

From: [Greer, Leslie](#) on behalf of [Grouppracticefilings, OHCA](#)
To: [Foster, Tillman](#); [Roberts, Karen](#)
Subject: 2016 Annual Report - Medical Foundation
Date: Tuesday, January 03, 2017 2:23:31 PM
Attachments: [HHCMG 2016 annual report to OHCA and AG \(00018432xD59E4\).pdf](#)

From: Nelson, Eileen [<mailto:Eileen.Nelson2@hhchealth.org>]
Sent: Thursday, December 29, 2016 12:38 PM
To: Grouppracticefilings, OHCA
Cc: User, OHCA; Liquindoli, Ellen; LeConche, Kim; Schlaff, Elizabeth
Subject: 2016 Annual Report - Medical Foundation

Attached is the 2016 Annual Report for HHC PhysiciansCare, Inc. (d/b/a Hartford HealthCare Medical Group).

If you have any questions regarding the attached filing, please contact Eileen Nelson at 860-972-9264 or Eileen.nelson2@hhchealth.org

Thank you.

Privileged and confidential

**If received in error,
please notify me by e-mail and delete this message**

Eileen Nelson
Paralegal



Representing Hartford HealthCare and its Affiliates

[Hartford HealthCare](#)
Legal Department
One State Street
Hartford, CT 06103

80 Seymour Street
Hartford, CT 06102

860 972 9264

www.hartfordhealthcare.org

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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.*

Listed below are the original Organizing Members

| | |
|------------------------|---|
| Elliot Joseph | Hartford HealthCare Corporation, One State Street, Suite 19, Hartford, CT 06103 |
| Rocco Orlando, III, MD | Hartford HealthCare Corporation, One State Street, Suite 19, Hartford, CT 06103 |
| Steven D. Hanks, MD | Hartford HealthCare Corporation, One State Street, Suite 19, Hartford, CT 06103 |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
Written Report due by December 31st annually

Date of Filing>
Full Legal Name of Entity Reporting>
Type of Provider Reporting (see options below)>
(Hospital, Hospital System, Group Practice)

December 29, 2016
HHC Physicians Care Inc. dba Hartford HealthCare Medical Group
Hospital System

- If more than one Group Practice is being reported, please follow the instructions below to add additional tabs.*
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 - 5 Click "OK"

Name of Group Practice>

Hartford HealthCare Medical Group

| (1) Line | (2) Physician Name (Last, First) | (3) Physician Specialty(s) | (4) Practices AT Location |
|-------------|--|---|---|
| | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | | |
| 1 | Albert DeNuzzo, MD | Internal Medicine | 1268 Main Street, Suite 102, Newington, CT 06111 |
| 2 | Ali Tomazadeh, MD | Family Medicine | 339 West Main Street, Avon, CT |
| 3 | Alina Dobria, MD | Family Medicine (Terminating 4/15/2017) | 336 North Main Street, West Hartford, CT 06117 |
| 4 | Anisha Rajesh Parsh, MD | Family Medicine | 8 Vista Drive, Old Lyme, CT 06371 |
| 5 | Ann-Karin Weststeidel, MD | Family Medicine (Newborns) | 1539 Sullivan Ave, South Windsor, CT 06074 |
| 6 | Apaksha Vecharani, MD | Family Medicine | 98 Main Street, Suite 301, Southington, CT 06489 |
| 7 | Azra Demirci, MD | Internal Medicine | 2 Northwestern Drive, Suite #100 Bloomfield, CT 06002 |
| 8 | Basilio Guanca, MD | Internal Medicine | 256 North Main Street, Manchester, CT 06042 |
| 9 | Cam Riddle, DO - Regional Medical Director | Internal Medicine | 676 Hebron Ave, Suite 1, Glastonbury, CT 06033, 1023 Silas Deane Highway, Weathersfield, CT 06109 |
| 10 | Catherine Glazer, MD - Regional Medical Director/Chief Region | Urgent Care | 42 Town Street, Norrish, CT 06360, 163 Broadway, Colchester, CT 06415, 80 Norwich-New London Trpk, Unessville, CT 06382 |
| 11 | Christina McLean, MD | Adolescent & Pediatric Medicine | 8 Vista Drive, Old Lyme, CT 06371 |
| 12 | Colleen Shatkov, MD | Occupational Medicine / Internal Medicine | 863 North Main St Ex, Wallingford, CT 06482 |
| 13 | Christin Ortega, MD (Terminating Spring 2017) | Family Medicine (Newborns) | 1244 Storrs Road, Storrs, CT 06268 |
| 14 | Camilla Haller, MD - VP & Medical Director for Primary Care | Internal Medicine | 1539 Sullivan Ave, South Windsor, CT 06074 |
| 15 | David Silver, DO | Internal Medicine (EFT 11/1/16) | 28 South Main Street, Cheshire, CT 06410 |
| 16 | David Wolpow, MD | Family Medicine | 256 North Main Street, Manchester, CT 06042 |
| 17 | Doborah Kapilow, MD | Internal Medicine | 465 South Main Street, West Hartford, CT 06110 |
| 18 | Dorothy Abha, MD | Internal Medicine | 61 Pomeroy Avenue, Meriden, CT 06450 |
| 19 | Dorlomee DJ Pasquale, DO | Family Medicine (Terminating 12/18/16) | 1025 Silas Deane Highway, Weathersfield, CT 06109 |
| 20 | Edward A. Gleason, MD | Internal Medicine | 405 Farmington Ave., Farmington, CT 06032 |
| 21 | Eileen O'Regan, MD | Internal Medicine | 1781 Highland Avenue, Suite 106, Cheshire, CT 06410 |
| 22 | Eitzabeh Schuck, MD | Internal Medicine | 1781 Highland Avenue, Suite 106, Cheshire, CT 06410 |
| 23 | Elin Cardon, MD | Internal Medicine | 1060 Day Hill Road, Windsor, CT 06095 |
| 24 | Fayez Mohammedi, MD | Internal Medicine | 1781 Highland Avenue, Suite 106, Cheshire, CT 06410 |
| 25 | Frances Gurtman, MD | Family Medicine | 201 North Mountain Road, Suite 203, Plainville, CT 06062 |
| 26 | Gary Miller, MD | Internal Medicine | 445 South Main Street, West Hartford, CT 06110 |
| 27 | Gregg Gishpan, MD | Internal Medicine/Emergency Medicine | 405 Farmington Ave., Farmington, CT 06032 |
| 28 | Gregory Czarnocki, DO | Per Diem Urgent Care | 405 Farmington Ave., Farmington, CT 06032 |
| 29 | Henry Habauer, MD [312135] | Sports Medicine/Internal Medicine | 676 Hebron Ave, Suite 1, Glastonbury, CT 06033 |
| 30 | Henry Todd, MD | Internal Medicine | 863 North Main St Ex, Wallingford, CT 06482 |
| 31 | Iliriko Helmezi, MD | Internal Medicine | 201 North Mountain Road, Suite 203, Plainville, CT 06062 |
| | | | 61 Pomeroy Avenue, Meriden, CT 06450 |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
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| 32 | Jack Schmeitzler, MD | Internal Medicine | 336 North Main Street, West Hartford, CT 06117 |
| 33 | Janine Moskowitz, MD | Internal Medicine | 406 Farmington Ave, Farmington, CT 06032 |
| 34 | James Dunn, MD | Family Medicine | 5 Rounders Street, Suite 100, Williamam, CT 06226 |
| 35 | Jayna Mckelton, DO | Internal Medicine | 22 Pine Street, Suite 104, Bristol, CT 06010 |
| 36 | Jeffrey Brown, MD (Terminating 5/14/2017) | Sports Medicine/Family Medicine | 445 South Main Street, West Hartford, CT 06110 |
| 37 | Jeffrey Fishbein, MD | Urgent Care | 22 Pine Street, Suite 104, Bristol, CT 06010 |
| 38 | Jeffrey Stein, MD | Internal Medicine/Ceriatric Medicine | 1539 Sullivan Ave, South Windsor, CT 06074 |
| 39 | Jeremy Isaacson, DO | Family Medicine | 336 North Main Street, West Hartford, CT 06117 |
| 40 | Joan Giglioli, MD | Internal Medicine | 1060 Day Hill Road, Windsor, CT 06095 |
| 41 | Joey Lavitoe, MD | Emergency Medicine/Occupational Medicine | 445 South Main Street, West Hartford, CT 06110 |
| 42 | John Huang, MD | Internal Medicine | 67 Masonic Avenue, Suite 3100, Wallingford, CT 06492 Urgent |
| 43 | Joseph Tomonelli, MD | Internal Medicine | 67 Masonic Avenue, Suite 3100, Wallingford, CT 06492 |
| 44 | Kristin Gidyczew, MD | Family Medicine | 23A Liberty Drive, Hebron, CT 06248 |
| 45 | Kulsoom Mandoori, MD | Internal Medicine | 100 Hazard Ave, Suite 101, Enfield, CT 06082 Urgent |
| 46 | Laurinda Santos, MD | Internal Medicine | 676 Hebron Ave, Suite 1, Glastonbury, CT 06033 |
| 47 | Lisa Marie Grossi, DO | Family Medicine/Sports Medicine | 339 West Main Street, Avon, CT |
| 48 | Lori Lemec, DO | Family Medicine | 1060 Day Hill Road, Windsor, CT 06095 |
| 49 | Lynne M. Todd, MD | Internal Medicine (Per Diem Urgent Care) | 22 Pine Street, Suite 104, Bristol, CT 06010 |
| 50 | M. Reza Moenimshari, MD - Regional Medical Director | Urgent Care | 1025 Silas Deane Highway, Weathersfield, CT 06109 |
| 51 | Malinda Nafes, MD | Family Medicine | 1025 Silas Deane Highway, Weathersfield, CT 06109 |
| 52 | Marcela Migliorini, MD | Internal Medicine | 336 North Main Street, West Hartford, CT 06117 |
| 53 | Marcon Jeremko, MD | Family Medicine | 339 West Main Street, Avon, CT |
| 54 | Marquet Ruski, MD | Per Diem Urgent Care | 406 Farmington Ave., Farmington, CT 06032 |
| 55 | Marzhaia Braliova, MD | Internal Medicine | 1025 Silas Deane Highway, Weathersfield, CT 06109 |
| 56 | Marzhaia Holder, MD | Occupational Medicine | 1060 Day Hill Road, Windsor, CT 06095, 1025 Silas Deane Highway, Weathersfield, CT 06109, 256 North Main Street, Manchester, CT 06042 |
| 57 | Mary Saitl, MD - Regional Medical Director/Rescue Region | Internal Medicine | 8 Vian Drive, Old Lyme, CT 06371 |
| 58 | Melissa Morales, MD | Internal Medicine | 201 North Mountain Road, Suite 203, Plainville, CT 0662 |
| 59 | Michael B. Keenan, MD | Internal Medicine | 1776 Boston Tyke (Route 44), Coventry, CT 06238 |
| 60 | Michael Underwood, MD | Internal Medicine/Geriatric Medicine | 256 North Main Street, Manchester, CT 06042 |
| 61 | Mohammed Yessizai, MD | Internal Medicine | 445 South Main Street, West Hartford, CT 06110 |
| 62 | Nichisha Betris, MD | Family Medicine (Terminating March 2017) | 5 Pounders Street, Suite 100, Williamam, CT 06226 |
| 63 | Ognjenka Nedezic-Beskorvic, MD | Internal Medicine | 1539 Sullivan Ave, South Windsor, CT 06074 |

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| 64 | Patru Meryl, MD | Per Diem Urgent Care | 406 Farmington Ave., Farmington, CT 06032 |
| 65 | Prakash Paranki, MD | Internal Medicine (Per Diem 21 hrs/wk) | 61 Bommeroy Avenue, Meriden, CT 06450 |
| 66 | Richard Harding, MD | Internal Medicine | 35 Talcoyville Road, Suite 1, Vernon, CT 06066 |
| 67 | Rosemary Madala, MD | Family Medicine (Newborns) | 1244 Storrs Road, Storrs, CT 06268 |
| 68 | Ryan Madalinski, DO - Regional Medical Director | Family Medicine (Newborns) | 1060 Dry Hill Road, Windsor, CT 06095 |
| 69 | Sandra Quintero, MD | Internal Medicine | 100 Simsbury Road, Suite 203, Avon CT |
| 70 | Sarah Dainik, MD | Family Medicine & Urgent Care | 100 Simsbury Road, Suite 203, Avon CT |
| 71 | Sarah Hildreth, MD | Family Medicine | 22A Liberty Drive, Hallow, CT 06248 |
| 72 | Shannon Short, DO | Family Medicine | 12 Lantrop Road, Plainfield, CT 06374, 39D Kennedy Drive, Putnam, CT 062160 |
| 73 | Sherry Kroll, MD | Internal Medicine | 122 Lantrop Road, Plainfield, CT 06374, 39D Kennedy Drive, Putnam, CT 062160 |
| 74 | Stanley Glassman, MD | Internal Medicine | 2 Northwestern Drive, Suite #100 Bloomfield, CT 06002 |
| 75 | Steven Weinreb, MD | Internal Medicine | 1025 Siles Duane Highway, Waterfield, CT 06109 |
| 76 | Susan Michelle Stone, MD | Internal Medicine | 445 South Main Street, West Hartford, CT 06110 |
| 77 | Susan Rooney, PA | urgent care | 406 Farmington Ave., Farmington, CT 06032 |
| 78 | Taloni Hemmaphlach, MD | Internal Medicine | 1268 Main Street, Suite 102, Newington, CT 06111 |
| 79 | Thao Doan, DO | Family Medicine | 256 North Main Street, Manchester, CT 06042 |
| 80 | Waller Mertes, MD | Internal Medicine | 5 Founders Street, Suite 100, Williamam, CT 06226 |
| 81 | William Shieh, MD | Family Medicine (Newborns) | 1559 Sullivan Ave, South Windsor, CT 06074 |
| 82 | William Spector, MD | Internal Medicine | 100 Hazard Ave, Suite 101, Enfield, CT 06082 Ugnel |
| 83 | Wilner Samson, MD - Regional Medical Director | Internal Medicine | 98 Main Street, Suite 301, Southington, CT 06489 |
| 84 | | General, Bariatric, Laparoscopic Surgery | 330 Western Blvd., 2nd Floor, Glassonbury, CT, 100 Hazard Ave., Suite 206, 399 Farmington Ave., Suite 200, Farmington, CT ; 85 Seymour St., Suite 415, Hartford, CT; 256 N. Main St., Manchester, CT; 1559 Sullivan Ave., South Windsor, CT |
| 85 | Darren S. Tishler, MD | General, Bariatric, Laparoscopic Surgery | 330 Western Blvd., 2nd Floor, Glassonbury, CT, 100 Hazard Ave., Suite 206, 399 Farmington Ave., Suite 200, Farmington, CT ; 85 Seymour St., Suite 415, Hartford, CT; 256 N. Main St., Manchester, CT; 1559 Sullivan Ave., South Windsor, CT |
| 86 | Edward J. Hammouch, MD | General/MIS & Bariatric Surgery (70% HH, 30% HACC) | 11 South Rd., Suite 130, Farmington, CT; 455 Lewis Ave., Suite 208, Meriden, CT; 61 Pomroy Ave., Meriden, CT; 201 North Mountain Rd., Suite 201, Plainville, CT |

