, line 38a 3-EZ. ▶ See separa	or 400. ate instructions.			-Or	en To	- — Publ	iC.	
Department of the Treasury Internal Revenue Service	► Information	about S	ichedule L (For	n 990 o	7 990-E	Z) and its instructions	i is at www.irs.gov/i			ln	pecti	on:		
Name of the organization	ysiciansCare, Inc.				•	1' 1 ~			Employer identification number 45-4456939					
	D/B/A	Hart	ford He	alth	1Cai	re Medical ection 501(c)(4) orga	Group	145	-44	303.	3 2			
Part Excess Be	enem trans	anewo	red "Yes" on l	Form 99	ано s 90. Ра	et IV. line 25a or 25b	, or Form 990-EZ, F	Part V, 1	ine 40	b.				
1 (a) Name of disqualified person		(b) Relationship between disqualifi- person and organization				t IV, line 25a or 25b, or Form 990-EZ, Partied (c) Description of transactions					<u> </u>	(d) Corrected?		
						10				Ye	S	No		
				_ 						 -	+			
<u> </u>														
						-					-			
									,		+	\dashv		
2 Enter the amount of t	tay incutted by	the ord	ranization mar	acers (or disc	qualified persons du	ring the year under							
section 4958					,	*******************************	.,.,,		\$				_,	
3 Enter the amount of t	tax, if any, on I	ine 2, al	bove, reimburs	sed by t	the or	ganization			> \$					
Parell Loans to	and/or Froi	m Inte	rested Per	sons.	,						<u></u>			
Complete if t	the organizatio	n answe	ered "Yes" on	Form 9	90-EZ	, Part V, line 38a or I	Form 990, Part IV, I	ine 26;	or if th	ne orga	anizatio	on		
reported an i	amount on For	m 990,	Part X, line 5, (6, or 22	<u>.</u>	,					proved		frittan	
(a) Name of	(b) Relation	qidano			(e) Original principal amount	(f) Balance due		(g) In default?		by board or committee?		(i) Written agreement?		
interested person	Will Organ	1,201.011	0110001		From	' '		Yes	No	Yes		Yes	No	
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Total Pant III Grants or					<u> </u>	> \$						76 A		
Part III Grants or	r Assistanc	e Ben	enting inte	reste	no P	ersuris.								
	the organization)	b) Relationship			(c) Amount of	(d) Typ	ne of		(6	e) Purp		f	
(a) Name of interested person		interested person and the organization				assistance assist		ance a			assist	assistance		
										· -				
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<u> </u>														

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

Schedule L (Form 990 or 990-EZ) 2013

HHC PhysiciansCare, Inc.

	d "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	
(a) Name of interested person	person and the organization	transaction	transaction	organiz rever	ues?
		1 005 400	See Part V	Yes	No X
See Part V	See Part V	1,885,400.	See Parc V		Δ.
					
Part V Supplemental Information Provide additional information for response.	oonses to questions on Schedule L (see	instructions).			
orm 990 Sch L Part V					
a) Name of Interested Pe					
b) Relationship between	Interested Person an	d Organizat	ion: Office	er	
c) Amount of Transaction					
d) Description of Transa				of	
Southwind and performs CF					· · · · · · · · ·
addition to the CFO servi				and	
analytics to HHC Physicia	nsCare, Inc. which t	otaled \$1,8	385,408.	,	
(e) Sharing for Organizat	ion Revenues? = No				
					.
			A.W.	·····	

			·		·

SCHEDULE O

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form \$90 or 990 EZ) and its instructions is at www irs gov/form 990 HHC PhysiciansCare, Inc. Employed B/A Hartford HealthCare Medical Group 45