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| 87 | Aziz Bertrahim, MD | General Surgery & Bariatric Surgery | 455 Lewis Ave., Suite 208, Meriden, CT, 61 Pomeroy Ave., Meriden, CT, 201 North Mountain Rd., Suite 201, Plainville, CT |
| 88 | Nicholas Verdura, MD | General Surgery & Bariatric Surgery | 455 Lewis Ave., Suite 208, Meriden, CT, 61 Pomeroy Ave., Meriden, CT, 201 North Mountain Rd., Suite 201, Plainville, CT |
| 89 | Edward R. Sauter, MD | Breast Surgery | 85 Seymour Street, Suite 700, Hartford, CT; 256 N. Main St., Manchester, CT |
| 90 | Leah W. Basist, MD | Breast Surgery | 399 Farmington Ave., Suite 200, Farmington, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT; 1559 Sullivan Ave., South Windsor, CT |
| | Elizabeth W. Brady, MD | Breast Surgery | 399 Farmington Ave., Suite 200, Farmington, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT; 1559 Sullivan Ave., South Windsor, CT |
| 91 | Elise K. Gates, MD | Breast Surgery | 399 Farmington Ave., Suite 200, Farmington, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT; 1559 Sullivan Ave., South Windsor, CT |
| 92 | Heather M. King, MD | Breast Surgery | 399 Farmington Ave., Suite 200, Farmington, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT; 1559 Sullivan Ave., South Windsor, CT |
| 93 | | | |
| 94 | Kristen A. Zarfos, MD | Breast Surgery | 201 North Mountain Rd., Suite 201, Plainville, CT |
| 95 | Elizabeth Riordan, MD | Breast Surgery & General Surgery | 201 North Mountain Rd., Suite 201, Plainville, CT; 455 Lewis Ave., Suite 203, Meriden, CT 06451 |
| 96 | Kathleen Kurovski, MD | Director/Breast Surgery-East Region | 12 Case Street, Suite 313, Norwich, CT 06360 |
| 97 | Sabir Hashim, MD, FACS | Cardiovascular Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |
| 98 | Mohiuddin Cheema, MD | Cardiovascular Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |
| 99 | Daniel Fusco, MD | Cardiothoracic Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |
| 100 | Robert C. Hagerberg, MD - Clinical Chief/HH | Cardiothoracic Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |
| 101 | Jonathan Hammond, MD | Cardiothoracic Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |
| 102 | Chester Humphrey, MD | Cardiothoracic Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |
| 103 | David Underhill, MD | Cardiothoracic & Vascular Surgery | 85 Seymour Street, Suite 919, Hartford, CT 06106 |

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| 104 | Jeffrey L. Cohen, MD | Colorectal, General & Laparoscopic Surgery | 86 Seymour St., Suite 425, Hartford, CT : 399 Farmington Ave., Farmington, CT, 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 105 | Kristina H. Johnson, MD | Colorectal, General & Laparoscopic Surgery | 86 Seymour St., Suite 425, Hartford, CT : 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 106 | William V. Sardella, MD | Colorectal, General & Laparoscopic Surgery | 86 Seymour St., Suite 425, Hartford, CT : 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 107 | Kristy T. Thurston, MD | Colorectal, General & Laparoscopic Surgery | 86 Seymour St., Suite 425, Hartford, CT : 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 108 | Paul V. Vignati, MD - Section Div Chief/HH | Colorectal, General & Laparoscopic Surgery | 86 Seymour St., Suite 425, Hartford, CT : 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 109 | Rafal Barczak, MD | Colorectal, General & Laparoscopic Surgery | 455 Lewis Ave., Suite 208, Meriden, CT |
| 110 | Christina M. Bartus, MD | Colorectal, General & Laparoscopic Surgery | 201 North Main Rd., Suite 201, Plainville, CT |
| 111 | Jonathan Gates, MD | General Surgery, Critical Care Surgery | 80 Seymour St., Conklin Bldg - CB 136, Hartford, CT |
| 112 | Thomas Abbruzzese, MD | Director of Trauma (EIT/Dae TRD) | 85 Seymour St., Suite 415, Hartford, CT : 339 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 113 | Philip F. Gaushj, MD | General Surgery | 85 Seymour St., Suite 415, Hartford, CT : 339 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 114 | Chick V. Chukwumah, MD | General & Laparoscopic Surgery | 85 Seymour St., Suite 415, Hartford, CT : 339 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 115 | David E. Curtis, MD | General & Hepatobiliary Surgery | 85 Seymour St., Suite 415, Hartford, CT : 339 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |

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| 116 | Ronen Blifant, MD | Critical Care, Trauma & Acute Care Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 117 | Edward J. Hannoussi, MD | General/IM/S & Bariatric Surgery (70% IM; 30% HoCC) | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 118 | Kristine Kellner, MD | General & Critical Care Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 119 | Jessica Lee, MD | Critical Care, Trauma & Acute Care Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 120 | Rocco Orlando, III, MD | General & Critical Care Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 121 | Aziz Benbrahim, MD | General Surgery & Bariatric Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 122 | Kenneth Schwartz, MD | General Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 123 | Nicholas Verdura, MD | General Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 124 | Leszek Kolodziejczak, MD | General Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 125 | Francis Stracusa, MD, FACS | General Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |
| 126 | Brandon D. Killory, MD | Neurological Surgery | 85 Seymour St., Suite 415, Hartford, CT : 399 West Main St., Avon, CT; 399 Farmington Ave., Farmington, CT; 330 Western Blvd., Glastonbury, CT; 256 North Main St., Manchester, CT |

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| Name of Group Practice -----> Hartford HealthCare Medical Group | | | |
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| 127 | Joel Bauman, MD | Neurosurgery | 85 Seymour St., Suite 709, Hartford, CT; 100 Sinsbury Rd., Avon, CT; 435 Lewis St., Meriden, CT; 1599 Sullivan Ave., South Windsor, CT |
| 128 | Hussain Alahmadi, MD | Neurological Surgery | 201 North Mountain Rd., Suite 201, Plainville, CT |
| 129 | Joel Bauman, MD | Neurosurgery | 435 Lewis Ave., Suite 109, Meriden, CT |
| 130 | Eugene Rozanski, MD | Obstetrics & Gynecology | 112 Mansfield Ave., Wilfordham, CT |
| 131 | Deborah Feldman, MD | Director, Maternal Fetal Medicine (at 2296 Hillgrove) | 85 Jefferson St., Suite 624, Hartford, CT |
| 132 | Alan Babigan, MD | Plastic, Reconstructive & Hand Surgery | 399 Farmington, Ave., Suite 210, Farmington, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT |
| 133 | Charles L. Castiglione, MD - Section Div Chief/HH | Plastic & Reconstructive Surgery | 399 Farmington, Ave., Suite 210, Farmington, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT |
| 134 | Norman J. Cavanaugh, MD | Oral Maxillofacial Surgery | 399 Farmington, Ave., Suite 210, Farmington, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT |
| 135 | Alex C. Ceeli, MD | Plastic & Reconstructive Surgery | 399 Farmington, Ave., Suite 210, Farmington, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT |
| 136 | Orlando DeLujia, MD | Plastic & Reconstructive Surgery | 399 Farmington, Ave., Suite 210, Farmington, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT |
| 137 | Steven S. Smith, MD | Plastic, Reconstructive & Hand Surgery | 399 Farmington, Ave., Suite 210, Farmington, CT; 330 Western Blvd., Glastonbury, CT; 85 Seymour St., Hartford, CT |
| 138 | Brian M. Allen, MD | Plastic Surgery | 201 North Mountain Rd., Suite 201, Plainville, CT |
| 139 | Erne Lui, DPM | Podiatry, Pediatric Surgery | 85 Seymour St., Suite 409, Hartford, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 29 Haynes St., Manchester, CT; 65 Memorial Dr., West Hartford, CT; 1025 Silas Deane Hwy., Westfield, CT |
| 140 | James F. Nuscet, DPM | Podiatry, Pediatric Surgery | 85 Seymour St., Suite 409, Hartford, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 29 Haynes St., Manchester, CT; 65 Memorial Dr., West Hartford, CT; 1025 Silas Deane Hwy., Westfield, CT |
| 141 | Ashley K. Shepard, DPM | Podiatry, Pediatric Surgery | 85 Seymour St., Suite 409, Hartford, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 29 Haynes St., Manchester, CT; 65 Memorial Dr., West Hartford, CT; 1025 Silas Deane Hwy., Westfield, CT |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
Written Report due by December 31st annually

Date of Filing -----> December 29, 2016
 Full Legal Name of Entity Reporting -----> HHC Physicians Care Inc, dba Hartford HealthCare Medical Group
 Type of Provider Reporting (see options below) -----> Hospital System
 (Hospital, Hospital System, Group Practice)

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| (1) Line | (2) Physician Name (Last, First) | (3) Physician Specialty(s) | (4) Practices AT Location |
|----------|--|--|--|
| | Name of Group Practice -----> Hartford HealthCare Medical Group | | |
| | | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | |
| 142 | Eric W. Silverstein, DPM - Section Div Chief/HH | Podiatry, Podiatric Surgery | 85 Seymour St., Suite 409, Hartford, CT; 399 West Main St., Avon, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 29 Hayes St., Manchester, CT; 65 Memorial Dr., West Hartford, CT; 1025 Sias Deane Hwy., Wethersfield, CT |
| 143 | Kent Lee, DPM Eric Lui, DPM | Podiatric Surgery Podiatry, Podiatric Surgery | 201 North Mountain Rd., Suite 201, Plainville, CT; 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 1559 Sullivan Ave., South Windsor, CT |
| 144 | | Podiatry, Podiatric Surgery | 201 North Mountain Rd., Suite 201, Plainville, CT; 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave., Enfield, CT; 330 Western Blvd., Glastonbury, CT; 1559 Sullivan Ave., South Windsor, CT |
| 145 | James F. Nugent, DPM | | 85 Seymour St., Suite 700, Hartford, CT 06106; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT |
| 146 | David P. Eisenberg, MD | Breast, Liver, Pancreas & General Surgery | 85 Seymour St., Suite 700, Hartford, CT 06106; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT |
| 147 | Ramon E. Jimenez, MD, FACS | Breast, Liver, Pancreas & General Surgery | 85 Seymour St., Suite 700, Hartford, CT 06106; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT |
| 148 | Robert J. Rukowski, MD, FACS - Section Div Chief/HH | Breast, Head/Neck & Melanoma Surgery | 85 Seymour St., Suite 700, Hartford, CT 06106; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT; 100 Simsbury Rd., Avon, CT; 1277;1278;1279;1280;1281;1025 Sias Deane Hwy., Wethersfield, CT |
| 149 | Christina Wai, MD Miao W. Katigbak, MD - Section Div Chief/HH | Surgical Oncology Thoracic Surgery | 85 Seymour St., Suite 409, Hartford, CT; 330 Western Blvd., Glastonbury, CT; 330 Washington St., Norwich, CT |
| 150 | | | |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
Written Report due by December 31st annually

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 Type of Provider Reporting (see options below) -----> Hospital System
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- If more than one Group Practice is being reported, please follow the instructions below to add additional tabs.*
- 1 Right click on the the "PhysicianName" tab below
 - 2 Click the "Move or Copy" option
 - 3 Under the heading "Before Sheet,:" click on "Business Entity"
 - 4 Click inside the "create a copy" box
 - 5 Click "OK"

| (1) Line | (2) Physician Name (Last, First) | (3) Physician Specialty(s) | (4) Practices AT Location |
|-------------|--|---|---|
| | Name of Group Practice -----> Hartford HealthCare Medical Group | | |
| | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | | |
| 151 | Alicia A. Moskewy, MD | Thoracic Surgery | 85 Seymour St., Suite 409, Hartford, CT : 330 Western Blvd., Glastonbury, CT: 330 Washington St., Norwich, CT |
| 152 | Mario W. Xatipsek, MD | Hepatobiliary, Transplant & Dialysis Access Surgery | 330 Washington St., Suite 520, Norwich, CT |
| 153 | Yong Kwon, MD | Hepatobiliary, Transplant & Dialysis Access Surgery | 85 Seymour St., Suite 320, Hartford, CT |
| 154 | Beton Mareschima, MD | Hepatobiliary, Transplant & Dialysis Access Surgery | 85 Seymour St., Suite 320, Hartford, CT |
| 155 | Caroline Kochon, MD | Director/Transplantation Program | 85 Seymour St., Suite 320, Hartford, CT |
| 156 | Patricia Steiner, MD - Section Div Chief/HH | | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:1100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington , CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 157 | Jared M. Binnick, MD | Urologic Surgery | #REF! |
| 158 | Aburan D'Amato, MD R. James Graydon, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:1100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington , CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 159 | Howard I. Hochman, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:1100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington , CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 160 | Richard Kershner, MD | Urologic Surgery (Ter Diem) | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:1100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington , CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 161 | Stuart S. Kessler, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:1100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington , CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 162 | | | |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
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 - 4 Click inside the "create a copy" box
 - 5 Click "OK"

| (1) Line | (2) Physician Name (Last, First) | (3) Physician Specialty(s) | (4) Practices AT Location |
|----------|--|----------------------------|---|
| | Name of Group Practice -----> Hartford HealthCare Medical Group | | |
| | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | | |
| 163 | Anoop M. Memrey, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 164 | Jeffrey H. Morgenstern, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 165 | Steven J. Shickman, MD - Clinical Chief/HH | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 166 | Arthur E. Tarantino, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 167 | Joseph R. Wagner, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 168 | Richard Fraser, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 169 | Anthony Quinn, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 170 | Steven Schoenberger, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 171 | David Crawley, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 172 | Anthony Disicenna, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 173 | David Rosenber, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 174 | Thomas Soley, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 175 | Ryan P. Dorin, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 176 | Richard Karsten, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |
| 177 | Richard Allen, MD | Urologic Surgery | 85 Seymour St., Suite 416, Hartford, CT:339 West Main St.Avon, CT:100 Hazard Ave.Enfield, CT:399 Farmington Ave.Farmington, CT:330 Western Blvd.Glastonbury, CT:201 North Mountain Rd.Plainville, CT:65 Memorial Dr.West Hartford, CT |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
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|--|-------------------------------------|--|--|
| Name of Group Practice> Hartford HealthCare Medical Group | | | |
| | | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | |
| 178 | Ryan P. Dorin, MD | Urologic Surgery | 455 Lewis Ave., Suite 210, Meriden, CT |
| 179 | Paul Pys, MD | Urologic Surgery | 455 Lewis Ave., Suite 210, Meriden, CT |
| 180 | Douglas Vias, MD | Urologic Surgery (Per Diem) | 455 Lewis Ave., Suite 210, Meriden, CT |
| 181 | Jean F. Wong, MD | Peripheral Vascular & Endovascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave. Enfield, CT; 399 Farmington Ave. Farmington, CT; 330 Western Blvd. Glastonbury, CT; 201 North Mountain Rd. Plainville, CT; 164 Oirobando Ave., Norwich, CT; 455 Lewis Ave., Meriden, CT |
| 182 | James J. Gallagher, Jr., MD | Peripheral Vascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave. Enfield, CT; 399 Farmington Ave. Farmington, CT; 330 Western Blvd. Glastonbury, CT; 201 North Mountain Rd. Plainville, CT; 164 Oirobando Ave., Norwich, CT; 455 Lewis Ave., Meriden, CT |
| 183 | James J. Gallagher III, MD | Vascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave. Enfield, CT; 399 Farmington Ave. Farmington, CT; 330 Western Blvd. Glastonbury, CT; 201 North Mountain Rd. Plainville, CT; 164 Oirobando Ave., Norwich, CT; 455 Lewis Ave., Meriden, CT |
| 184 | Akhillesh K. Jain, MD | Vascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave. Enfield, CT; 399 Farmington Ave. Farmington, CT; 330 Western Blvd. Glastonbury, CT; 201 North Mountain Rd. Plainville, CT; 164 Oirobando Ave., Norwich, CT; 455 Lewis Ave., Meriden, CT |
| 185 | Parth Shah, MD | Vascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave. Enfield, CT; 399 Farmington Ave. Farmington, CT; 330 Western Blvd. Glastonbury, CT; 201 North Mountain Rd. Plainville, CT; 164 Oirobando Ave., Norwich, CT; 455 Lewis Ave., Meriden, CT |
| 186 | Mary H. Windels, MD | Peripheral Vascular & Endovascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 100 Hazard Ave. Enfield, CT; 399 Farmington Ave. Farmington, CT; 330 Western Blvd. Glastonbury, CT; 201 North Mountain Rd. Plainville, CT; 164 Oirobando Ave., Norwich, CT; 455 Lewis Ave., Meriden, CT |
| 187 | | | |

Hospitals, Hospital Systems, and Group Practices with 30 or more physicians
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|----------|--|---|---|
| | Name of Group Practice -----> Hartford HealthCare Medical Group | | |
| | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | | |
| 188 | Parth Shah, MD | Vascular Surgery | |
| 189 | James J. Gallagher, Jr. MD | Peripheral Vascular Surgery | 85 Seymour St., Suite 409, Hartford, CT; 201 North Mountain Rd., Suite 201, Plainville, CT; 455 Lewis Ave., Meriden, CT |
| 190 | James J. Gallagher III, MD | Vascular Surgery | 455 Lewis Ave., Suite 203, Meriden, CT |
| 191 | Ashlesh K. Jain, MD | Vascular Surgery | 455 Lewis Ave., Suite 203, Meriden, CT |
| 192 | Alyssa Chiu, DO | Herdiclie Medicine | 1280 Slias Deane Hwy/Neurosciences Center, Floor 1, Wethersfield, CT |
| 193 | Alfred Daler, MD, PhD | Medical Director, Neuro-Oncology (EFF #11/2017) | 85 Seymour Street, Suite 709, Hartford, CT |
| 194 | Anr. Aref, MD | Cardiology | 164 Olrobando Ave, Norwich, CT |
| 195 | Brian M. Goshberg, MD | Director/HHC Headache Program | 1280 Slias Deane Hwy/Neurosciences Center, Floor 1, Wethersfield, CT |
| 196 | Duane Mashuda, MD | Assoc. Director/Movement Disorders | 35 Talcoville Road, Suite 6, Vernon, CT |
| 197 | Elinia Kamin, MD | Cardiology | 5 Founders Street, Suite 102, Williamtic, CT |
| 198 | Brian Beth Foy, MD | Endocrinology | 408 Farmington Ave., Farmington, CT |
| 199 | Prof. Al Khayer, MD | Endocrinology | 1244 Storrs Road, Storrs, CT |
| 200 | Frank Santoro, MD | Dermatology | 1781 Highhand Avenue, Suite 108, Cheshire, CT |
| 201 | Gary Tansino, MD | Director/Cancer Services | 455 Lewis Ave., Suite 220, Meriden, CT |
| 202 | Gerard Forno, DO | Medical Oncology/Hematology | 455 Lewis Ave., Suite 220, Meriden, CT |
| 203 | Helen Anesola, MD | Endocrinology | 408 Farmington Ave., Farmington, CT |
| 204 | Henry Ward, MD | Cardiology | 55 Meriden Ave., Suite 2A Southington, CT |
| 205 | Jeffrey Gordon, MD | Medical Oncology/Hematology | 196 Parkway South, Suite 303, Waterford, CT |
| 206 | John Foley, MD | Cardiovascular Services | 164 Olrobando Ave, Norwich, CT |
| 207 | Joy Antonie de Marcada, MD | Medical Director/HHC Movement Disorders | 35 Talcoville Road, Suite 6, Vernon, CT |
| 208 | Justin Montano, MD | Neurology | 455 Lewis Ave., Suite 221, Meriden, CT |
| 209 | Lisa Carter, MD | Cardiovascular Services | 37 Kennedy Drive, Ste A, Putnam, CT |
| 210 | Mark Frenco, DO | Cardiology | 164 Olrobando Ave, Norwich, CT |
| 211 | Mark Frenco, DO | Cardiology | 5 Founders Street, Suite 102, Williamtic, CT |
| 212 | Mark Fritschler, MD | Cardiology (Medical LOA EFF#11/16) | 5 Founders Street, Suite 102, Williamtic, CT |
| 213 | Mariela Schwartz, MD | Pulmonary Medicine | 112 Mansfield Avenue, Williamtic, CT |
| 214 | Mary Friesell, MD | Cardiovascular Services | 37 Kennedy Drive, Ste A, Putnam, CT |
| 215 | Michael Lahey, MD | Endocrinology | 100 Hazard Ave., Suite 101 Enfield, CT ; 1589 Sullivan Ave., South Windsor, CT |

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December 29, 2016
HHC Physicians Care Inc., dba Hartford HealthCare Medical Group
Hospital System

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|--------------------------------------|----------------------------------|--|---|
| Name of Group Practice -----> | | | |
| | | Hartford HealthCare Medical Group | |
| | | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. | |
| 216 | Milijest Govil, MD | Medical Oncology/Hematology (Terminating 1/17/17) | 196 Parkway South, Suite 303, Waterford, CT |
| 217 | Nicholas Fornica, MD | Rheumatology | 222 Pine Street, Suite 104 Bristol, CT |
| 218 | Philip A. Michaelzi, Jr, MD | Neurology | 35 Meriden Ave #1 D Southington, CT |
| 219 | Rajani Naskhani, MD | Medical Oncology/Hematology | 455 Lewis Ave., Suite 220, Meriden, CT |
| 220 | Robert J. Bunck, MD | Pulmonary Medicine/Sleep Medicine | 112 Mansfield Avenue, Williamantic, CT |
| 221 | Suad Deglin, MD | Cardiology | 326 Washington Street, Norwich, CT |
| 222 | Sajid Nain, MD | Neurology (Per Diem/Hospital Only) | 455 Lewis Ave., Suite 220, Meriden, CT |
| 223 | Susan Alsmann, MD | Medical Oncology/Hematology | 196 Parkway South, Suite 303, Waterford, CT |
| 224 | Valmaria Ramos, MD | Medical Oncology/Hematology | 196 Parkway South, Suite 303, Waterford, CT |
| 225 | William Bradbury, MD | Cardiovascular Services | 37 Kennedy Drive, Ste A, Pulham, CT |

Hospitals, Hospital Systems and Group Practices with 30 or more physicians
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Date of Filing ----- 29-Dec-16
Full Legal Name of Entity Reporting ----- HHC PhysiciansCare, Inc. dba Hartford HealthCare Medical Group
Type of Provider Reporting (see options below) -- Hospital System

If more than one Group Practice is being reported, please follow the instructions below to add additional tabs.

- 1
- 2
- 3
- 4
- 5

| (1) | (3) | (6) |
|------|---|--|
| Line | Location | Description of services at this location |
| | | When user clicks into a cell below, a dropdown box appears allowing the user to enter multiple services. Users must select one service at a time when entering services. |
| 1 | 100 Hazard Avenue, Suite 101, Enfield, CT 06082 | Family Medicine, Urgent Care, Endocrinology, Surgical Oncology, Breast Care Center |
| 2 | 100 Hazard Avenue, Suite 206, Enfield, CT 06082 | Breast, Bariatric, Laparoscopic & General Surgery, Podiatry, Urology, Vasular Surgery |
| 3 | 100 Simsbury Road Suite 203 Avon, CT 06001 | Primary Care, Urgent Care, General Surgery, Neurosurgery, Surgical Oncology |
| 4 | 1025 Silas Deane Highway, Wethersfield, CT 06109 | Primary Care, Urgent Care, Occupational Medicine, Podiatry, Surgical Oncology |
| 5 | 1060 Day Hill Road, Windsor, CT 06095 | Family Medicine, Urgent Care, Occupational Medicine |
| 6 | 1064 East Main Street, Suite 302, Meriden, CT 06450 | Otolaryngology |
| 7 | 11 South Road Suite 130, Farmington, CT 06032 | Bariatric Surgery & General Surgery |
| 8 | 112 Mansfield Avenue, Willimantic, CT 06226 | Neurology & Pulmonary Disease |
| 9 | 1244 Storrs Road, Storrs, CT 06268 | Family Medicine, Urgent Care, Endocrinology |
| 10 | 1559 Sullivan Avenue, South Windsor, CT 06074 | Family Medicine, Urgent Care, Endocrinology, Bariatric, Laparoscopic & General Surgery, Breast Surgery, Neurosurgery, Podiatry, Surgical Oncology |
| 11 | 164 Otrobondo Avnue, Norwich, CT 06360 | Cardiology, Cardiology, Vascular |
| 12 | 1776 Boston Turnpike, Coventry, CT 06238 | Internal medicine |
| 13 | 1781 Highland Avenue, Suite 106, Cheshire, CT 06410 | Internal Medicine, Dermatology |
| 14 | 22 Pine Street, Suite 104, Bristol, CT 06010 | Family Medicine, Urgent Care, Rheumatology, Bariatric & General Surgery, Urology |
| 15 | 23A Liberty Drive, Hebron, CT 06248 | Family practice |
| 16 | 256 North Main Street, Manchester, CT 06042 | Primary Care, Urgent Care, Occupational Medicine, Bariatric, Laparoscopic & General Surgery, Colorectal, Surgical Oncology |
| 17 | 29 Haynes Street, Manchester, CT 06042 | Podiatry |
| 18 | 330 Washington Street, Suite 520 Norwich, CT 06360 | Thoracic surgery |
| 19 | 330 Western Boulevard, 2nd Floor, Glastonbury, CT 06033 | Bariatric, Laparoscopic & General Surgery, Podiatry, Breast Surgery, Colorectal, Urology, Vassular Surgery |
| 20 | 330 Western Boulevard, Glastonbury, CT 06033 | Plastic and reconstructive surgery, Thoracic Surgery, Podiatry |
| 21 | 336 North Main Street, West Hartford, CT 06117 | Primary Care, Urgent Care |
| 22 | 339 West Main Street Avon, CT 06001 | Family Medicine, Urgent Care, Occupational Medicine, Podiatry, Urology |

CERTIFICATE OF INCORPORATION

OF

HHC PHYSICIANS CARE, INC.