Open to Public Inspection

Name of the organization

Employer identification number 45-4456939

Form 990, Part I, Line 1, Description of Organization Mission:
coordinated quality care and value, exceed the expectations of patients,
providers, staff and the community that it serves.
Form 990, Part III, Line 4b, Program Service Accomplishments:
Our many offices throughout central Connecticut provide easy access to
the community.
Our providers have expertise in the following areas:
- Minimally Invasive Surgery for management of a variety of concerns
including Hernia, Gallstones, Splenic problems and Appendicitis
- Endocrine Surgery including concerns with Thyroid, Parathyroid and
Adrenal glands
- Surgery for the management of Biliary, Pancreatic and Liver problems
- Trauma Surgery
- Management of Patients requiring Surgical Critical Care
- Surgical Oncology including Head and Neck, and Breast
- Diseases of Veins
- Gastric Pacing, Gastric Stimulation, Gastroparesis, Gastroesophageal
Reflux Disease (GERD)
As part of our commitment to providing you with state-of-the-art
General Surgery care, our Division is active in the teaching of Medical
Students and Residents through UCONN and Hartford Hospital. We also
participate in a number of Research protocols that enhance our ability` LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)
332211

Employer identification number 45-4456939

Expenses \$ 60,586,115. incl grants of \$ 5,000. Revenue \$ 42,906,973.

Form 990, Part VI, Section A, line 1:

Explanation: The organization does not have any independent board members as all board members are compensated for their service to the organization by the filing organization or related organizations. However, the filing organization is part of an integrated delivery system of organizations, including multiple tax-exempt hospitals and a tax-exempt parent organization that all have community boards. Additionally, there has been no material change to the structure of the governing body since the organization applied for tax-exempt status, which was approved by the IRS in October 2013.

Form 990, Part VI, Section A, line 3:

Explanation: The organization has a management services and consulting contract with Southwind. As part of this contract, John MacDonald, an employee of Southwind, served as the CFO for the organization. The organization is unable to obtain information about the compensation paid by Southwind to John MacDonald for his services as the CFO. For the year, the organization paid Southwind \$1,885,408 in total for various consulting services as well as John MacDonald's service as CFO.

Form 990, Part VI, Section A, line 6:

Explanation: HHC PhysiciansCare, Inc. is organized as a non-stock not for profit entity. Hartford HealthCare Corporation is the sole member.

Form 990, Part VI, Section A, line 7a:

Explanation: The sole member of the organization has the authority to

Schedule O (Form 990 or 990-EZ) (2013)

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, Audit & Privacy (OCAP). All employee disclosures are reviewed by OCAP to determine if there is a potential conflict. Legal counsel reviews all cases where the individual has a significant financial

Schedule O (Form 990 or 990-EZ) (2013)

"disqualified persons"
332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Inc., established and regularly reviews Executive Compensation Philosophy

- The Committee regularly reviews the scope and depth of positions taking

into account complexity and the financial impact and accountability of all

17370811 139621 HHC_PCI

000 77 (0040)	Page 2
Schedule O (Form 990 or 990 EZ) (2013) Name of the organization HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group	Employer identification number 45-4456939
VII was paid for employee services to the organization an	d its related
entities. None of the compensation was for services as a	
to the organization.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Transfer from Affiliates	51,005,249.
·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2013

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 See separate instructions. ► Attach to Form 990.

Gronb

D/B/A Hartford HealthCare Medical

HHC PhysiciansCare, Inc.

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 45-4456939

Section 5 (2b) (13) controlled entity? 2 2 Direct controlling Yes 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. entity Direct controlling entity Hartford End-of-year assets status (if section Œ. Public charity 501(c)(3)) Total income Exempt Code T section ਭ Legal domícile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization Hartford Hospital - 06-0646668 of disregarded entity Ē Parti Part

Schedule R (Form 890) 2013 × × × Memorial Hospital Windham Community Corporation Corporation IealthCare TealthCare Hartford 11(a) 11(c) 501(c)(3) 501(0)(3) 501(C)(3) 501(C)(3) Connectiont Connecticut Connecticut Jonnecticut Supporting Organization Hospital and Affillates Support and Management gervices to Hartford Healthdare Services Realthcare Services 22-2672834 Windham Community Memorial Hospital 56-2546632, 112 Mansfield Avenue, 06-0646966, 112 Mansfield Avenue Windham Hospital Foundation Inc. Hartford HealthCare Corp. -One State Street, Suite 19 Willimantic, CT 06226 Willimantic, CT 06226 CT 06102 Hartford, CT 06103 Seymour Street Hartford,