The undersigned Incorporator hereby forms a medical foundation pursuant to Chapter 594b of the Connecticut General Statutes, and for that purpose, hereby states as follows:

1. The name of the foundation is "**HHC PhysiciansCare, Inc.**" (the "Foundation").

2. The Foundation is organized and shall be operated exclusively for charitable, scientific, literary or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). The Foundation shall be operated as a component part of the integrated health care delivery system of which the parent is Hartford HealthCare Corporation. The nature and activities to be conducted, or the purposes to be promoted or carried out by the Foundation, are as follows:

(a) to practice medicine and provide health care services to the public as a medical foundation through employees or agents of the Foundation who are licensed pursuant to Section 20-9 of the Connecticut General Statutes and through other providers; and

(b) in furtherance of the foregoing, to engage in any lawful acts and activities consistent with the foregoing for which corporations may be formed under Chapter 594b of the Connecticut General Statutes, as the same may be amended and, to the extent not inconsistent with Chapter 594b of the Connecticut General Statutes, as the same may be amended, under Chapter 602 of the Connecticut General Statutes, as the same may be amended.

3. The Foundation is nonprofit and shall not have or issue shares of stock or make distributions.

4. The Foundation shall have a single member, namely, Hartford HealthCare Corporation, a Connecticut nonstock corporation (the "Member"). The Member shall have the sole power to: (i) elect directors of the Foundation ("Directors"); (ii) remove Directors with or without cause; and (iii) adopt and amend the Bylaws of the Foundation (the "Bylaws"), and shall have such other rights, powers and responsibilities as are accorded to members under Connecticut law, this Certificate of Incorporation or the Bylaws.

5. The Foundation shall operate under the management of its Board of Directors (the "Board"). The initial Board shall be appointed by the Incorporator.

Thereafter, Directors shall be elected by the Member as provided in the Bylaws of the Foundation. The Bylaws shall prescribe the number, qualifications and manner of election of

Directors. In the event a Director ceases to be in office, the Board shall fill the vacancy caused thereby until the next annual meeting of the Member of the Foundation held for the purpose of electing Directors. The Bylaws may provide that persons occupying certain positions within or without the Foundation shall be ex-officio Directors of the Board who may vote and be counted in determining a quorum. As may be further provided in the Bylaws, the terms of elected Directors of the Board may be staggered by dividing the Directors into up to three (3) groups so that approximately an equal number of such Directors have terms that expire each year.

6. Notwithstanding any other provision of this Certificate of Incorporation, the Foundation shall not have any purposes or carry on any activities not permitted to be carried on: (a) by an organization exempt from federal income tax under Section 501(a) of the Internal Revenue Code of 1986, as amended (the "Code") as an organization described in Section 501(c)(3) of the Code; or (b) by an organization, contributions to which are deductible under Section 170(c)(2) of the Code.

7. The net earnings of the Foundation or any part thereof may not be distributed to or inure to the benefit of any private individual or a Director or officer of the Foundation. However, nothing herein shall restrict the right of the Foundation to reasonably compensate any officer, Director or other individual for services rendered to the Foundation or to reimburse any officer, Director or other individual for expenses, disbursements or liabilities properly made or incurred, on account of that individual's service to the Foundation.

8. A substantial part of the activities of the Foundation shall not consist of carrying on propaganda or attempting to influence legislation. The Foundation may not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

9. Upon dissolution of the Foundation, the Board shall dispose of and distribute the assets remaining, after payment of all liabilities, exclusively for the purposes of the Foundation, to the Member exclusively for its charitable, scientific, literary or educational purposes, provided the Member shall be then exempt from federal taxation as an organization described in Section 501(c)(3) of the Code. If the Member shall not be so qualified as an organization described in Section 501(c)(3) of the Code, then the Board shall dispose of and distribute the assets remaining, after payment of all liabilities, exclusively for the charitable, scientific, literary or educational purposes of the Foundation, to one or more organizations as shall then be exempt from federal taxation as an organization or organizations described in Section 501(c)(3) of the Code, in such proportions and amounts and in such manner as the Board shall determine. No part of the Foundation's assets shall ever be distributed to its Directors or officers, or inure to the benefit of any private individual.

10. The personal liability of a Director of the Foundation to the Foundation for monetary damages for breach of duty as a Director of the Foundation shall be limited to the fullest extent permitted by the Connecticut Revised Nonstock Corporation Act, Chapter 602 of the Connecticut General Statutes (the "Act"), or any other applicable laws presently or hereafter in effect. Without limiting the effect of the preceding sentence, no Director of the Foundation shall be personally liable to the Foundation for monetary damages for breach of duty as a

Director of the Foundation in an amount greater than the compensation received by the Director for serving the Foundation during the year of the violation if such breach did not: (i) involve a knowing and culpable violation of law by the Director; (ii) enable the Director, or an associate, as defined in Section 33-840 of the Connecticut General Statutes, to receive an improper personal economic gain; (iii) show a lack of good faith and a conscious disregard for the duty of the Director to the Foundation under circumstances in which the Director was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Foundation; or (iv) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the Director's duty to the Foundation. No amendment to, or modification or repeal of, this Article 10 shall adversely affect any right or protection of a Director of the Foundation existing hereunder with respect to any act or omission occurring prior to such amendment, modification or repeal. Nothing contained in this Article 10 shall be construed to deny to the Directors of the Foundation the benefit of Section 52-557m of the Connecticut General Statutes as in effect at the time of the violation.

11. The Foundation shall indemnify a Director for a liability, as defined in Section 33-1116(5) of the Act, to any person for any action taken, or any failure to take any action, as a Director, except a liability that: (i) involved a knowing and culpable violation of law by the Director; (ii) enabled the Director or an associate, as defined in Section 33-840 of the Connecticut General Statutes, to receive an improper personal gain; (iii) showed a lack of good faith and a conscious disregard for the duty of the Director to the Foundation under circumstances in which the Director was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Foundation; or (iv) constituted a sustained and unexcused pattern of inattention that amounted to an abdication of the Director's duty to the Foundation.

In addition to the foregoing, the Foundation shall provide to its Directors and officers the full amount of indemnification that the Foundation is permitted to provide to such Directors and officers pursuant to Sections 33-1116 to 33-1124, inclusive, of the Act or any other applicable laws presently or hereafter in effect. Expenses (including attorneys' fees) incurred by a Director or officer in defending a civil, criminal, administrative or investigative action, suit or proceeding shall be paid by the Foundation in advance of the final disposition of such action, suit or proceeding upon receipt of both: (i) a written affirmation by such officer or Director of his or her good faith belief that he or she has met the relevant standard of conduct under the Act or that the proceeding involves conduct for which liability has been limited under Article 10 of this Certificate of Incorporation; and (ii) an undertaking by or on behalf of such Director or officer to repay such amount if it shall ultimately be determined that such Director or officer is not entitled to be indemnified by the Foundation as authorized in this Article 11. Such expenses (including attorneys' fees) incurred by other employees and agents may be so paid upon such terms and conditions, if any, as the Board deems appropriate. The indemnification and advancement of expenses provided by, or granted pursuant to, this Article 11 shall not be deemed exclusive of any other rights to which those seeking indemnification or advancement of expenses may be entitled under any bylaw, agreement, vote of disinterested Directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such office.

12. The Foundation will not engage in any act of self-dealing as defined in Section 4941(d) of the Code, retain any excess business holdings as defined in Section 4943(c) of the Code, make any investments in a manner as to subject the Foundation to tax under Section 4944 of the Code, or make any taxable expenditures as defined in Section 4945(d) of the Code, and the Foundation will distribute its income for each tax year at a time and in a manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code.

13. References in this Certificate of Incorporation to sections of the Connecticut General Statutes shall be deemed to include amendments adopted from time to time to such sections and shall further be deemed to include any successor sections thereto and references to a section of the Code shall be construed to refer both to such section and to the regulations promulgated thereunder, as they now exist or may hereafter be amended.

14. The Foundation's Registered Office in the State of Connecticut is in care of Hartford HealthCare Corporation, 80 Seymour Street, Hartford, Connecticut 06102-5037.

15. The Foundation's Registered Agent is Winship Service Corporation, whose business address is in care of Shipman & Goodwin LLP, One Constitution Plaza, Hartford, Connecticut 06103-1919.

16. The Foundation's sole Incorporator is Michele B. Bush, whose address is in care of Hartford HealthCare Corporation, 80 Seymour Street, Hartford, Connecticut 06102-5037.


I hereby declare, under the penalties of false statement, that the statements made in the foregoing certificate are true.

Dated at Hartford, Connecticut, this 10th day of January, 2012.


Michele B. Bush, Incorporator

The foregoing designation as Registered Agent for HHC PhysiciansCare, Inc. is hereby accepted:

Winship Service Corporation

By: 
Patricia B. Chouinard, Secretary

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,
this 29th day of February A.D. 2012



SECRETARY OF THE STATE *reg*

BYLAWS
OF
HHC PHYSICIANS CARE, INC.

ARTICLE 1

NAME AND PURPOSES

1.1 Name. The name of the medical foundation is HHC PhysiciansCare, Inc. (the "Foundation").

1.2 Purpose. The Foundation is organized and shall be operated exclusively for religious, charitable, scientific, literary or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), which purposes are set forth in the Foundation's Certificate of Incorporation, as the same may be amended from time to time. The Foundation's primary purpose is to practice medicine and provide health care services to the public as a medical foundation, pursuant to Chapter 594b of the Connecticut General Statutes, within the health care delivery system (the "System") administered by Hartford HealthCare Corporation.

1.3 Definitions. The following terms used in these Bylaws shall have the following meanings:

(a) "Act" shall mean the Connecticut Revised Nonstock Corporation Act, as amended from time to time.

(b) "Certificate of Incorporation" shall mean the Foundation's certificate of incorporation, as the same may be amended from time to time.

(c) "Foundation's President and CEO" shall mean the President and Chief Executive Officer of the Foundation.

(d) "Member" shall mean the Hartford HealthCare Corporation.

(e) "Subsidiary" or "Subsidiaries" shall mean any entity directly or indirectly controlled by the Foundation. "Control" means the possession, directly or indirectly, of the power to direct or cause the direction of the management or policies of an entity, whether through the ability to exercise voting power by contract or otherwise. "Controlled" or "Controlling" have correlative meanings.

(f) "System" shall mean the comprehensive and integrated health care delivery system operated by the Member.

ARTICLE 2

MEMBERSHIP

2.1 Members. The Foundation shall have a single member, namely, Hartford HealthCare Corporation.

2.2 Member's Rights and Powers: In addition to any other rights and powers which the Member may have under law, under these Bylaws or under the Certificate of Incorporation, the Member shall have the right and power to:

(a) Approve the objectives, including but not limited to annual scorecard targets and initiatives, core values, and strategic and financial plans of the Foundation, including but not limited to approving capital and operating budgets;

(b) Approve the mission of the Foundation;

(c) Approve the vision of the Foundation;

(d) Approve the Foundation's formation or acquisition of any direct or indirect Subsidiaries, joint ventures or affiliations;

(e) Approve the Certificate of Incorporation and Bylaws of the Foundation and any amendments thereto or restatements thereof;

(f) Approve the Foundation's governance documents and any amendments thereto or restatements thereof;

(g) Appoint and remove with or without cause all directors ("Directors") and officers for the Foundation and determine the committee structure for the Foundation, including but not limited to appointing individuals to fill vacancies on the Foundation's Board of Directors ("Board");

(h) Approve all core competencies and qualifications required for selection of the Board;

(i) Approve any guidelines for centralized accounting or debt management programs for the System, establish any debt limits under such programs, approve any variances from such guidelines and set specific limits for the Foundation, and obligate the Foundation to incur debt within such guidelines;

(j) Approve all projects or transactions involving the expenditure of funds or divestiture of assets of the Foundation, subject to any established guidelines;

(k) Approve the spectrum of services offered by the Foundation and approve the introduction or termination of any service, including without limitation the filing of any application for a certificate of need with the State of Connecticut;

(l) Approve the sale, transfer or substantial change in the use of all or substantially all of the assets of the Foundation, the divestiture, dissolution and/or disposition of assets, closure, merger, consolidation or change in corporate membership or ownership, or corporate reorganization of the Foundation or any Subsidiary of the Foundation;

(m) Approve the Foundation's use, management and investment of its permanent and temporarily restricted endowment funds;

(n) Approve the Foundation's entering into any settlement agreement or consent decree with any state or federal government authorities;

(o) Accept evaluations submitted by the Board, with respect to the performance of the Board, the chair of the Board (the "Chair") and the vice chair of the Board (the "Vice Chair");

(p) Delegate to the Member's President and Chief Executive Officer (the "Member's President and CEO") the Member's powers of review or approval of actions on matters related to the Foundation to the extent permitted by law, the Certificate of Incorporation and these Bylaws; and

(q) Take such other actions and steps as maybe necessary to maintain the long-range financial strength and viability of the Foundation.

2.3 Manner of Acting. In the exercise of its powers, the Member may act through the Member's President and CEO or such other officer duly designated by the Member, acting through the Member's board of directors. The Member's President and CEO or duly designated officer shall have the full power and authority to act on behalf of the Member, to vote in person or by proxy on behalf of the Member, and to take all other actions as the Member may be authorized to take by law, the Certificate of Incorporation or these Bylaws. All action of the Member may be taken by written consent in lieu of a meeting, including in lieu of the annual meeting of the Member for the election of Directors.

ARTICLE 3

BOARD OF DIRECTORS

3.1 Powers and Duties, Functions. The property and affairs of the Foundation shall be managed and conducted by the Board which may authorize and direct the Foundation to exercise all such powers and do all such things as may be exercised or done by the Foundation but subject nevertheless to the provisions of the Foundation's Certificate of

Incorporation, these Bylaws, the laws of the State of Connecticut and the laws of the United States of America.

Without limiting the foregoing, the Board shall have the power to:

(a) Consult with the Member on the Foundation's objectives, including but not limited to annual scorecard targets and initiatives, core values and strategic and financial plans of the Foundation, including but not limited to capital and operating budgets, subject to the recommendation of the Member's President and CEO;

(b) Recommend the Foundation's mission to the Member after consultation with the Member's President and CEO;

(c) Recommend the Foundation's vision to the Member upon the recommendation of the Member's President and CEO;

(d) Consult with the Member on the formation or acquisition by the Foundation of any new direct or indirect Subsidiaries, joint ventures or affiliations;

(e) Recommend to the Member changes to the Foundation's Certificate of Incorporation and Bylaws upon the recommendation of the Member's President and CEO;

(f) Recommend to the Member changes to the Foundation's governance documents after consultation with the Member's President and CEO;

(g) Recommend to the Member nominations for and removal of Directors and officers of the Foundation;

(h) Approve any incurrence or assumption of debt by the Foundation in accordance with the guidelines for accounting and debt management programs established by the Member;

(i) Approve all projects or transactions involving the expenditure of funds or divestiture of assets of the Foundation, subject to any guidelines established by the Member;

(j) Recommend the Foundation's introduction or termination of any service and the filing on any application for a certificate of need with the State of Connecticut, subject to the approval of the Member;

(k) Consult with the Member on the sale, transfer or substantial change in use of all or substantially all of the assets of the Foundation, the divestiture, dissolution and/or disposition of assets, closure, merger, consolidation, change in corporate membership or ownership or corporate reorganization of the Foundation or any Subsidiary of the Foundation, each with the recommendation of the Member's President and CEO;

(l) Approve the Foundation's entering into any settlement agreement or consent decree with any state or federal governmental authorities;

(m) Evaluate the Foundation's Board performance, including the performance of the Chair and the Vice Chair for submission to the Member;

(n) Consult with the Member's President and CEO on the appointment and removal of the Foundation's President and CEO;

(o) Consult with the Member's President and CEO or the Member's Chair on the annual performance objectives, performance and compensation of the Foundation's President and CEO;

(p) Approve actions with respect to the privileges and credentials of members of the Foundation's medical staff in accordance with state and federal law, applicable accreditation standards, and Member-created System guidelines;

(q) Approve quality and patient safety programs and initiatives for the Foundation subject to the same that Member created for the System;

(r) Oversee and approve the Foundation's programs to assure corporate and regulatory compliance; and

(s) Oversee and approve the Foundation's community needs assessments and community initiatives.

3.2 Election, Number, Term of Office, Class and Term Limits.

(a) **Election.** The Board may recommend to the Member individuals who meet the core competencies and qualifications recommended by the Member to serve as Directors and officers of the Foundation. The Member shall annually elect individuals to the Board from among candidates recommended by the Member's Nominating and Governance Committee. The Member may elect Directors to serve on the Foundation's Board at other special or regular meetings of the Foundation for the purpose of increasing the size of the Board or to fill vacancies on the Board.

(b) **Number.** The Board shall consist of not fewer than three (3) nor more than eleven (11) Directors, inclusive of any ex-officio Directors. Subject to the foregoing, the actual number of Directors serving at any given time shall be determined by the Member.

(c) **Manner of Election; Term of Office.** The Directors shall be elected by the Member annually. The Directors so elected annually shall hold their offices for a term of one year to expire at the next annual meeting after their election and until others shall be elected or appointed in their places. A Director elected at any other meeting or time to fill a vacancy shall hold office only for the unexpired term, unless elected to continue to fill additional terms.

(d) **Term Limits.** There shall be a limit of nine (9) consecutive full terms which an individual may serve as a Director. Any Director who shall serve for nine (9) consecutive full terms shall not be eligible for election to a further term or terms until the annual meeting of the

Board immediately following the expiration of such ninth successive full term. The Member may waive the above term limit to permit a Director to serve as Board Chair and/or Board Vice Chair, provided such waiver shall be for not more than one (1) additional year to an existing term. Notwithstanding the foregoing, (i) a Director's term shall end upon his or her death, resignation, or removal as provided in these Bylaws; and (ii) a Director of the Foundation who has served for nine (9) consecutive full terms will be immediately eligible for appointment to the board of any one of the health care entities which comprise the System.

(e) **Ex-Officio Directors.** The Foundation's President and CEO shall serve ex-officio on the Board, and shall have a vote and be counted for quorum purposes. An ex-officio Director shall cease to be a Director immediately and automatically upon ceasing to hold the office from which his or her ex-officio status derives, without the need for any action by the Member, the Foundation or its Directors.

(f) **Board Competencies and Qualifications.** The Foundation shall have a written policy approved by the Member with respect to the qualifications and core competencies for the selection of the persons appointed to the Board.

(g) **Special Requirements for Board.** The Board shall ensure that: (i) in the event that there are employees of the Member serving as Directors on the Board at any time who are not physicians, there shall be at least an equal number of physicians serving as Directors on the Board; and (ii) in the event that the Member's President and CEO is not a Director serving on the Board, he or she shall at all times be an invited guest at the Board meetings, with attendance at such Board meetings to be left to the sole discretion of the Member's President and CEO.

3.3 Board Meetings. The Board shall hold a maximum of six (6) regular meetings each year, one of which shall also serve as its annual meeting. All meetings, annual, regular or special, shall be held at such place or places within or without the State of Connecticut as the Board may from time to time by resolution determine or as shall be specified or fixed in the notice or waiver of notice thereof.

(a) **Annual Meetings.** An annual meeting of the Board for the transaction of such business as may properly come before the Board shall be held following the annual meeting of the Member of the Foundation in each year, at such time and place as shall be determined by the Board.

(b) **Regular Meetings.** Regular meetings of the Board shall be held at such times as shall be specified in a resolution adopted by the Board then in effect, or if there shall not be any such resolution then in effect, as shall be specified in a notice of such meeting.

(c) **Special Meetings.** Special meetings of the Board shall be held whenever called by the Board Chair, by the Foundation's President and CEO, by the Member, or by at least two (2) of the Directors then in office.

(d) **Notice.** At least two (2) days' written, oral or electronic notice of each special meeting stating the time and place of the meeting shall be given to each Director by the Foundation's President and CEO or by the Secretary, or in the case of a special meeting that has been called by the Directors, by the Directors calling the meeting. Except as otherwise provided in these Bylaws or as otherwise required by law, neither the business to be transacted at, nor the purpose of any special meeting of the Board, need be specified in the notice or waiver of notice of such meeting.

(e) **Waiver of Notice.** The attendance of a Director at any meeting without protesting prior to the commencement of the meeting the lack of proper notice shall be deemed to be a waiver by him or her of notice of such meeting.

(f) **Telephonic Participation at a Board Meeting.** Directors may participate in a meeting of the Board by use of a conference telephone or similar communications equipment which allows all persons participating in the meeting to simultaneously hear each other and to communicate with one another, and such participation in a meeting shall constitute presence in person at such meeting.

(g) **Quorum.** A majority of the number of Directors then in office shall constitute a quorum for the transaction of business.

(h) **Adjournment.** A majority of the Directors present at any meeting of the Board, including a meeting at which a quorum is not present, thereat may adjourn the meeting to another time and place. Notice of any adjourned meeting need not be given unless the meeting shall have been adjourned for more than three (3) days.

3.4 Vote Required for Action. The act of a majority of the Directors present at any meeting at which a quorum is present at the time of the act shall be the act of the Board, unless the vote of a greater or lesser proportion is otherwise required by law. If all the Directors severally or collectively consent in writing to any action taken or to be taken by the Foundation, such action shall be the act of the Board with the same force and effect as though it had been authorized at a duly called and held meeting of the Board.

3.5 Resignation. Any Director of the Foundation may resign at any time by giving written notice to the Foundation's President and CEO. In the event of a resignation of a Director without written notice, the Foundation's President and CEO shall confirm such resignation in writing. Such resignation shall take effect at the time specified therein. Unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. A vacancy on the Board thereby created shall be filled as provided in Section 3.7 hereof.

3.6 Removal. Any Director may be removed from the Board with or without cause by the Member. Such action may be taken at any annual meeting, any regular meeting or any special meeting, provided that due notice of the proposed removal shall have been duly given to the subject Director.

3.7 **Vacancies.** In the event a Director ceases to be in office, the Member shall have the power to fill the vacancy caused thereby, and the person elected to fill such vacancy shall hold office for the unexpired portion of the term of his or her predecessor.

ARTICLE 4

COMMITTEES

4.1 **Committees.** The Board may designate two (2) or more Directors, plus such additional individuals, to constitute a committee, which may be standing or *ad hoc*. The Member may designate one or more of the Foundation's Directors to chair a committee. Committees shall have and may exercise all such authority of the Board as shall be provided in resolutions of appointment, except that no such committee shall have any power or authority prohibited by law or as to the following:

- (a) filling of vacancies in the Board or any of its committees;
- (b) amending the Certificate of Incorporation;
- (c) adopting, amending or repealing these Bylaws;
- (d) amending or repealing of any resolution of the Board;
- (e) approving a plan of merger, a sale, lease, exchange or other disposition of all or substantially all of the property of the Foundation or of a proposal to dissolve the Foundation; or
- (f) acting on matters committed by these Bylaws or a resolution of the Board to the Member, or to another committee of the Board.

Except as provided in these Bylaws, members of committees and their respective chairpersons shall be appointed at the annual meeting of the Board. Committee members shall serve at the pleasure of the Board and until their successors are elected.

4.2 **Standing Committees.** There shall be a Board Governance Committee and a Quality and Credentialing Committee, and such additional standing committees as the Member may from time to time establish. Except as set forth in these Bylaws, members of committees need not be Directors of the Foundation. All chairpersons of a committee shall be Directors of the Foundation.

4.3 **Board Governance Committee.** The Board Governance Committee shall identify qualified candidates and recommend nominations for Directors, committee members, and officers of the Foundation to the Member's Nominating and Governance Committee. The Board Governance Committee shall also oversee any Board self-evaluation process. The Board Governance Committee shall also advise the Board on matters related to governance of the

Foundation, Director performance evaluation and oversight of any Director conflict of interest matters. The Board Governance Committee shall have the responsibilities and shall follow the procedures set forth in the Board Governance Committee Charter as adopted by the Board.

4.4 Quality and Credentialing Committee. The Quality and Credentialing Committee shall assist the Board by: (a) monitoring and assessing the quality of care, clinical safety, patient safety and services provided by the Foundation and its employees; (b) approving appointments and reappointments to the Foundation's medical staff as needed, between meetings of the Board; (c) ensuring that the Foundation and its employees comply with any state or federal regulatory and applicable accreditation requirements; and (d) assisting the Board with any community needs assessments that may be undertaken from time to time. The Quality and Credentialing Committee shall function as a peer review committee, as defined by Chapter 368a of the Connecticut General Statutes, as amended from time to time. Thus, proceedings of such peer review activities, including data and information gathering, analyses and reporting by authorized individuals for the primary purpose of these peer review activities, as well as minutes and other documents from meetings or portions of meetings addressing peer review, shall be privileged and confidential to the extent permitted by law. The Quality and Credentialing Committee shall have the responsibilities and shall follow the procedures set forth in the Quality and Credentialing Committee Charter as adopted by the Board.

4.5 Procedures, Actions by Committee. Subject to any charter adopted by the Board for the governance of any committee, each committee of the Board shall act in accordance with the following procedures: Each committee shall adopt a schedule of regular meetings and shall hold additional special meetings on the call of the committee chair or any two committee members. Notice of each such meeting shall be given to all committee members in the manner provided for notice of regular meetings of the Board. All members of a committee shall be entitled to participate in committee activities, and shall have full voting rights on actions taken by such committee. A majority of voting members of the committee shall constitute a quorum for all business. The act of a majority of voting members of the committee present at any meeting duly held at which a quorum is present at the time of the act shall be the act of the committee; and if less than a quorum is present at any committee meeting, a majority of the voting members of the committee present may adjourn such meeting from time to time without notice. Each committee shall keep a record of its proceedings and shall report to the Board as requested. The term of office of a committee member shall be determined by the Board. Members of a committee may be removed at any time by the Member with or without cause.

ARTICLE 5

OFFICERS

5.1 Term and Election of Officers. The Member shall elect the Foundation's Chair and Vice Chair of the Board, and such other officers as the Member may deem necessary or advisable for the efficient operation of the Foundation's affairs. The Member's President and CEO shall appoint the Foundation's President and CEO. Each officer shall hold

office for the term for which he or she is duly elected and until his or her successor shall have been duly elected and qualified. Unless otherwise provided in a resolution electing an officer, his or her term of office shall extend to and expire on the date of the next annual meeting of the Board following his or her election. However, if earlier, an officer's term shall end upon his or her death, resignation or removal as provided in these Bylaws.

5.2 Chair. The Chair shall preside at all meetings of the Board and shall have such powers and duties as from time to time may be determined by the Board. The Chair shall be selected from among the Board members.

5.3 Vice Chair. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or disability and shall assist the Chair in such duties as the Chair may from time to time assign to the Vice Chair. The Vice Chair shall be selected from among the Board members. The Vice Chair shall not automatically succeed to the position of Chair.