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

332 161 09-12-13 LHA

45-4456939

Schedule R (Form 990)

(g) Section 512(b)(13) ŝ organization? controlled × × × × Yes × × × × × × M × Windham Community Windham Community Memorial Hospital Memorial Hospital Martford Hospital Hartford Hospital Direct controlling HealthCare At Corporation Corporation Jorgoration Corporation Corporation TealthCare HealthCare entity Corporation Corporation [ealthCare lealthCare **HealthCare** HealthCare HealthCare Home, Inc. Hartford Hartford Hartford Hartford Hartford Hartford Bartford Hartford status (if section Public charfty 501(c)(3)) <u>e</u> 11(a) 11(c) 11(a) 11(0) Exempt Code 501(C)(3) 501(c)(3) 501(C)(3) 501(c)(3) section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(0)(3) 501(C)(3) 501(C)(3) 501(C)(3) ত Legal domicile (state or foreign country) Connecticut Connecticut Connecticut Connecticut Jonnecticut Connecticut Connecticut Connecticut Connecticut Tonnecticut connecticut Jonnecticut Supporting Organization to Coordination of Health Substance Abuse Health Sub-Acute & Long Term Healthcare Services Healthcare Services Healthcare Services Primary activity Hartford Hospital Behavioral Health Mome Health Care Confinuation of Identification of Related Tax-Exempt Organizations Home HealthCare Care Services Fundralsing Fundraising Healthcare Delivery Connecticut Health System Inc. - 22-2779421 06-0646938, 1290 gilas Deane Hwy, Buite 4B, Southington Care Center - 22-2635676, 45 Hospital - 06-5040747, 80 Seymour Street, - 06-0677728 Hartford Hospital Auxiliary c/o Hartford 06-0646768 -06-1161422Maride Avenue, Southington, CT 06489 06-6076412 Midstate Medical Center - 06-0646715 Central CT Senior Health Svcs d.b.a. Natchaug Hospital Inc. - 06-0966963 Hartford HealthCare at Home, Inc. -Rushford Center Inc. - 06-0932875 Institute of Living - 06-0546683 Name, address, and EIN of related organization 1290 Silas Deane Hwy. Suite 4B Inc. ij Mansfleld Center, CT 06226 VNA Health Resources Inc. The Hatch Hospital Corp. The Hospital of Central Wethersfield, CT 06109 WCMH Women's Auxiliary New Britain, CT 06050 Wethersfield, CT 05109 Willimantic, CT 05226 Willimantic, CT 06226 112 Mansfield Avenue 112 Mansfield Avenue Hartford, CT 06106 Hartford, CT 06102 CT 05102 883 Paddock Avenue Meriden, CT 06451 Meriden, CT 06450 200 Retreat Aveue 80 Seymour Street 135 Lewis Avenue 100 Grand Street 189 Storrs Road Hartford Part

45-4456939

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group

Schedule R (Form 990) D/E

Continuation of Identification of Related Tax-Exempt Organizations

	(P)	(0)	<u>(d.</u>	æ	9	(g)
(a) Name address and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	pelloauss
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	yes No
Bradlev Health Services - 06-1367014					Hartford	<u> </u>
100 Grand Street		ar-			HealthCare	>
New Britain, CT 06050	Healthcare Services	Connectiont	501(0)(3)	5	corporation	4
ealth Alliance - 22-2785033	Support & Management Sycs.				Hartford	
100 Grand Street	to THOCC and Affillates -				Healthcare	>
New Britain, OT 05050	ghell	Connectiont	501(C)(3)	(D)	Corporation	4
The Orchards of Southington - 06-1490803					Central CT Senior	-
34 Hobart Street	Residential Services for				Health Services	>
06489	Senior Citizens	Connecticut	501(C)(3)	gn	Ind.	4
Rushford Foundation Inc 06-1432692					1	-
883 Paddock Avenue				1	Kubniora Cencer	>
Meriden Cr 06450	Supporting Organization	Connecticut	501(C)(3)	11(a)	Inc.	\downarrow
1 7	Makeure de de la constanta de					.,
1 (1)	Assisted Living & Adult				Health Services	>
1	Day Care Facility	Connecticut	501(C)(3)	50	nnc.	4
MidState Medical Center Auxiliary -				¥		
06-6063082, 435 Lewis Avanue, Meriden, CT				•	MidState Medical	Þ
06451	Fundralsing	Connecticut	501(C)(3)	11(&)	center	4
Caring for Colleagues Employee Crisis Fund -					Harriord	
26-4469178, 100 Grand Street, New Britain,					Heartacare	>
CT 06052	Employee Fund	Connecticut	501(C)(3)		Corporation	4
Hartford HealthCare Accountable Care Org.	To Manage and Coordinate				HHC	
Inc 45-0886367, 200 Retreat Avenue, Fl 9,	care for Medicare				Physicianscare	>
Hartford, CT 06102	Beneficiares	Connecticut	501(C)(3)	7	Inc.	4
Heal		'		-	Hartford	
26-6671355, 777 Main Street, Hartford, CT	To Provide Medical				HealthCare	\$
06102	Benefits to Employees	Connectidut	501(c)(9)	N/A	Corporation	4
Backus Corporation - 22-2757608		<u></u>			Hartford	
326 Washington Street				,	HealthCare	 >
Norwich CT 06360	Support Services	Connecticut	501(c)(3)	11(b)	Corporation	<
Rackus HealthCare Inc 22-2481794					Hartford	
	-				HealthCare	
220 Washington Bureer	Support Services	Connecticut	501(C)(3)	11(a)	Corporation	×
0.500	- 1				Hartford	
новртсат -					HealthCare	
ЫL	1	Connectique	501(C)(3)	<u>e</u>	Corporation	×
	47.000	CONTRACTIONS	、) / 、) / イント	<u>.</u>		

44

332222 05-01-13

45-4456939

Schedule R (Form 990)

(g) Section 512(b)(13) controlled organization? Yes No × (f) Direct controlling MidState Medical entity Center Public charity status (if section 501(c)(3)) <u>(a)</u> Exempt Code section 501(C)(3) Ē Legal domicile (state or foreign country) O Connecticut Primary activity Battill Continuation of Identification of Related Tax-Exempt Organizations Support Services Eva Stearns Faulkner Foundation - 06-6065398 Name, address, and EIN of related organization Meriden, CT 06451 435 Lewis Avenue

HHC PhysiciansCare, Inc.

D/B/A Hartford HealthCare Medical Group

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. Schedule F (Form 990) 2013 Pertil

Page

45-4456939

managing ownership N/AN/A N/A N/A Ξ Yes No N/A N/N ď S \geq Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A N/AN/A N/A € Disproportionale Yes No allocations? N/A N/A Ē N/A N/A Share of end-of-year assets N/AN/A N/AN/AØ Share of total N/AN/AN/A income N/A E Predominant income (related, unrelated, excluded from tax under sections 512-514) N/A N/A N/A N/A <u>@</u> Direct controlling entity N/AN/A N/AN/A(C)
Legal
domioite
(state or
foreign ij Ę Ę IJ Primary activity Home Health Ambulatory Management Endowment Ē Resonance Magnetic Service Imaging Care Partnership - 06-1271349, 100 Grand Street, New Britain, CT Hartford HealthCare Endowment CT, LLC - 06-1458837, 12 Case P.O. Box 300, Manchester, CT LLC - 45-4181103, 80 Seymour Omni Home Health Services E. 06102 Mancheser, LLC - 06-1557358 Name, address, and EIN of related organization 5 New Britain MRI Limited Street, Hartford, CT Street #317, Norwich, Ambulance Service of <u>a</u> 06360 06020