5.4 The Foundation's President and CEO. The Member's President and CEO shall appoint the Foundation's President and CEO and shall establish the objectives, evaluate the performance and determine the compensation for the Foundation's President and CEO. The removal of the Foundation's President and CEO shall be at the discretion of the Member's President and CEO. The Foundation's President and CEO shall be the chief executive officer of the Foundation. Subject to the powers expressly reserved to the Board or the Foundation's Member, the Foundation's President and CEO shall, in general, supervise and control all the business and affairs of the Foundation and shall have the power to sign, acknowledge and deliver on behalf of the Foundation all deeds, agreements and other formal instruments. If no Chair or Vice Chair has been appointed or in the absence of the Chair or Vice Chair, the Foundation's President and CEO shall preside at each meeting of the Board. The Foundation's President and CEO shall see that all orders and resolutions of the Board and of the committees of the Board are carried into effect. In general, he or she shall perform all duties incident to the office of President and CEO and such other duties as may from time to time be assigned to the Foundation's President and CEO by these Bylaws, by the Board, or by the Member's President and CEO. Without limiting the foregoing, the Foundation's President and CEO shall have the following powers:

- (a) Be responsible for coordinating the business affairs of the Foundation within overall System guidelines;
- (b) Recommend the objectives, including but not limited to annual scorecard targets and initiatives, core values, and strategic and financial plans of the Foundation, including but not limited to capital and operating budgets, to the Member upon consultation with the Board;
- (c) Recommend the Foundation's vision to the Member;

(d) Recommend to the Board any incurrence or assumption of debt by the Foundation in accordance with the guidelines established by the Member for the System's centralized debt management program;

(e) Identify the need for the Foundation's formation of any new legal entities, the sale, transfer or substantial change in use of all or substantially all of the assets, divestitures, dissolutions, and/or disposition of assets closures, mergers, consolidations or changes in corporate membership or ownership of the Foundation or any Subsidiary of the Foundation; and

(f) Recommend to the Member the need for the introduction or termination of any service and the filing of any application for a certificate of need with the State of Connecticut.

5.5 Treasurer. The Treasurer, if any, shall have charge and custody of and be responsible for all the funds and securities of the Foundation; he or she shall keep full and accurate accounts of assets, liabilities, receipts and disbursements and other transactions of the Foundation in books belonging to the Foundation; and he or she shall see that all moneys and other valuable effects of the Foundation are deposited or invested in the name of and to the credit of the Foundation in such banks or other financial institutions as may be designated by the Board. The Treasurer shall disburse or oversee the disbursement of the funds of the Foundation as may be ordered by the Board, taking proper vouchers for disbursements, and shall render to the Foundation's President and CEO and to the Directors at the meetings of the Board, or whenever they may require it, a statement of all his or her transactions as Treasurer and an account of the financial condition of the Foundation. In general, he or she shall perform all the duties incident to the office of Treasurer and such other duties as may from time to time be assigned to the Treasurer by the Board or by the Foundation's President and CEO.

5.6 Secretary. The Secretary shall serve all notices for the Foundation that have been authorized by the Board; keep the minutes of the meetings of the Board and the Member; be the custodian of the corporate records and of the seal of the Foundation; and in general, perform all the duties incident to the office of Secretary and such other duties as from time to time may be assigned by the Board or the Foundation's President and CEO. If the Board has not appointed a Treasurer, the Secretary shall oversee the responsibilities of the Treasurer.

5.7 Other Officers. The Member may from time to time appoint such other officers as may be deemed necessary or advisable for the efficient operation of the Foundation's affairs, each of whom shall hold office for such period, have such authority and perform such duties as the Member may from time to time determine.

5.8 Removal of Officers. Irrespective of term of office, but subject to any written contract rights or any other provisions in these Bylaws, any officer of the Foundation may be removed with or without cause at any time by the Member.

5.9 Vacancies. Except as otherwise provided in these Bylaws, if the office of the President and Chief Executive Officer, the Treasurer, the Secretary or any other officer appointed by the Member becomes vacant due to death, resignation or removal, the vacancy may be filled for the unexpired term thereof by the Member.

5.10 Resignations. Any officer of the Foundation may resign his or her office at any time by giving written notice thereof to the Foundation's President and CEO or to the Board. Such resignation shall take effect at the time specified therein, or if no time is specified therein, at the time of the receipt thereof, and the acceptance thereof shall not be necessary to make it effective.

ARTICLE 6

CONFLICT OF INTEREST

All Directors and officers of the Foundation shall be subject to and abide by the terms of the Foundation's Conflict of Interest Policy maintained on record by the Foundation, a copy of which has been provided to all Directors and officers.

ARTICLE 7

INDEMNIFICATION

7.1 Limitation of Liability. The Foundation shall, to the fullest extent permitted by law, indemnify its Directors from and against any and all of the liabilities, expenses and other matters referenced in or covered by the Act, or any other applicable laws presently or hereafter in effect. In furtherance and not in limitation thereof, the Foundation shall indemnify a Director for a liability (as defined in subdivision 4 of Section 33-1116 of the Act) to any person for any action taken, or any failure to take any action, as a Director, except a liability that (i) involved a knowing and culpable violation of law by the Director, (ii) enabled the Director or an associate (as defined in Section 33-840 of the Connecticut General Statutes) to receive an improper personal gain, (iii) showed a lack of good faith and a conscious disregard for the duty of the Director to the Foundation under circumstances in which the Director was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Foundation, or (iv) constituted a sustained and unexcused pattern of inattention that amounted to an abdication of the Director's duty to the Foundation.

7.2 Indemnification of Directors and Officers. In addition to the foregoing, the Foundation shall provide to its Directors and officers the full amount of indemnification that the Foundation is permitted to provide to such directors and officers pursuant to Sections 33-1116 to 33-1124, inclusive, of the Act or any other applicable laws presently or hereafter in effect.

7.3 Expenses. Expenses incurred by a Director or officer in defending a civil or criminal action, suit or proceeding shall be paid for or reimbursed by the Foundation to the fullest extent permitted by law in advance of the final disposition of such action, suit or proceeding upon receipt of both (i) a written affirmation by such Director or officer of his or her good faith belief that he or she has met the relevant standard of conduct under the Act or that the proceeding involves conduct for which liability has been limited under the Certificate of Incorporation or these Bylaws and (ii) an undertaking by or on behalf of such Director or officer to repay such amount if it shall be ultimately determined that such director or officer is not entitled to be indemnified by the Foundation. Such expenses (including attorneys' fees) incurred by other employees and agents of the Foundation may be so paid upon the terms and conditions, if any, as the Board of Directors deems appropriate.

7.4 Non-exclusivity. The indemnification and advancement of expenses provided for herein shall not be deemed exclusive of any other rights to which those seeking indemnification or advancement of expenses may be entitled under any bylaw, agreement, vote of disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a Director or officer and shall inure to the benefit of the heirs, executors and administrators of such a person. Notwithstanding the foregoing, the Foundation shall not provide such indemnification or advancement for expenses to the extent that such indemnification or advancement would constitute self-dealing within the meaning of section 4941(d) of the Internal Revenue Code of 1986, as amended.

7.5 Amendment or Repeal. No amendment to or repeal of this Article 7 shall apply to or have any effect on the indemnification of any Director or officer for or with respect to any acts or omissions of such Director or officer occurring prior to such amendment or repeal, nor shall any such amendment or repeal apply to or have any effect on the obligations of the Foundation to pay for or reimburse in advance expenses incurred by a Director or officer in defending any action, suit or proceeding arising out of or with respect to any acts or omissions occurring prior to such amendment or repeal.

ARTICLE 8

MISCELLANEOUS PROVISIONS

8.1 Fiscal Year. The fiscal year of the Foundation shall end on September 30 in each year.

8.2 Amendment. The Member shall have the exclusive power to make, amend or repeal the Foundation's Certificate of Incorporation or these Bylaws.

8.3 Execution of Contracts. The Board may authorize any officer or officers and any agent or agents to enter into any contract or execute any instrument in the name of, and on behalf of, the Foundation, and such authority may be general or limited to specified instances. No officer, agent or employee shall have any power or authority to bind or obligate the Foundation by any commitment, contract or engagement, or to pledge its credit or render it liable for any purpose or in any amount unless duly authorized by the Board.

8.4 Compensation for Services. The Foundation may reimburse any Director for expenses incurred in connection with fulfilling his or her duties as a member of the Board, provided that the amount of such reimbursement is reasonable and not excessive.

8.5 Notice. Any notice required or permitted to be given under these Bylaws in writing shall be deemed to have been delivered if delivered in person or if sent by United States mail, overnight delivery, telegraph (charges prepaid), facsimile or email and addressed to such person at the address shown on the records of the Foundation or the address supplied by him or her to the Foundation for the purpose of notice. If such notice is sent by mail, it shall be deemed to have been given to the person entitled thereto when deposited in the United States mail.

Dated: July 30, 2012

| Member Name | Employer |
|---------------------|-----------------------------------|
| James Cardon, MD | Integrated Care Partners |
| Jeffrey Flaks | Hartford Healthcare |
| Cara Riddle, DO | Hartford Healthcare Medical Group |
| Gerald Boisvert | Hartford Healthcare |
| Jeffrey Brown, MD | Hartford Healthcare Medical Group |
| Rocco Orlando, MD | Hartford Healthcare |
| Steven Shichman, MD | Hartford Healthcare Medical Group |
| Vince DiBattista | Hartford Healthcare |
| Jeff Cohen, MD | Hartford Healthcare Medical Group |
| James Watkins | Hartford Healthcare |
| Cynthia Heller, MD | Hartford Healthcare Medical Group |

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879en.

Name of exempt organization

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

Employer identification number

45-4456939

Name and title of officer

James Watkins
COO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|----|--------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 111,509,314. |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Hartford HealthCare Corporation to enter my PIN 06103
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [Signature] Date ▶ 8-10-16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06570306103

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Extended to August 15, 2016
Return of Organization Exempt From Income Tax
Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminating
 Amended return
 Application pending

C Name of organization
HHC PhysiciansCare, Inc.
D/B/A Hartford HealthCare Medical Group
Doing business as

D Employer identification number
45-4456939

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
80 Seymour Street

City or town, state or province, country, and ZIP or foreign postal code
Hartford, CT 06102

E Telephone number
860-696-6200

F Name and address of principal officer: **James Watkins, MD**
80 Seymour Street, Hartford, CT 06102

G Gross receipts \$ **111,509,314.**

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

H(c) Group exemption number ▶

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

J Website: ▶ **www.hartfordhealthcaremedicalgroup.com**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2012** **M** State of legal domicile: **CT**

Part I Summary

| | | | |
|-----------------------------|---|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: The Mission of Hartford HealthCare Medical Group is to put the patients first, provide | | |
| | 2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 10 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 0 |
| | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 996 |
| | 6 | Total number of volunteers (estimate if necessary) | 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 0. Current Year 0. |
| | 9 | Program service revenue (Part VIII, line 2g) | 109,744,661. 111,508,090. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -43,202. 1,224. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 109,701,459. 111,509,314. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,000. 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 109,642,619. 117,475,795. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) | 0. 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 47,428,796. 42,583,931. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 157,076,415. 160,059,726. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -47,374,956. -48,550,412. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 41,016,351. End of Year 43,888,789. |
| | 21 | Total liabilities (Part X, line 26) | 23,555,213. 32,818,786. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 17,461,138. 11,070,003. |

Part II Signature Block

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

Sign Here: Signature of officer **James Watkins, COO** Date **8-10-16**

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Mission of Hartford HealthCare Medical Group is to put patients first, provide coordinated quality care and value, and exceed the expectations of patients, providers, staff and the community that it serves.

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

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

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

4a (Code:) (Expenses \$ 52,749,605. including grants of \$) (Revenue \$ 41,703,331.)

Primary Care

The Primary Care program has 72 physicians and 39 advanced practitioners who provide primary care to a wide region within central Connecticut. Physicians have privileges at Hartford Hospital, Hospital of Central Connecticut and MidState Medical Center. The practices saw 331,150 patient visits in 2014. Our providers are credentialed in both internal and family medicine, with a commitment to providing sick visits within 24 hours.

4b (Code:) (Expenses \$ 8,421,623. including grants of \$) (Revenue \$ 6,543,408.)

The General Surgery practice has 12 surgeons and 5 advanced practitioners who provide care at Hartford Hospital, Hospital of Central Connecticut, MidState Medical Center, UCONN Health Center, and Windham Community Memorial Hospital. The group saw 23,516 visits in 2014

The Division of General Surgery at Hartford HealthCare Medical Group is a leading provider of comprehensive General Surgery resources in New England. Staffed by Board Certified General Surgeons, the practice is recognized for its expertise, quality personalized care, and experience in the use of leading-edge techniques such as minimally-invasive surgery.

4c (Code:) (Expenses \$ 16,163,756. including grants of \$) (Revenue \$ 12,221,156.)

The Urological Surgery practice has 13 surgeons and 2 advanced practitioners who provide care at Hartford Hospital, Hospital of Central Connecticut, MidState Medical Center, and UCONN Health Center. The group is active in teaching medical students and residents through 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 involved in the diagnosis and treatment, including bladder disease, incontinence and voiding dysfunction, prostate cancer diagnosis, treatment and after care, female urology and pediatric urology. Minimally invasive surgical options are available, including robotic

4d Other program services (Describe in Schedule O.) (Expenses \$ 67,921,375. including grants of \$) (Revenue \$ 51,040,195.)

4e Total program service expenses 145,256,359.

HHC PhysiciansCare, Inc.

D/B/A Hartford HealthCare Medical Group

45-4456939

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Form 990 (2014)

Part IV Checklist of Required Schedules

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

Form 990 (2014)

HHC PhysiciansCare, Inc.