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 freated as a corporation or trust during the tax year. Part IV

Section 1 and a composition as a composition of these defined and a	in San Care and San San San San San San San San San San						-	
(C)	(q)	(0)	(g)	(e)	Œ	(6)	<u> </u>	(E)
Name, address, and EIN	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp. S corp.	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled eptlb/2
of related ofganization		foreign country)		or trust)		assets	1,5	Yes No
H.H.M.O.B. Corporation & Subsidiary -								
06-1140244, 80 Seymour Street, Hartford, CT			1		* / t	K / 1/2	K / 1%	
06102	Real Estate & Parking	EJ.	N/A	C CORF	N/A	IN/ CF	d /N	4
Hartford HealthCare Indemnity Services, Ltd								
FB Perry Bld., 40 Church St.			3		F / F	K/ 14	4/2	>
Hamilton, BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	N/A	\$ /N	G / 25	4
Windham Health Services Inc 06-1461101							_	
112 Mansfield Avenue		ļ	1		4/14	K / 1%	Z/17	>
Willimantic, CT 06226	Home Health Care	턴	N/A	CCORP	N/A	W/W	G /NT	4
Windham Physician Hospital Organization -	-							
06-1441614, 112 Mansfield Avenue,		ļ	1		, <u>;</u>	K/ 14	M/1/	×
Willimantic, CT 06226	Medical Services	팅	N/A	C CORP	N/A	IN L	CJ / NJ	1
Windham Family Medical Services - 06-1491649								
112 Mansfield Avenue				1	K / 14	K/14	NI / IV	>
Willimantic CT 06226	Medical Services	C_{1}	N/A	C CORP	U /N	ਦ / N.	17 / 53	
000.489.00.49-13		46				Sch	Schedule R (Form 890) 2013	890) Z013

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Partill Continuation of Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990)

		1-1	(F-)	177	4	[5]	(4)	9	8	<u> </u>
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	olling	Predominant income	Share	Share of	Disproportion-	Code V-UBI		General or Percentage managing, ownership
of related organization		(state or foreign country)	enny	excluded from tax under sections 512-514)		assets	Yes No	20 of Schedule K-1 (Form 1065)		
Connecticut Imaging Partners,	The second secon									
LLC - 13-4298940, 111										
t	Imaging			1	1	,	,	# 7 H #	~	* ' 5
Hartford, CT 06108	Services	CI	N/A	N/A	M/A	N/A	e/N	N/A	N/A	N/A
Glastonbury Endoscopy Center,										
LLC - 26-1721234, 300 Western				-						
Blvd., Suite B, Glastonbury,	Endoscopy					1		,	~	, <u>, , , , , , , , , , , , , , , , , , </u>
CT 06033	Services	ដ	N/A	N/A	N/A	N/A	A A	N/A	۲ ک	N/A
М.										
LLC - 26-2600828, 195 Eastern										
Boulevard, Glastonbury, CT	Surgery						1	1	•	7 1
06033	Services	Ľ	N/A	N/A	N/A	N/A	N/A	N/A	W/W	N/A
Hartford - Middlesex Clinical										
System LLC - 06-1543605, 80	Affilate									
Sevmour Street, Hartford, CT	Support		·							
	Services	Ü	N/A	N/A	N/A	N/A	N/A	N/A	A/N	N/A
Med-Rast Assoc LLC -				Principal delication of the second se		AND THE STREET OF THE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,				
						٠				
Street Willimantic CT	Dutpatient Care									
The state of the s	Clinic	CJ	N/A	N/A	N/A	N/A	N/A	N/A	N/N	N/A
HHC Southington Burgery									!	
	1						_			
Meriden Avenue, Southington,	Surgery									
.l	gervices	년 -	N/A	N/A	N/A	N/A	N/A	N/A	М 4	N/A
Ameny and an order of the control of										
		-								
	1									
· · · · · · · · · · · · · · · · · · ·										
	<u> </u>									
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HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group