D/B/A Hartford HealthCare Medical Group

45-4456939

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Form 990 (2014)

Part III Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 6, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 6% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | 1e | 1f | Yes | No |
|-----|--|-----|----|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 116 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 996 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i> | | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | |

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Part VII 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 VII

Section A. Governing Body and Management

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|--|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 10 | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | | 0 | | | | | | | | | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | | | | | | | | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | | | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | X | | | | | | | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | X | | | | | | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | X | | | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | | | |
| a The governing body? | | | | | | | | | | X | | | | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | | | | X | | | | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | | | | | | | X |

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

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

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 those available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: Ellen Liguindoli - 860-545-7188
1290 Silas Deane Highway, Wethersfield, CT 06109

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Rocco Orlando, M.D. Director, Physician | 2.00 60.00 | X | | | | | | 0. | 796,480. | 81,208. |
| (2) Jeffrey Flaks Director | 2.00 60.00 | X | | | | | | 0. | 1,120,432. | 63,630. |
| (3) Kent Stahl, M.D. Director, Physician | 60.00 | X | | | | | 466,981. | 0. | 36,097. | |
| (4) Louis Meyer, M.D. Director, Physician | 60.00 | X | | | | | 217,109. | 0. | 37,683. | |
| (5) Steven Shichman, M.D. Director, Physician | 60.00 | X | | | | | 625,692. | 0. | 48,342. | |
| (6) James Blazar Director (Thru Dec. 2015) | 2.00 60.00 | X | | | | | 0. | 741,694. | 54,686. | |
| (7) Susan Levine, M.D. Director, Physician (Thru Feb. 2015) | 60.00 | X | | | | | 106,753. | 0. | 15,636. | |
| (8) Janice Oliveri, M.D. Director, Physician (Thru Feb. 2015) | 60.00 | X | | | | | 272,131. | 0. | 42,603. | |
| (9) James Cardon, M.D. Chair, Physician | 3.00 60.00 | X | X | | | | 0. | 593,698. | 111,496. | |
| (10) Steven Hanks, M.D. Director, Vice President | 2.00 60.00 | X | X | | | | 0. | 1,266,987. | 61,233. | |
| (11) James Watkins, M.D. President | 2.00 60.00 | | X | | | | 0. | 370,489. | 39,970. | |
| (12) Charles Castiglione, M.D. Plastic Surgeon | 60.00 | | | | X | | 1,193,564. | 0. | 59,112. | |
| (13) Robert Gallagher, M.D. Cardiothoracic Surgeon | 60.00 | | | | X | | 1,093,168. | 0. | 59,857. | |
| (14) Robert Hagberg, M.D. Chair, Dept. Cardiac Surgery | 60.00 | | | | X | | 1,014,647. | 0. | 58,718. | |
| (15) Patricia Shelner, M.D. Transplant Physician | 60.00 | | | | X | | 906,975. | 0. | 53,164. | |
| (16) Orlando Delucia, M.D. Plastic Surgeon | 60.00 | | | | X | | 939,104. | 0. | 53,030. | |

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Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|---|--|----------------|--|----------------------------|--|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | | | | | | |
| | b | Membership dues | | | | | | |
| | c | Fundraising events | | | | | | |
| | d | Related organizations | | | | | | |
| | e | Government grants (contributions) | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | 2 a | Patient Care | 621110 | 111,508,090. | 111,508,090. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 111,508,090. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 224. | | 224. | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | b | Less: rental expenses | | | | |
| | | | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | | (ii) Other | 1,000. | | | | |
| | | | b | Less: cost or other basis and sales expenses | | 0. | | |
| | | | c | Gain or (loss) | | 1,000. | | |
| | d | Net gain or (loss) | | 1,000. | | 1,000. | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b | Less: direct expenses | b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| b | Less: cost of goods sold | b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See instructions. | | 111,509,314. | 111,508,090. | 0. | 1,224. | | |

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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 6,702,684. | 6,574,565. | 128,119. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 91,208,436. | 84,356,933. | 6,851,503. | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,358,577. | 5,849,891. | 508,686. | |
| 9 | Other employee benefits | 8,257,829. | 7,597,203. | 660,626. | |
| 10 | Payroll taxes | 4,948,269. | 4,552,408. | 395,861. | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 291,429. | | 291,429. | |
| b | Legal | 95,888. | | 95,888. | |
| c | Accounting | 7,350. | | 7,350. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 1,767,268. | 1,348,923. | 418,345. | |
| 12 | Advertising and promotion | 15,585. | 2,881. | 12,704. | |
| 13 | Office expenses | 2,538,550. | 1,515,347. | 1,023,203. | |
| 14 | Information technology | 3,940,050. | 3,782,734. | 157,316. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 10,344,302. | 9,361,922. | 982,380. | |
| 17 | Travel | 314,060. | 230,248. | 83,812. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 320,514. | 280,053. | 40,461. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 4,710,444. | 3,086,881. | 1,623,563. | |
| 22 | Depreciation, depletion, and amortization | 2,105,618. | 1,357,726. | 747,892. | |
| 23 | Insurance | 4,306,770. | 3,908,659. | 398,111. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | Purchase Service | 5,787,875. | 5,519,186. | 268,689. | |
| b | Medical Supplies | 4,898,759. | 4,898,759. | | |
| c | Dues, Subs & Licenses | 586,165. | 519,233. | 66,932. | |
| d | Repairs & Maintenance | 400,770. | 384,683. | 16,087. | |
| e | Other expenses | 152,534. | 128,124. | 24,410. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 160,059,726. | 145,256,359. | 14,803,367. | 0. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following BOP 98-2 (ASC 988-720)

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|--|---|--------------------|--------------------|--------------------|
| Assets | 1 | Cash - non-interest-bearing | 5,663. | 1 | |
| | 2 | Savings and temporary cash investments | 7,725,000. | 2 | 8,428,149. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 11,535,524. | 4 | 11,446,607. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 251,782. | 8 | 251,782. |
| | 9 | Prepaid expenses and deferred charges | 915,421. | 9 | 485,685. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 22,614,501. | 10a | |
| | b | Less: accumulated depreciation | 5,130,387. | 10b | |
| | 11 | Investments - publicly traded securities | 18,190,392. | 11 | 17,484,114. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 2,392,569. | 15 | 5,792,452. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 41,016,351. | 16 | 43,888,789. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 14,221,647. | 17 | 16,623,463. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 9,333,566. | 25 | 16,195,323. |
| | 26 | Total liabilities. Add lines 17 through 25 | 23,555,213. | 26 | 32,818,786. |
| Net Assets or Fund Balances | 27 | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | 17,461,138. | 27 | 11,070,003. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | 30 | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 17,461,138. | 33 | 11,070,003. | |
| 34 | Total liabilities and net assets/fund balances | 41,016,351. | 34 | 43,888,789. | |

Form 990 (2014)

HHC PhysiciansCare, Inc.

Form 990 (2014)

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Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 111,509,314. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 160,059,726. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -48,550,412. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 17,461,138. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 42,159,277. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 11,070,003. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **HHC PhysiciansCare, Inc.** Employer identification number
D/B/A Hartford HealthCare Medical Group **45-4456939**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11f that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part III 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 6, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

HHC PhysiciansCare, Inc.

Schedule A (Form 990 or 990-EZ) 2014 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

| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|-------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | 78,276,707. | 109,744,661. | 111,508,014. | 299,529,382. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | 78,276,707. | 109,744,661. | 111,508,014. | 299,529,382. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 18 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 299,529,382. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|-------------|--------------|--------------|--------------|
| 9 Amounts from line 6 | | | 78,276,707. | 109,744,661. | 111,508,014. | 299,529,382. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10a, 11, and 12.) | | | 78,276,707. | 109,744,661. | 111,508,014. | 299,529,382. |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

HHC PhysiciansCare, Inc.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 506(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

HHC PhysiciansCare, Inc.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |

HHC PhysiciansCare, Inc.

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

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

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

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

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

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

HHC PhysiciansCare, Inc.

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (I) Excess Distributions | (II) Underdistributions Pre-2014 | (III) Distributable Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **HHC PhysiciansCare, Inc.**

D/B/A Hartford HealthCare Medical Group

Employer identification number

45-4456939

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

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

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

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

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- 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) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

| | |
|---|------|
| (i) Revenue included 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 Revenue included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

HHC PhysiciansCare, Inc.

Schedule D (Form 990) 2014

D/B/A Hartford HealthCare Medical Group 45-4456939 Page 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 4,959,802. | 863,482. | 4,096,320. |
| d Equipment | | 9,720,895. | 4,257,764. | 5,463,131. |
| e Other | | 7,933,804. | 9,141. | 7,924,663. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 17,484,114. |

Schedule D (Form 990) 2014

HHC PhysiciansCare, Inc.

Schedule D (Form 990) 2014

D/B/A Hartford HealthCare Medical Group

45-4456939 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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 end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|-------------------|
| (1) Security Deposits | 53,435. |
| (2) Other Assets | 242,938. |
| (3) Insurance Receivable | 5,496,079. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 5,792,452. |

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 25.

| 1. (a) Description of liability | (b) Book value |
|---|--------------------|
| (1) Federal income taxes | |
| (2) Due to Affiliates | 7,154,171. |
| (3) Accrued Pension Plan | 664,095. |
| (4) Other Liabilities | 2,959,773. |
| (5) Accrued Malpractice Insurance | 5,417,284. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 16,195,323. |

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

Schedule D (Form 990) 2014

432053 10-01-14

HHC PhysiciansCare, Inc.

Schedule D (Form 990) 2014

D/B/A Hartford HealthCare Medical Group

45-4456939 Page 4

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.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
HHC PhysiciansCare, Inc.
D/B/A Hartford HealthCare Medical Group

Employer identification number
45-4456939

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| Central America/Caribbean | 0 | 0 | Program Services | Insurance Premiums | 3,920,312. |
| South Asia | 0 | 0 | Program Services | Indexing Services | 54,797. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 3,975,109. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 3,975,109. |

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

Schedule F (Form 990) 2014

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

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

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

3 Enter total number of other organizations or entities ▲▲

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) Yes No

HHC PhysiciansCare, Inc.

Part V Supplemental Information

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

Horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

HHC PhysiciansCare, Inc.

Employer identification number

D/B/A Hartford HealthCare Medical Group

45-4456939

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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**

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

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | X |

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

Schedule J (Form 990) 2014

HHC PhysiciansCare, Inc.
D/B/A Hartford HealthCare Medical Group 45-4456939

Schedule J (Form 990) 2014

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Rocco Orlando, M.D. Director, Physician | 0. | 0. | 0. | 37,700. | 43,508. | 877,688. | 0. |
| (2) Jeffrey Flaks Director | 704,959. | 270,040. | 145,433. | 20,800. | 42,830. | 1,184,062. | 0. |
| (3) Kent Stuhl, M.D. Director, Physician | 409,411. | 50,190. | 7,380. | 18,200. | 17,897. | 503,078. | 0. |
| (4) Louis Meyer, M.D. Director, Physician | 216,147. | 200. | 762. | 15,535. | 22,148. | 254,792. | 0. |
| (5) Steven Shiehan, M.D. Director, Physician | 612,068. | 300. | 13,324. | 18,200. | 30,142. | 674,034. | 0. |
| (6) James Blazar Director (Mru Dec. 2015) | 443,197. | 118,137. | 180,360. | 18,200. | 36,486. | 796,380. | 0. |
| (7) Susan Levine, M.D. Director, Physician (Mru Feb. 2015) | 103,845. | 0. | 2,908. | 7,469. | 8,167. | 122,389. | 0. |
| (8) Janice Oliveri, M.D. Director, Physician (Mru Feb. 2015) | 262,459. | 6,936. | 2,736. | 18,200. | 24,403. | 314,734. | 0. |
| (9) James Cardon, M.D. Chair, Physician | 442,632. | 144,696. | 6,370. | 77,862. | 33,634. | 705,194. | 0. |
| (10) Steven Hanks, M.D. Director, Vice President | 559,245. | 77,262. | 630,480. | 20,252. | 40,981. | 1,328,220. | 595,590. |
| (11) James Watkins, M.D. President | 310,763. | 40,098. | 19,628. | 14,040. | 25,930. | 410,459. | 0. |
| (12) Charles Castiglione, M.D. Plastic Surgeon | 1,026,787. | 123,594. | 43,183. | 18,200. | 40,912. | 1,252,676. | 0. |
| (13) Robert Gallagher, M.D. Cardiothoracic Surgeon | 1,047,872. | 300. | 44,996. | 18,200. | 41,657. | 1,153,025. | 0. |
| (14) Robert Hagberg, M.D. Chair Dept. Cardiac Surgery | 920,798. | 89,300. | 4,549. | 18,200. | 40,518. | 1,073,365. | 0. |
| (15) Patricia Sheiner, M.D. Transplant Physician | 826,066. | 50,300. | 30,609. | 18,200. | 34,964. | 960,139. | 0. |
| (16) Orlando DeLuca, M.D. Plastic Surgeon | 803,585. | 113,177. | 22,342. | 18,200. | 34,830. | 992,134. | 0. |

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

Schedule J (Form 990) 2014

45-4456939

Page 3

Part I Supplemental Information

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

Part I, Line 3:

The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of HHC PhysiciansCare Inc., hires an outside consultant, Integrated Healthcare Strategies, a division of Gallagher Benefit Services, Inc., to determine best practices in governing executive compensation. Please refer to compensation narrative reported on Schedule O.

Part I, Lines 4a-b:

Hartford Healthcare Corporation, a related organization, maintains a 457(f) plan. Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels that are reported by HHC PhysiciansCare, Inc. on Form 990, Part VII. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause or upon reaching age 65. Each participant ceases to be eligible for further

HHC PhysiciansCare, Inc.

D/B/A Hartford HealthCare Medical Group

45-4456939

Page 3

Schedule J (Form 990) 2014

Supplemental Information

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

contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service.

2014 Serp Accruals made on behalf of the following individuals:

Dr. James Cardon \$59,662

2014 SERP Payouts made on behalf of the following individuals:

Dr. Steven Hanks \$595,590

Mr. Jeffrey Flaks \$94,014*

Dr. Rocco Orlando \$63,924*

Mr. James Blazar \$165,921*

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

Part I, Line 7:

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

Schedule J (Form 990) 2014 45-4456939 Page 3

Supplemental Information

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

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

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

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

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

to provide state-of-the-art treatment options.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

| | |
|---|--|
| Name of the organization HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group | Employer identification number 45-4456939 |
|---|--|

The General Surgery division includes services for Bariatric surgery.