Schedule R (Form 990) D/B/A Hartford HealthCare Medical G

RATION Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Numerical Continue activation Signature Signatur									
Number Control Contr	(a)	(q)	(2)	(a)	(a)	(f)	(6)	(h)	Section Frankvis
CONTROL	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	lype of entity (C corp, S corp, or trust)	Share of total Income	Share of end-of-year assets		-0-1
Particle Particle	1					V-1			
	100 Grand Street					,	* / } *	K / 14	þ
Services PC - 06-1254082 N/A N	Đ	f	턴	N/A		N/A	N/A	N/A	4
Desired Particle	Services PC -								
CT 06102 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	80 Seymour Street					``	,	F . 1.	ļ
Cut			EJ.	N/A	C CORP	N/A	N/A	N/A	⊲
Decide Politic Endirerial Fork Decide Politic Decid						_			
Second	101 North Plains Indusrial Park						,	,	ŀ
Sect Emperation Septemble Organization, Physician & Hospital CT N/A C CORP N/A	БO	Imaging	C∐			N/A	M/A	N/A	<u> </u>
1.52.2789918, 80 Saymout Street, Physician & Hospital CT N/A C CORP N/A	Hartford Physician Hospital Organization,								
### CORP N/A N	- 22-2785918,	벙				1	!	,	ļ
Substitute Service, Inc 06-0795431 Ambulance Services CT N/A CCORP N/A	ı	Support	CI	N/A		N/A	N/A	N/A	<u> </u>
Signature Services CT N/A C CORP N/A N	Inc								
CT 05045				,		1	; ;	}	
Tinc 06-0878432	탕		ij	N/A		N/A	N/A	N/A	×
CT 06045	Inc								
CT 06045 CORP N/A	R.O. Box 300			,			1	,	;
Street	턴		IJ	N/A		N/A	N/A	N/A	4
State Stat									
Tro 06-1387588 Healthcare Services CT N/A C CORP N/A N/		<u> </u>				!	,	, ,	
Decision	E		당	N/A		N/A	N/A	N/A	4
Gealthcare Services CT	l								
Gealthcare Services	326 Washington Street					1	1		
	1	a,	CŢ	N/A		N/A	N/A	N/A	×
Condo Association CT N/A C CORP N/A	Condo Assoc, Inc.								
Condo Association CT N/A C CORP N/A	326 Washington Street,	Γ				1	1	;	;
6 Condo Association CT N/A C CORP N/A N/A N/A Managing Offices of Physicians and Surgeons CT N/A CORP N/A N/A N/A 8 Medical Services CT N/A CORP N/A N/A N/A		Condo Association	CI	N/A	CCORP	N/A	N/A	N/A	×
06-1090041, 112 Condo Association CT N/A C CORP N/A N/A N/A N/A Lumantic, CT 06226 Condo Association Experience and Physicians and Surgeons CT N/A CT N/A N	Windham Professional Office Condominium								
Illmantic, CT 06226	- 06-1090041,						!	*	}
twork - 06-1426901 Managing Offices of Physicians and Physicians and Surgeons CT N/A CCRP N/A N/A N/A N/A 26 UP P.C 20-4327968 CT N/A CT N/A N/A N/A N/A N/A N/A	Willimantic, CT	Condo Association	CI	N/A		N/A	N/A	N/A	×
Physicians and CT N/A C CORP N/A	twork -	Offices		-					
CT 06226 Surgeons CT N/A N/A	112 Mansfield Avenue	Physicians and					3 2		-;
# Avenue	CT 06226	Surgeons	CI	N/A		N/A	N/A	N/A	4
S Avenue Medical Services CT N/A C CORP N/A N/A N/A N/A	Group P.C	:		•					
CT 06450 Medical Services CT N/A C CORP N/A N/A N/A	435 Lewis Avenue					ř	£ / + £	E / 14	>
	Ę		CI	N/A	C CORP	N/A	N/A	N/A	4

	al Group
!	hCare Medical
, Inc.	HealthCare
:Care)	
HHC PhysiciansCare,	Martford
HHC Ph	D/B/A

Раде 3

45-4456939

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Schedule R (Form 990) 2013 Ž Se × (d) Method of determining amount involved ξ ₽ ÷ ç 9 ٩ Ē # 무 a 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. Reimbursement paid by related organization(s) for expenses 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? 634,245.FMV 1,765,077.FMV 4,337,680.FMV 399,502.FMV 519,210.FMV 625,000.FMV Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36, (c) Amount involved Loans or loan guarantees by related organization(s) (b) Transaction type (a-s) Ø α ď Σ Ø Ø Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) Interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Dividends from related organization(s) Sale of assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Mindham Community Memorial Hospital (9) Windham Community Memorial Hospital s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) MidState Medical Center (6) Hartford Hospital Schedule R (Form 990) 2013 (5) H.H.M.O.B. (4) H.H.M.O.B 332163 09-12-13 O

45-4456939

Schedule R (Form 990)

(d) Method of determining amount involved 885,307. FMV 973,301. FMV 17,251. FMV 3,129,401.FMV 5,962,088. FMV 3,708,878.FMV (c) Amount involved Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (b) Transaction type (a-r) ρ, Д 0 ø ď Limited Name of other organization (12)HHC Indemnity Services, (11)Institute of Living (9)Hartford Hospital (10)Hartford Hospital (n)Hartford Hospital (8)Hartford Hospital Park (24) (21 (23) (14) (15) (16) (17) (18) (19) 2 (22) (13)

Page 4

45-4456939

HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group Schedule R (Form 990) 2013 ** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Disproyor Code V-UBI General or Percentage flores of Schedule K-1 percent or Percentage alications? of Schedule K-1 percent 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. € \equiv Œ end-of-year Share of assets <u> 5</u> Share of total income Predominant income parties ser (related, unrelated, 501(c)(3) excluded from tax ones. Under section 512-514) yes No (e)
Are all
pariners sec.
501(c)(3)
orgs.? ਉ (state or foreign Legal domicile country) Ö Primary activity Name, address, and EIN of entity

2,

Schedule R (Form 990) 2013

	HHC PhysiciansCa	re, Inc. oalthCare_Medi	ical Group 45-44569	39 Page 5
Schedule R (Form 990) 2013	D/B/A ndrtlord in	Cartificato From		
Part VII Supplemental Infor	mation ation for responses to questions o	n Schedule R (see instructi	ons).	
Provide additional informa	ation for responses to questions of	1) Schedale II (coo insuras:		
				<u> </u>
	······································			
		<u> </u>		
	A CONTRACTOR OF THE CONTRACTOR			
				<u> </u>

Return by a U.S. Transferor of Property

to a Foreign Corporation

Department of the Treasury Internal Revenue Service Attach to your income tax return for the year of the transfer or distributions.	oution.	Attachmei Saquence	^π No. 128	
Part U.S. Transferor Information (see instructions)				
Name of transferor		ldentifying numbe	r (see instructions)	
HHC PhysiciansCare, Inc.				
D/B/A Hartford HealthCare Medical Group		45-44569	339	
1 If the transferor was a corporation, complete questions 1a through 1d.				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) to	by 5 or		TT	
fewer domestic corporations?		Yes	X No	
b Did the transferor remain in existence after the transfer?		X Yes	No	
If not, list the controlling shareholder(s) and their identifying number(s):				
Controlling shareholder	ldent	tifying number		
	15 0	Yes	X No	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corp	ooration?	L ies	LAT NO	
If not, list the name and employer identification number (EIN) of the parent corporation:				
Name of parent corporation	EIN of p	parent corporat	ion	
Hartford HealthCare Corporation 22	2-267283	-2672834		
d Have basis adjustments under section 367(a)(5) been made?				
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as suc	:h under secti	on 367), comple	ete	
questions 2a through 2d.				
a List the name and EIN of the transferor's partnership:				
Name of partnership	EIN	of partnership		
Halite of but distant				
1 Landau de parte contra contr		Yes	No	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		***	☐ No	
 c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establishe 	d	••••		
		Yes	No.	
securities market? Part II Transferee Foreign Corporation Information (see instructions)				
Name of transferee (foreign corporation)	4a le	dentifying num	ber, if any	
Hartford HealthCare Indemnity Services, Ltd				
5 Address (including country)	i i	Reference ID nu	nber	
F.B. Perry Building, 40 Church Street, P.O. Box HM026	2	2100005	f	
Hamilton, Bermuda	AA	<u>-3190907</u>		
6 Country code of country of incorporation or organization				
7 Foreign law characterization (see instructions)				
Corporation		X Yes	No	
8 is the transferee foreign corporation a controlled foreign corporation?			(Rev. 12-201	
LHA For Paperwork Reduction Act Notice, see separate instructions.			,	
324531 10-31-13				

Form 926 (Rev. 12:2013) HHC PhysiciansCare, Inc. D/B/A Hartford Healt 45-4456939 Page 2

Page 11 Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/08/2013		3,129,401.		
Cash					
Stock and					
securities					
Securios					
installment obligations,					
account receivables or					
similar property					
Giriadi proporti					
Foreign currency or other					
property denominated in					
foreign currency					<u> </u>
Tol Orgin Control					
Inventory					
,					
					<u> </u>
Assets subject to					<u> </u>
depreciation recapture					
(see Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in					
trade or business not listed					
under another category					
Intangible					
property					<u> </u>
Property to be leased					
(as described in final					
and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be sold					
(as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and gas					
working interests (as					
described in Temp.			 		
Regs. sec. 1.367(a)-4T(e))					
Other property			 		

Supplemental Information Required To Be Reported (see instructions): Cash Transferred to Cover Malpractice Insurance Premiums

Form	926 (Rev. 12:2013) HHC PhysiciansCare, Inc. D/B/A Hartford Healt 45-	<u>4456939</u>	Page 3	
Par	Additional Information Regarding Transfer of Property (see instructions)			
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:			
	(a) Before0000 % (b) After0000 %			
10	Type of nonrecognition transaction (see instructions) ▶ IRS Sec. 351			
c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(5)(F) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No X No X No	
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No	
13	Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:	Yes	X No	
ь	Tainted property Depreciation recapture Branch loss recapture	Yes Yes	X No	
d	Any other income recognition provision contained in the above-referenced regulations	Yes	X No	
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No	
1 5 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No	
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred > \$			
16	Was cash the only property transferred?	X Yes	No No	
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No	
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:			
		Form 926 (Rev. 12-2013)		

Form 926

Additional Information Required by Temporary Regulation Sections 1.6038B-1T(c)(4)(iii) and (vii), and 1.6038B-1T(c)(5)

Statement

1

ATTACHMENT TO FORM 926, PART III, LINE 11 HHC PhysiciansCare, Inc.

EIN: 45-4456939

Following is additional information as requested by Regulations Sections 1.6038B- $\overline{1}$ (c) and Temporary Regulations 1.6038B-1T (c)($\overline{1}$) through 1.6038B-1T(c)(5) and 1.6038B-1T(d).

Regulation Section 1.6038B-1T(c)(1): Transferor

HHC PhysiciansCare, Inc.

EIN: 45-4456939

Address: 80 Seymour Street Hartford, CT 06102

Regulation Section 1.6038B-1T(c)(2): Transferee Hartford HealthCare Indemnity Services, Ltd (i) Address: F.B. Perry Building, 40 Church Street PO Box HM 2062 Hamilton, HM HX, Bermuda

(ii)Payment of \$3,129,401 US dollars to Hartford HealthCare Indemnity Services, Ltd.

Regulation Section 1.6038B-1T(c)(3): Consideration Received Contract To Pay Claims

Regulation Section 1.6038B-1T(c)(4): Property Transferred

US \$3,129,401 Cash

Regulation Section 1.6038B-1T(c)(5): Transfer of foreign branch with previously deducted losses

Not applicable

Regulations Section 1.6038B-1T(d): Application of Section 367(d)

Not Applicable