The Surgical Weight Loss Program at Hartford HealthCare Medical Group

is a comprehensive program using the latest minimally invasive

techniques for Gastric Bypass Surgery, Laparoscopic Adjustable Gastric

Banding, laparoscopic sleeve gastrectomy, and revisional bariatric

surgery. The Medical Group also has a dedicated team which includes

surgeons, nutritionists, pharmacists, social workers among other

professionals. The professionals provide the ongoing support needed

for long-term success.

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

surgery.

Providers' areas of expertise also include:

- Stone disease diagnosis and treatment including lithotripsy
- Male sexual function diagnosis and treatment
- Urologic oncology, including diagnosis and treatment of kidney, bladder and prostate cancer
- Vasectomy and vasectomy reversal
- Sexually transmitted disease diagnosis and treatment
- Benign prostatic hyperplasia (BPH)

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

In addition to the above, the organization provides additional healthcare services to its patients. All services are provided regardless of ability to pay.

Expenses \$ 67,921,375. including grants of \$ 0. Revenue \$ 51,040,195.

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group | Employer identification number | 45-4456939 |
|--------------------------|---|--------------------------------|------------|

Form 990, Part VI:

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

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 6:

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:

The sole member of the organization has the authority to approve/remove members of the governing body.

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

The sole member of the organization has the right to review, approve, disapprove and deny significant transactions such as mergers, acquisitions, dissolutions etc.

Form 990, Part VI, Section B, line 11:

The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then forwarded to the organization's top management including the Director

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group | Employer identification number | 45-4456939 |
|--------------------------|---|--------------------------------|------------|

of Finance for review. The final Form was provided to the entire Board prior to submission to the Internal Revenue Services (IRS). Once the entire review process was completed, the Form was signed by the President of the Organization and then filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

The PhysiciansCare's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC). HHC's Conflict of Interest Policy (Policy) requires all Covered Individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP). Employee disclosures are reviewed by OCAP in collaboration with the Covered Individuals' supervisor when deemed appropriate, to determine if there is a potential conflict. Oversight review of employee disclosures is provided by the HHC Conflict of Interest Committee (the Committee) which includes representation from the Medical Staff, the Legal Department, Human Resources, Supply Chain Management and Compliance. The Committee assesses and may recommend the conflicting interest either be (a) eliminated for a continued relationship with HHC, or (b) managed through a management plan. Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.

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

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08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group | Employer identification number | 45-4456939 |
|--------------------------|---|--------------------------------|------------|

The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of HHC PhysiciansCare, Inc., hires an outside consultant, Integrated Healthcare Strategies, a division of Gallagher Benefit Services, Inc., to determine best practices in governing executive compensation.

The following steps were taken:

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

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

All other executive compensation is regularly reviewed for scope and depth

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group | Employer identification number | 45-4456939 |
|--------------------------|---|--------------------------------|------------|

of positions taking into account complexity and the financial impact and accountability.

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

The Organization's Form 990, Form 1023 and its attachments are available for public inspection at the organization's address upon request.

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

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

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

| | |
|---|-------------|
| Equity Transfer (Unrestricted transfers between funds/grants) | 42,159,275. |
| Rounding | 2. |
| Total to Form 990, Part XI, Line 9 | 42,159,277. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 83, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014



Employer identification number
45-4456939

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
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Part IV Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 84 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 514(b)(13) controlled entity? | |
|---|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| Hartford Hospital - 06-0645668 90 Seymour Street Hartford, CT 06102 | Healthcare Services | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | | X |
| Hartford HealthCare Corp. - 22-2872834 One State Street, Suite 19 Hartford, CT 06103 | Support and Management Services to Hartford Hospital and Affiliates | Connecticut | 501(C)(3) | 11(c) | | | X |
| Windham Community Memorial Hospital - 06-0645965, 112 Mansfield Avenue, Willimantic, CT 06226 | Healthcare Services | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | | X |
| Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Willimantic, CT 06226 | Supporting Organization | Connecticut | 501(C)(3) | 11(a) | Windham Community Memorial Hospital | | X |

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

Schedule R (Form 990) 2014

Part I Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 513(b)(13) controlled organization? | |
|--|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| Natchaug Hospital Inc. - 06-0366953 139 Storrs Road | | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | X | |
| Mansfield Center, CT 06226 Hartford HealthCare at Home, Inc. - 06-0646938, 1290 Silas Deane Hwy, Suite 45, Wethersfield, CT 06109 | Behavioral Health Home HealthCare | Connecticut | 501(C)(3) | 7 | Hartford HealthCare Corporation | X | |
| Rushford Center Inc. - 06-0932875 583 Padlock Avenue Meriden, CT 06450 | Substance Abuse Health Care Services | Connecticut | 501(C)(3) | 7 | Hartford HealthCare Corporation | X | |
| Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06102 | Fundraising | Connecticut | 501(C)(3) | 11(c) | Hartford Hospital | X | |
| Connecticut Health System Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102 | Coordination of Health Delivery | Connecticut | 501(C)(3) | 11(c) | Hartford HealthCare Corporation | X | |
| VNA Health Resources Inc. - 06-1161422 1290 Silas Deane Hwy, Suite 4B Wethersfield, CT 06109 | Home Health Care | Connecticut | 501(C)(3) | 3 | HealthCare At Home, Inc. Hartford | X | |
| Midstate Medical Center - 06-0646715 435 Lewis Avenue Meriden, CT 06451 | Healthcare Services | Connecticut | 501(C)(3) | 3 | HealthCare Corporation | X | |
| The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Williamatic, CT 06226 | Healthcare Services | Connecticut | 501(C)(3) | 3 | Windham Community Memorial Hospital | X | |
| WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Avenue Williamatic, CT 06226 | Fundraising | Connecticut | 501(C)(3) | 11(a) | Windham Community Memorial Hospital | X | |
| The Hospital of Central CT - 06-0646768 100 Grand Street New Britain, CT 06050 | Healthcare Services | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | X | |
| Central CT Senior Health Svcs d.b.a. Southington Care Center - 22-2635676, 45 Meride Avenue, Southington, CT 06489 | Sub-Acute & Long Term Healthcare | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | X | |
| Bradley Health Services - 06-1387014 100 Grand Street New Britain, CT 06050 | Healthcare Services | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | X | |

Part I Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 513(b)(13) controlled organization? | |
|---|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050 | Support & Management Svcs. to WHOCC and Affiliates - Shell | Connecticut | 501(C)(3) | 11(b) | Hartford HealthCare Corporation | | X |
| The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489 | Residential Services for Senior Citizens | Connecticut | 501(C)(3) | 9 | Central CT Senior Health Services Inc. | | X |
| Rushford Foundation Inc. - 06-1432692 883 Padlock Avenue Meriden, CT 06450 | Supporting Organization | Connecticut | 501(C)(3) | 11(a) | Rushford Center Inc. | | X |
| Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479 | Assisted Living & Adult Day Care Facility | Connecticut | 501(C)(3) | 9 | Central CT Senior Health Services Inc. | | X |
| Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451 | Fundraising | Connecticut | 501(C)(3) | 11(a) | Midstate Medical Center | | X |
| Caring for Colleagues Employee Crisis Fund - 26-4459176, 100 Grand Street, New Britain, CT 06052 | Employee Fund | Connecticut | 501(C)(3) | 7 | Hartford HealthCare Corporation | | X |
| Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 1290 Silas Deane Hwy 2nd Floor, Wethersfield, CT 06109 | To Manage and Coordinate Care for Medicare Beneficiaries | Connecticut | 501(C)(3) | 7 | HHC PhysiciansCare Inc. | | X |
| Hartford HealthCare Corp. Group (VEMA) - 26-6671355, 777 Main Street, Hartford, CT 06102 | To Provide Medical Benefits to Employees | Connecticut | 501(c)(9) | N/A | Hartford HealthCare Corporation | | X |
| Backus Corporation - 22-2757508 326 Washington Street Norwich, CT 06360 | Support Services | Connecticut | 501(C)(3) | 11(b) | Hartford HealthCare Corporation | | X |
| Backus HealthCare Inc. - 22-2481754 326 Washington Street Norwich, CT 06360 | Support Services | Connecticut | 501(C)(3) | 11(a) | Hartford HealthCare Corporation | | X |
| The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360 | Hospital | Connecticut | 501(C)(3) | 3 | Hartford HealthCare Corporation | | X |
| Eva Stearns Faulkner Foundation - 06-6065398 435 Lewis Avenue Meriden, CT 06451 | Support Services | Connecticut | 501(C)(3) | 3 | Midstate Medical Center | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General partner managing partner? | (k) Percentage ownership |
|---|----------------------------------|---|-------------------------------------|---|---------------------------------|--|---|-----|---|---|--------------------------------|
| | | | | | | | Yes | No | | | |
| Ommi Home Health Services E. CT, LLC - 06-1458837, 12 Care Street #317, Norwich, CT 06360 | Home Health Care | CT | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| New Britain MRI Limited Partnership - 06-1271349, 100 Magnetic Grand Street, New Britain, CT 06050 | Magnetic Resonance Imaging | CT | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102 | Endowment Management | CT | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Ambulance Service of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450 | Ambulatory Service | CT | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| H.E.M.O.B. Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102 | Real Estate & Parking | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Hartford HealthCare Indemnity Services, Ltd 78 Perry Bld., 40 Church St. Hamilton, BERMUDA | Captive Insurance | Bermuda | N/A | C CORP | N/A | N/A | N/A | | X |
| Windham Health Services Inc. - 06-1461101 112 Mansfield Avenue Williamantic, CT 06226 | Home Health Care | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Windham Physician Hospital Organization - 06-1441614, 112 Mansfield Avenue. Williamantic, CT 06226 | Medical Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Windham Family Medical Services - 06-1491649 112 Mansfield Avenue Williamantic, CT 06226 | Medical Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| GenConn Services Inc. - 22-2635001 100 Grand Street New Britain, CT 06050 | Holding Company | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Hartford Physician Services PC - 05-1254082 30 Seymour Street Hartford, CT 06102 | Medical Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Meriden Imaging Center - 06-1541458 101 North Plains Industrial Park Meriden, CT 06429 | Imaging | CT | N/A | S CORP | N/A | N/A | N/A | | X |
| Hartford Physician Hospital Organization, Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102 | Physician & Hospital Support | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Aetna Ambulance Service, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045 | Ambulance Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Metro Wheelchair Service, Inc. - 05-0878432 P.O. Box 300 Manchester, CT 06045 | Wheelchair Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| YWB Corporation - 06-1094836 326 Washington Street Norwich, CT 06360 | Holding Company | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360 | Healthcare Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Backus Medical Center Condo Assoc. Inc. - 06-1542647, 326 Washington Street, Norwich, CT 06360 | Condo Association | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Windham Professional Office Condominium Association, Inc. - 06-1090041, 112 Mansfield Avenue, Williamantic, CT 06226 | Condo Association | CT | N/A | C CORP | N/A | N/A | N/A | | X |
| Midgate Medical Group P.C. - 20-4327968 435 Lewis Avenue Meriden, CT 06450 | Medical Services | CT | N/A | C CORP | N/A | N/A | N/A | | X |

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) H.E.M.O.B. | A | 1,562,052.FMV | |
| (2) HRC Indemnity Services, Limited | R | 3,920,312.FMV | |
| (3) Windham Community Memorial Hospital | A | 572,840.FMV | |
| (4) Windham Community Memorial Hospital | P | 53,751.FMV | |
| (5) Windham Community Memorial Hospital | Q | 320,719.FMV | |
| (6) Midstate Medical Center | A | 728,697.FMV | |

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7)Midstate Medical Center | Q | 166,260.FMV | |
| (8)Hartford Hospital | M | 523,291.FMV | |
| (9)Hartford Hospital | L | 5,487,777.FMV | |
| (10)Hartford Hospital | A | 1,055,496.FMV | |
| (11)Hartford Hospital | P | 8,753,661.FMV | |
| (12)Hartford Hospital | O | 1,202,265.FMV | |
| (13)Hartford Hospital | R | 387,366.FMV | |
| (14)Hartford HealthCare At Home, Inc. | P | 73,198.FMV | |
| (15)The Hospital of Central Connecticut | P | 455,064.FMV | |
| (16)The Hospital of Central Connecticut | A | 123,892.FMV | |
| (17)The Hospital of Central Connecticut | Q | 257,438.FMV | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. 12B

Part I U.S. Transferor Information (see instructions)

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

Identifying number (see instructions)
45-4456939

- 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)) by 5 or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation
Hartford HealthCare Corporation

EIN of parent corporation
22-2672834

- d Have basis adjustments under section 367(a)(6) been made? Yes No

- 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
| | |

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its entire interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)
Hartford HealthCare Indemnity Services, Ltd

4a Identifying number, if any

5 Address (including country)
F.B. Perry Building, 40 Church Street, P.O. Box HM0262
Hamilton, Bermuda

4b Reference ID number
AA-3190907

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
Corporation

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III 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 | 10/08/2014 | | 3,920,312. | | |
| Stock and securities | | | | | |
| Installment obligations, account receivables or similar property | | | | | |
| Foreign currency or other property denominated in foreign currency | | | | | |
| Inventory | | | | | |
| Assets subject to 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 | | | | | |
| 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.

Part IV 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) Before .0000 % (b) After .0000 %

10 Type of nonrecognition transaction (see instructions) IRS Sec. 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes 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:

- a Tainted property Yes No
- b Depreciation recapture Yes No
- c Branch loss recapture Yes No
- d Any other income recognition provision contained in the above-referenced regulations Yes No

See Statement 1

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 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 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? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:
