

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Hartford Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
80 Seymour Street PO Box 5037

City or town, state or province, country, and ZIP or foreign postal code
Hartford, CT 061025037

D Employer identification number
06-0646668

E Telephone number
(860) 696-6200

G Gross receipts \$ 1,647,415,663

F Name and address of principal officer
Bimal Patel
80 Seymour Street
Hartford, CT 06102

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.hartfordhospital.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1854 **M** State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health and healing of the people and communities we serve

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

3 Number of voting members of the governing body (Part VI, line 1a)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	8,234
6 Total number of volunteers (estimate if necessary)	861
7a Total unrelated business revenue from Part VIII, column (C), line 12	729,758
7b Net unrelated business taxable income from Form 990-T, line 34	-41,179

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	36,133,750	29,968,749
9 Program service revenue (Part VIII, line 2g)	1,314,224,290	1,535,320,889
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,991,272	67,627,144
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,389,680	-1,864,935
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,385,738,992	1,631,051,847
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	670,565	590,951
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)	568,688,773	620,627,995
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,620,824		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	731,345,970	901,136,630
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,300,705,308	1,522,355,576
19 Revenue less expenses Subtract line 18 from line 12	85,033,684	108,696,271

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,661,491,895	1,792,515,823
21 Total liabilities (Part X, line 26)	889,633,542	778,979,016
22 Net assets or fund balances Subtract line 21 from line 20	771,858,353	1,013,536,807

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2019-08-13
MARK KEISE Authorized Signer
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name Aerial M Orr Preparer's signature Aerial M Orr Date _____
Check if self-employed PTIN P01598400
Firm's name ▶ Ernst & Young US LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 55 Ivan Allen Blvd Suite 1000 Phone no (404) 874-8300
Atlanta, GA 30308

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 To improve the health and healing of the people and communities we serve

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

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

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

4a (Code) (Expenses \$ 251,696,470 including grants of \$) (Revenue \$ 252,393,234)
 See Additional Data

4b (Code) (Expenses \$ 144,315,703 including grants of \$) (Revenue \$ 157,044,742)
 See Additional Data

4c (Code) (Expenses \$ 98,677,748 including grants of \$) (Revenue \$ 107,687,876)
 See Additional Data

(Code) (Expenses \$ 857,854,299 including grants of \$ 590,951) (Revenue \$ 1,018,166,978)

Hartford Hospital, founded in 1854, is one of the largest teaching hospitals and tertiary care centers in New England with perhaps the region's busiest surgery practice and has been training physicians for over 160 years It is a member of Hartford HealthCare Corporation, a large, diversified health care system The hospital is a regional referral center that provides high-quality care in all clinical disciplines Among its divisions is The Institute of Living, a 114-bed mental health facility with a national and international reputation of excellence Jefferson House, a 104-bed long-term care facility, is also part of Hartford Hospital The hospital's active medical staff includes more than 1,000 physicians and dentists within 18 departments It is an 867-bed hospital occupying a 65-acre campus in downtown Hartford and operating satellite facilities in Avon, Bloomfield, Cheshire, Enfield, Farmington, Glastonbury, Granby, Manchester, Meriden, Newington, Prospect, South Windsor, Vernon, Wallingford, West Hartford, Wethersfield and Windsor In addition to above, the hospital provides services/programs including but not limited to the following BariatricsBehavioral & Mental HealthBone & Joint InstituteCancer CareCardiology & Heart CareCedar Mountain CommonsCenter for Musculoskeletal HealthCritical CareCystic Fibrosis CenterDentalDiabetesEmergency ServicesEye CareEye SurgeryGastroenterologyHeadache CenterHearing & BalanceHerniasImaging ServicesIntegrative MedicineJefferson HouseLIFE STARLiver & HepatologyLung & PulmonaryMedical Weight LossMinimally Invasive SurgeryMovement Disorders CenterNeurosciencesPalliative CarePain TreatmentPediatricsPhysical RehabilitationPrimary Care & Family MedicineRobotic SurgerySenior ServicesSleep DisordersSpine CareStrokeSurgical Weight LossThoracic SurgeryTransplant ServicesTraumatologyUrology & KidneyVascularWomen's Health ServicesWound CareWeight Loss

4d Other program services (Describe in Schedule O)
 (Expenses \$ 857,854,299 including grants of \$ 590,951) (Revenue \$ 1,018,166,978)

4e Total program service expenses ► 1,352,544,220

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CT), 18 (Own website, Another's website, Upon request, Other), 19, 20 (Carol Wardell 80 Seymour Street Hartford, CT 061025037 (860) 696-6200).

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with values 3,345,786, 6,976,891, and 1,395,817.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,030

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like University of Connecticut Health Center, Gilbane Building Company, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 136

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	29,900				
	b Membership dues	1b					
	c Fundraising events	1c	1,627,724				
	d Related organizations	1d	682,247				
	e Government grants (contributions)	1e	9,648,999				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,979,879				
	g Noncash contributions included in lines 1a-1f \$ _____		2,462,819				
	h Total. Add lines 1a-1f		29,968,749				
Program Service Revenue			Business Code				
	2a Net Patient Revenue		624100	1,493,810,167	1,493,810,167		
	b Pharmacy		541700	39,010,892	38,893,502	117,390	
	c Reference Testing		621500	1,455,346	838,494	616,852	
	d Inc From Inv - Other		900003	1,044,484	1,048,968	-4,484	
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,535,320,889					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,565,329		14,565,329	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		3,830,739					
		b Less rental expenses		8,945,830			
		c Rental income or (loss)		-5,115,091			
	d Net rental income or (loss)			-5,115,091		-5,115,091	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		44,692,094	15,068,494				
		b Less cost or other basis and sales expenses		0	6,698,773		
		c Gain or (loss)		44,692,094	8,369,721		
	d Net gain or (loss)			53,061,815		53,061,815	
	8a Gross income from fundraising events (not including \$ <u>1,627,724</u> of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	273,611			
c Net income or (loss) from fundraising events				-445,602		-445,602	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a 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					
11a Cafeteria Income		722210	3,695,758		3,695,758		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			3,695,758				
12 Total revenue. See Instructions			1,631,051,847	1,534,591,131	729,758	65,762,209	

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	530,951	530,951		
2 Grants and other assistance to domestic individuals See Part IV, line 22	60,000	60,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	752,893	497,528	255,365	
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	498,754,232	455,880,052	41,831,341	1,042,839
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,617,444	22,491,870	2,074,179	51,395
9 Other employee benefits	63,531,851	58,046,244	5,352,969	132,638
10 Payroll taxes	32,971,575	29,672,165	3,219,633	79,777
11 Fees for services (non-employees)				
a Management				
b Legal	171,800		171,800	
c Accounting				
d Lobbying	87,035		87,035	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,725,549	1,725,549		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	99,384,260	99,384,260		
12 Advertising and promotion	140,156		140,156	
13 Office expenses	18,028,820	13,755,468	4,166,778	106,574
14 Information technology	70,041,784	41,180,403	28,861,381	
15 Royalties				
16 Occupancy	28,199,233	25,595,812	2,603,350	71
17 Travel	781,998	771,007	10,482	509
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,087,813	1,068,817	18,996	
20 Interest	16,483,817	15,297,165	1,186,652	
21 Payments to affiliates	149,466,956	128,691,488	20,775,468	
22 Depreciation, depletion, and amortization	56,880,880	48,210,581	8,667,392	2,907
23 Insurance	14,302,533	14,302,533		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	270,352,351	270,352,351		
b Hosp Provider/User Tax	86,484,868	86,484,868		
c Purchased Services	56,857,027	21,173,271	35,546,052	137,704
d Equipment & Ppty Maint	15,694,331	14,702,063	937,430	54,838
e All other expenses	14,965,419	2,669,774	12,284,073	11,572
25 Total functional expenses. Add lines 1 through 24e	1,522,355,576	1,352,544,220	168,190,532	1,620,824
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	46,252,635	1	62,517,632
	2 Savings and temporary cash investments	5,250	2	
	3 Pledges and grants receivable, net	8,117,414	3	5,398,834
	4 Accounts receivable, net	159,632,654	4	167,850,242
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	25,963,735	8	23,792,287
	9 Prepaid expenses and deferred charges	9,874,631	9	11,267,640
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,361,431,406		
	b Less accumulated depreciation	835,872,141		
	11 Investments—publicly traded securities	684,172	11	352,369
	12 Investments—other securities See Part IV, line 11	790,567,930	12	841,397,256
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	26,396,451	14	59,980,346
	15 Other assets See Part IV, line 11	74,171,631	15	94,399,952
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,661,491,895	16	1,792,515,823	
Liabilities	17 Accounts payable and accrued expenses	89,092,524	17	89,426,526
	18 Grants payable		18	
	19 Deferred revenue	16,383,883	19	14,392,648
	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	9,115,790	24	8,723,881
	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	775,041,345	25	666,435,961
	26 Total liabilities. Add lines 17 through 25	889,633,542	26	778,979,016
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. Unrestricted net assets	335,043,921	27	552,039,604
	28 Temporarily restricted net assets	178,851,034	28	191,500,642
	29 Permanently restricted net assets	257,963,398	29	269,996,561
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	771,858,353	33	1,013,536,807
	34 Total liabilities and net assets/fund balances	1,661,491,895	34	1,792,515,823

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	1,631,051,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,522,355,576
3	Revenue less expenses Subtract line 2 from line 1	3	108,696,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	771,858,353
5	Net unrealized gains (losses) on investments	5	-3,838,191
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	136,820,374
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,013,536,807

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

Form 990 (2017)

Form 990, Part III, Line 4a:

Hartford Hospital has an unwavering commitment to provide the very best care to our cardiac patients who need clinical services, angioplasty, surgery or other procedures, as well as others who want to make their hearts healthier through preventive, pharmacological or rehabilitative therapy. Clinical research in cardiovascular disease is another major component of the program. At the completion of FY18, the Division of Cardiology was comprised of 20 full time faculty cardiologists, 1 per diem cardiologist, 5 full time and 1 per diem cardiac hospitalists, and 1 doctoral-level part time researcher. Cardiology division members published 45 manuscripts in peer-reviewed journals in 2017-2018. Many of these articles were published in top medical journals. For FY18, the total In-Patient Care days were 37,476. Heart & Vascular Services Provided at Hartford Hospital: Atrial Fibrillation Center, Cardiovascular Surgery, Chest Pain Center, Congestive Heart Disease Center, Heart Failure Infusion Program, Heart Failure Rescue Program, Heart Transplantation, LDL-Apheresis Center, Minimally Invasive Maze Surgery, Mitral Valve Repair, Nuclear Cardiology, Preventive Cardiology, Transcatheter Aortic Valve Replacement (TAVR) Program, Vascular Laboratory, Heart & Vascular Conditions Treated at Hartford Hospital: Adult Congenital Heart Disease, Abnormal Heart Rhythms, Angina, Aortic Aneurysm & Dissection, Aortic Disease, Broken Heart Syndrome, Cardiac Tumors, Cardiomyopathy, Carotid Artery Disease, Chest Pain, Cholesterol, Coronary Artery Disease, Deep Vein Thrombosis, Endocarditis, Heart Failure, Heart Attack, Hypertension, Marfan Syndrome, Mesenteric Artery Disease, Mitral Valve Repair, Myocardial Infarction (Heart Attack), Myocarditis, Palpitations, Pericarditis, Peripheral Aneurysm, Peripheral Artery Disease, Pulmonary Embolism, Renal Artery Disease, Syncope, Thoracic Outlet Syndrome, Valvular Heart Disease, Vein Therapies. Department accomplishments - The Department opened a new Cardiac Catheterization Lab and Pre/Post holding area - The Division of Electrophysiology has been chosen to be one of 11 centers in the United States to evaluate the Medtronic Bluesync MyCareLink Heart app enabling patient's pacemakers to communicate with their iPhone to send updates on their implanted devices to their physicians - Heart Transplantation - Hartford Hospital 1-year and 3-year heart transplant survival rate either equals or exceeds the Scientific Registry of Transplant Recipients (SRTR) benchmarks.

Form 990, Part III, Line 4b:

Hartford HealthCare is Connecticut's most comprehensive healthcare network. Our fully integrated health system includes a tertiary-care teaching hospital, an acute-care community teaching hospital, an acute-care hospital and trauma center, two community hospitals. The revenue and expenses above are for Hartford Hospital and not the entire HealthCare System. The Hartford HealthCare Cancer Institute encompasses comprehensive cancer centers at five hospitals across Connecticut - Hartford Hospital, The Hospital of Central Connecticut, Backus Hospital, MidState Medical Center and Windham Hospital. Collectively, the cancer programs within the Cancer Institute treat more than 5,000 new cancer patients per year while caring for tens of thousands of existing patients, offering a full range of innovative, evidence-based and personalized treatments designed to meet the needs of each individual patient. Our innovative Institute approach is unlike any other in the state and is among the most highly regarded in the nation. Through our Institute, which is organized around a specific disease and not necessarily location, we can apply best practices throughout our system so that patients receive the same high standards of care no matter where they live or which Hartford HealthCare cancer center they choose. For all of our patients, a dedicated team of oncologists, surgeons, radiologists, pathologists, nurses, clinical researchers, technicians and others collaborate to provide the exact course of care they need. The Institute's multidisciplinary disease management teams meet and collaborate regularly to lend expertise and insight on numerous cancer types, translating into exceptional coordinated care. The Institute's accomplished, fellowship-trained physicians are nationally recognized for their level of sophisticated care in areas such as radiation oncology, medical oncology and surgical oncology. Patients are also cared for in an environment that emphasizes compassion and personal connections, with a team of trained nurse navigators who provide guidance and support to patients and families, from diagnosis to recovery. The Institute also boasts a thriving survivorship program. In 2013, the Hartford HealthCare Cancer Institute became the first community-based cancer program to become a member of the Memorial Sloan Kettering Cancer Alliance, establishing a relationship with one of the world's premier cancer centers. The Institute's membership in the Alliance provides patients in Connecticut access to the most advanced, leading-edge treatments available anywhere. In 2017, the Institute was accredited as a network by the American College of Surgeons Commission on Cancer, one of a select few institutes nationwide to be recognized as a system, rather than individual cancer centers. For patients coming through our doors with a cancer diagnosis, that means three things - standardized care, more options and more hope. More than four years after the Hartford HealthCare Cancer Institute became the charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance, cancer patients now have unprecedented access to the world's most advanced clinical trials. And more than ever before, physicians, nurses, pharmacists and researchers are working collaboratively to implement cancer treatment standards and protocols developed at MSK, the premier cancer treatment center in the country. This distinctive cancer care and clinical research partnership means the Hartford HealthCare Cancer Institute brings the most innovative, evidence-based cancer care directly into community settings. During FY18, the Institute had 5,598 new cases across the system, which were as follows: Hartford Hospital - 3,132; Hospital of Central Connecticut - 1,013; Backus Hospital - 765; MidState Medical Center - 516; Windham Hospital - 172. The five most common types of cancer diagnosed by teams of specialists at the Hartford HealthCare Cancer Institute are cancers of the bladder, breast, colon, lung and prostate. Each patient has a unique scenario requiring a personalized plan. 1,101 Breast Cancer cases were treated across the system as follows: Hartford Hospital - 571; Hospital of Central Connecticut - 251; Backus Hospital - 123; MidState Medical Center - 122; Windham Hospital - 34. 726 Lung Cancer cases were treated across the system as follows: Hartford Hospital - 392; Hospital of Central Connecticut - 142; Backus Hospital - 109; MidState Medical Center - 59; Windham Hospital - 246. 76 Prostate Cancer cases were treated across the system as follows: Hartford Hospital - 386; Hospital of Central Connecticut - 98; Backus Hospital - 110; MidState Medical Center - 62; Windham Hospital - 20. 370 Bladder Cancer cases were treated across the system as follows: Hartford Hospital - 175; Hospital of Central Connecticut - 79; Backus Hospital - 57; MidState Medical Center - 46; Windham Hospital - 13. 241 Colon Cancer cases were treated across the system as follows: Hartford Hospital - 137; Hospital of Central Connecticut - 42; Backus Hospital - 26; MidState Medical Center - 36. Today, Hartford HealthCare is creating a better future for healthcare in Connecticut and beyond. We are a community of caregivers engaged in developing a coordinated, consistent high standard of care. We use research and education as partners in care delivery. We create and engage in meaningful alliances to enhance access to services. We invest in technology and training to develop new pathways to improve the timeliness, efficiency and accuracy of our services.

Form 990, Part III, Line 4c:

The orthopedic surgeons at the Bone & Joint Institute provide outstanding diagnosis, treatment and rehabilitation for musculoskeletal disorders and injuries. The Institute is run by our board-certified orthopedic surgeons and staffed by a multi-disciplinary treatment team. This includes subspecialists like musculoskeletal radiologists, anesthesiologists, rheumatologists, orthopedic oncologists, physical medicine specialists and pain management specialists. Our nurses, physical therapists, occupational therapists and case managers are all specially trained and certified in orthopedics. Our central location in Hartford gives the community easy access to treatment for their orthopedic needs. Patients are referred from the emergency room as well as community clinics. The Bone & Joint Institute's specialty clinics are outpatient centers whose mission is to provide quality orthopedic care for Hartford's underserved population. The specialty orthopedic clinics offer all of the services patients require, in one convenient location, which simplifies their ability to get care. This includes on-site X-rays, casting services, a pharmacy, a laboratory for blood work, a medical equipment provider for orthotics and braces, and physical therapy services. Whenever possible, clinic staff support people to overcome potential barriers to care, helping them access resources for financial and transportation related issues. All of our specialty clinics maintain close relationships with the Hartford-based orthopedics practices including Orthopedic Associates, the Hand Center in Glastonbury, and Rheumatology Associates. Departments/Services provided by the Institute include Anesthesiology, Musculoskeletal Health, Rheumatology & Bone Health, Foot and Ankle Services, Fragility Fracture Program, Hand Services, Hip Reconstructive Services, Joint Reconstructions Services, Knee Reconstructions Services, Orthopedic Radiology, Physiatry, Rehabilitation Services, Shoulder Reconstructions Services, Spine Services, Sports Health, Trauma as well as variety of others Orthopedic related services.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Arnold Chase Director	2 00	X						0	0	0
Alexia Cruz Director	2 00	X						0	0	0
James Loree Director	2 00	X						0	0	0
Yvette Melendez Director	2 00	X						0	0	0
Michael O'Loughlin Director	2 00	X						0	0	0
Darush Owlia MD Director	2 00	X						0	0	0
E Carol Polifroni Director	2 00	X						0	0	0
Magdalena Rodriguez Director (Thru Aug 2018)	2 00	X						0	0	0
Westley Thompson Director (Thru Oct 2017)	2 00	X						0	0	0
Matthew Saidel MD Director	2 00	X						91,667	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric Zachs Director	2 00	X						0	0	0
Douglas Elliot Chair	3 00	X		X				0	0	0
David McHale Vice Chair (Thru June 2018)	3 00	X		X				0	0	0
Bimal Patel President & CEO	50 00 10 00	X		X				0	703,901	105,710
Margaret Marchak Secretary & SVP/CLO, HHC	20 00 40 00			X				0	691,694	136,350
Julie Drouin HHC Reg VP Finance	50 00 10 00			X				0	226,605	57,463
Elizabeth Ciotti VP	0 00 60 00				X			0	226,950	38,134
Cheryl Ficara VP	0 00 60 00				X			0	479,513	81,183
Barry Kriesberg VP	0 00 60 00				X			0	377,747	57,419
John Greene MD VP	0 00 60 00				X			0	662,619	77,010

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carol Garlick VP	60 00				X			263,305	0	53,501
Ajay Kumar MD VP	60 00				X			500,612	0	60,928
Harold Schwartz MD VP (Thru Sept 2018)	20 00 40 00				X			0	640,664	76,070
Kenneth Robinson MD Dept Chair Emergency Medicine	60 00					X		602,488	0	74,668
Andrew Salner MD Chair Cancer Institute	60 00					X		597,837	0	54,140
Fred Tilden Jr MD Dir ER Physician	60 00					X		454,071	0	66,500
Harry Arters III MD Emergency Room Physician	60 00					X		430,745	0	57,807
Edmond Cronin MD Dir Electrophysiology	60 00					X		405,061	0	56,121
Stuart Markowitz MD Former - President & Director	0 00 60 00						X	0	1,113,670	81,352
Peter Fraser Former - Key Employee	0 00 60 00						X	0	440,316	67,952

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Gerald Boisvert Former - VP	0 00 60 00						X	0	629,954	128,575	
Tracy Church Former - VP	0 00 60 00						X	0	783,258	64,934	

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		87,035
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			87,035
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Hartford Hospital paid annual dues to Connecticut Hospital Association (CHA) CHA conducts lobbying activities on behalf of its members CHA allocates a portion of their dues as lobbying expenses The portion of dues allocated as lobbying expenses is calculated under current Medicare rules CHA conducts lobbying activities under current Medicare rules The Organization occasionally asks its employees to volunteer their time to contact state legislators in an effort to lobby on its behalf The total amount of dues allocated for lobbying expenses for FY18 was \$87,035

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on Form 990, Part IV, line 7.

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	194,749,523	168,693,523	159,801,523	138,546,174	131,895,671
b Contributions	6,160,000	9,641,000	635,000	27,936,085	1,462,396
c Net investment earnings, gains, and losses	12,841,000	21,353,000	12,775,000	-2,385,301	8,092,554
d Grants or scholarships					
e Other expenditures for facilities and programs	5,237,000	4,938,000	4,518,000	4,295,435	2,904,447
f Administrative expenses					
g End of year balance	208,513,523	194,749,523	168,693,523	159,801,523	138,546,174

- 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 ▶ 50 000 %
 - c** Temporarily restricted endowment ▶ 50 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35,972,331		35,972,331
b Buildings		801,169,598	508,775,621	292,393,977
c Leasehold improvements				
d Equipment		524,289,477	327,096,520	197,192,957
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				525,559,265

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Investment in Joint Ventures	9,136,984	F
(B) Investment in Endowment	666,331,188	F
(C) Funds Held in Trust	165,929,084	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	841,397,256	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) Other Receivables - Intercompany Bonds	7,640,501
(2) Other Non Current Assets	11,757,583
(3) ST/LT Malpractice Claims	47,065,229
(4) CSV Life Insurance	229,417
(5) Due from Affiliates	27,707,222
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	94,399,952

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Accrued Post Retirement Expenses	11,838,418
Accrued Asbestos Costs	164,329
Other Net Liabilities	41,025,609
Payable to HHC - Interco Bonds	402,957,635
Hospital Provider Tax	21,369,769
Accrued Post Retirement Expenses	142,014,972
Current Accrued Malpractice	10,730,458
Long Term Accrued Malpractice	36,334,771
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	666,435,961

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Accrued Post Retirement Expenses	11,838,418
Accrued Asbestos Costs	164,329
Other Net Liabilities	41,025,609
Payable to HHC - Interco Bonds	402,957,635
Hospital Provider Tax	21,369,769
Accrued Post Retirement Expenses	142,014,972
Current Accrued Malpractice	10,730,458
Long Term Accrued Malpractice	36,334,771

Supplemental Information

Return Reference	Explanation
Part V, Line 4	<p>The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to mission related programs such as those described in Part III, lines 4a-d while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specific period(s). Under this policy, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 4% over the long term. Actual returns in any given year may vary from this amount. The Hospital's endowment consists of hundreds of individual funds established for a variety of purposes including but not limited to patient care, research and capital needs. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			319,676
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			319,676

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

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

Return Reference	Explanation
Sch F, Part 1, Line 3, Column F	The transactions shown on Part I of Sch F are being reported on a cash basis

Additional Data

Software ID:

Software Version:

EIN: 06-0646668

Name: Hartford Hospital

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Service	Research Activities	298,446
Middle East and North Africa	0	0	Program Service	Research Activities	21,230

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		Black & Red Ball (event type)	Spring Into Action (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,787,970	28,797	84,568	1,901,335
	2 Less Contributions	1,526,970	23,743	77,011	1,627,724
	3 Gross income (line 1 minus line 2)	261,000	5,054	7,557	273,611
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			532	532
	6 Rent/facility costs	25,075	3,240	20,812	49,127
	7 Food and beverages	238,548	2,490		241,038
	8 Entertainment	301,092		9,400	310,492
	9 Other direct expenses	112,938	214	4,872	118,024
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				719,213
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-445,602

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

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

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Hartford Hospital

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 06-0646668

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,584,834	0	8,584,834	0 560 %
b Medicaid (from Worksheet 3, column a)			289,192,405	240,724,323	48,468,082	3 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			297,777,239	240,724,323	57,052,916	3 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,893,727	1,131,301	762,426	0 050 %
f Health professions education (from Worksheet 5)			59,371,870	22,274,565	37,097,305	2 440 %
g Subsidized health services (from Worksheet 6)			5,481,242	1,627,560	3,853,682	0 250 %
h Research (from Worksheet 7)			1,500,933	0	1,500,933	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			25,549,414	13,899,437	11,649,977	0 770 %
j Total. Other Benefits			93,797,186	38,932,863	54,864,323	3 610 %
k Total. Add lines 7d and 7j			391,574,425	279,657,186	111,917,239	7 350 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			341,475	0	341,475	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			341,475		341,475	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	264,329,835
6	Enter Medicare allowable costs of care relating to payments on line 5.	285,582,663
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	-21,252,828
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Hartford Hospital

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Page 8</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V, Page 8</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Hartford Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V, Page 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V, Page 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Page 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Hartford Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Hartford Hospital

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 38

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Hartford Hospital used Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status and other family eligibility criteria such as family size, employment and financial obligations. Part I, Line 6a: The Organization submits quarterly reports to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Strategy (OHS) annually.
Part I, Line 7	The organization utilized an overall cost to charge ratio (RCC), developed from the Medicare Cost Report. Total expense was adjusted for Medicaid provider taxes, directly identified community benefit expense and community building expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	No physician clinic costs were included in the Subsidized Health Services cost calculations
Part II, Community Building Activities	Hartford Hospital (HH) interacts with the community to address needs and facilitate appropriate responses For FY18, HH expended \$341,475 on community building activities

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	A pre-bad debt financial assistance screening is in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2018 would be immaterial.
Part III, Line 4	Please see the text of the footnote that describes bad debt expense beginning on page 26 of the Audited Financial Statement. The Footnote is also applicable Part III, Line 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	<p>Cost Reports were used to report Medicare allowable costs. Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities. It specifically excludes certain costs that are not directly related to patient care. The hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable. This additional expense includes costs of physician services (emergency on-call fees, Hospitalist Programs, recruitment, etc.), advertising costs, cafeteria costs for meals sold to visitors, etc. The Hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries. To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 65% of unpaid amounts. The table reconciles the shortfall or surplus from Line 7 to the actual surplus or shortfall. The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs. The unpaid coinsurance/deductibles were estimated using historical collection results. Any shortfall amounts have not been treated as Community Benefits.</p>
Part III, Line 9b	<p>The Financial Assistance Policy states: In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts. No Extraordinary Collection Actions (ECA) will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event. If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc and the same approach is taken in our outpatient clinics. Periodically information is surveyed to determine additional patients needs. Information is also tracked from other entities such as local area non-profits, government agencies and public schools.
Part VI, Line 3	Hartford Hospital provides information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas, (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications, (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas, (iv) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HH's home page, (v) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy, and (vi) include the tag line "Please ask about our Financial Assistance Policy" in HH written publications.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>Hartford Hospital is located in the capital of the State of Connecticut and has a total population of approximately 273,115 residents. In Hartford County, 20.6% of the population are infants, children or adolescents (age 0-17), another 64.1% are age 18 to 64, while 15.4% are age 65 and older. In looking at race approximately 72.1% of residents of Hartford County are White, 6.8% are Black, 12.9% are Hispanic or Latino and 8.2% are classified as Other. 11.6% of the Hartford County population live below the federal poverty level. The unemployment rate is 8.2%. 10% do not have a high school diploma and 20.6% have a Bachelor's Degree.</p>
Part VI, Line 5	<p>The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital. Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being. The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program. As a tertiary health center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at other hospitals. These services are provided regardless of a patient's ability to pay. The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Schedule O.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>Hartford HealthCare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care, improving health of the population (population health) and reducing costs. HHC and its affiliates including all supported organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care, create efficiency on both our internal operations and the utilization of health care, and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care." The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital. The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.</p>
Part VI, Line 7, Reports Filed With States	CT

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 06-0646668**Name:** Hartford Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	Hartford Hospital 80 Seymour Street Hartford, CT 06102 hartfordhospital.org 0046	X	X		X		X	X			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	<p>Part V, Section B, Line 5 To solicit input from key informants and individuals who have broad interest in the health of the community, the hospital performed surveys, community forums, focus groups and interviews with key informants The key informants were selected by community leader(s) or liaison(s) Additionally, focus groups were used to identify other resource Focus groups were conducted on February 2, 2018 and February 9, 2018 Community forums, and individual key informant interviews were conducted between February and June 2018 Key informants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the overall community They were asked to rate the degrees to which various health issues were of concern in the Hartford Region Follow up questions were asked to describe why they identified areas as such, and how these might be better addressed The key informants included Physicians, public health representatives, health professionals, social service providers and a variety of other community leaders including the following Community Renewal Team Foodshare Immaculate Conception Church Hartford Habitat for Humanity Charter Oak Health Center (FQHC) Northend Senior Center Hartford Food System Intercommunity Connecticut Community Solutions Philip Church Health Ministries Faith Cares Hartford Police Faith Based Community Department City of Hartford Department of Health and Human Services Hispanic Nurses Association Central Connecticut Health District Journey Home Connecticut Chrysalis Center Hartford Behavioral Health Northern Connecticut Black Nurses Association East Hartford Health Department ImmaCare Southside Institutions Neighborhood Alliance Legacy Foundation of Hartford Urban League of Greater Hartford Community Health Services (FQHC) Farmington Valley Health District Malta House of Care West Hartford - Bloomfield Health District Greater Hartford Legal Aid The 2018 CHNA took a close look at social determinants of health such as poverty, housing, transportation, education, fresh food availability, and neighborhood safety Social determinants of health have become a national priority for identifying and addressing health disparities, and Hartford Hospital is committed to addressing these disparities through the Community Health Improvement Plan that will follow this Assessment Thru this process, input was gathered from individuals whose organizations can provide information for the following data elements Medically Underserved Areas Health Professional Shortage Areas Demographics Ethnicity Distributions Median Household Income Homeownership Rates Poverty Metrics Unemployment Rates Educational Metrics Children in Poverty and Single Parent Households Linguistically Isolated Populations Uninsured Population Estimates Clinical Provider Ratios Physical Environment Metrics Crime Rates General Health Status Indicators Cancer Prevalence and Screening Indicators Cardiovascular Disease Respiratory Disease Diabetes Infectious</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	Diseases Sexually Transmitted Diseases Births and Prenatal Care Health Behaviors Benchmark Metrics (HealthyPeople 2020) Part V, Section B, Line 7a https://hartfordhospital.org/about-hh/community-outreach/community-health-needs-assessment

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 7d The needs assessment was published in June 2018 and is available on the hospital's website In addition, electronic copies are available upon request Part V, Section B, Line 10a https //hartfordhospital org/community-health-needs-assessment

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	<p>Part V, Section B, Line 11 In acknowledging the wide range of priority health issues that emerged from the 2018 CHNA process, the community representatives met on May 8, 2018 to determine the health needs that will be prioritized for action. The review of the identified needs were followed by a wide ranging discussion, after which the representatives were asked to rank each of the needs. Based on data analysis, surveys, focus groups, and interviews performed, the top community health needs and priorities for the Hartford Hospital focus area are listed below:</p> <p>Access to Care Access to care is impacted by a number of factors including availability of transportation, insurance cost, availability of primary care providers, availability of providers who take all insurance types, and community health center hours that meet the needs of those working during regular business hours.</p> <p>Food Concerns The availability of meals, lack of healthy food choices, and the cost of healthy food are a challenge for many, especially in the poorest neighborhoods in the service area. Access to healthy food, especially for children outside of school based programs and for seniors, is a challenge even for those in middle income areas.</p> <p>Mental Health and Substance Abuse The ongoing opioid epidemic, a shortage of mental health providers and counselors and the difficulty of recruiting additional providers, and a lack of effective mental health screening at all levels contribute to continuing challenges with mental health and substance abuse in the service area.</p> <p>Chronic Disease and Poor Physical and Mental Health Chronic disease including asthma and diabetes remain challenges despite community wide efforts. Varying rates of childhood vaccinations due to access to care as well as limited safe options for exercise/active living also contribute to poor health status including obesity and depression. City of Hartford scored significantly worse on multiple metrics relative to the state of Connecticut, including good physical health, good mental health, depression, obesity, a amount of physical activity, and smoking.</p> <p>Collaboration, Communication, and Coordination Between Social Services Agencies and Health Care Providers. Despite a significant number of outstanding community health initiatives, the majority of stakeholders who participated in focus groups and interviews said that a lack of coordination among and between providers and community based organizations limits the overall effectiveness of the programs and the funding that are going to help serve the populations most in need.</p> <p>Housing and Safety Issue s Including Lack of Affordable Housing, Neighborhood Safety, and Housing Conditions. While certain housing metrics for the overall service area are comparable to or better than the State of Connecticut, pockets of poverty in and around Hartford warrant additional attention relative to the impact that limited availability of housing and safe housing conditions /neighborhoods will have on co</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	<p>community health status. The results were then grouped into 3 Areas of Concern that were addressed in Community Health Improvement Plan (CHIP) 1 Enhance Coordination of Services. This category includes Access to Care and Collaboration, Communication and Coordination Between Social Services Agencies and Health Care Providers. CHIP addressed this need in the following manner: a Develop Partnership & Collaboration with FQHC to reduce Emergency Department visits b Establish Software Program for Social Services (i.e. Aunt Bertha) to use for Referrals and Follow ups/Follow through c Sustain and Grow Community Provider Networks to sustain and grow community provider networks 2 Promote Healthy Behaviors and Lifestyle. This category includes Food Concerns and Chronic Disease and Poor Physical and Mental Health. CHIP addresses this need in the following manner: a Support/Increase number of farmers' markets in the community thru Hartford Hospital Coalition of Farmers Markets b Improved Access to Nutritional offerings by having number of farmers' markets accepting SNAP (Supplemental Nutrition Assistance Program) benefit 3 Improve community Behavioral Health. This category includes Mental Health and Substance Abuse. CHIP addresses this need in the following manner: a Coordinate with Behavioral Health Network to create community educational opportunities that will offer programs on behavioral health and substance abuse through community provider networks b Promote mental health first aid training c Community Care Team deployment to reduce the emergency department visits. An area of opportunity identified but not prioritized was Housing and Safety. Issues included Lack of Affordable Housing, Neighborhood Safety, and Housing Conditions. It was determined that Hartford Hospital does not have the appropriate resources or expertise to address these issues but supports efforts of other city and community agencies and organizations thru a \$50,000 annual grant to Southside Institution Neighborhood Alliance Inc (SINA), an organization that works with community stakeholders to restore economic vitality and improve the quality of life in the neighborhood of south central Hartford.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 13h Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of health care expenses

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 15e In addition, patients may ask a nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process Part V, Line 16a, FAP website https //hartfordhospital org/patients-and-visitors/for-patients/billing-insurance/financial-assistance Part V, Line 16b, FAP Application website https //hartfordhospital org/patients-and-visitors/for-patients/billing-insurance/financial-assistance Part V, Line 16c, FAP Plain Language Summary website https //hartfordhospital org/patients-and-visitors/for-patients/billing-insurance/financial-assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hartford Hospital	Part V, Section B, Line 16j Patients are informed directly by staff of the availability of the Financial Assistance Policy

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
1 1 - Jefferson House 1 John Stewart Drive Newington, CT 06111	Nursing Home
1 2 - Cedar Mountain Commons 3 John Stewart Drive Newington, CT 06111	Assisted Living
2 3 - Hartford Hospital 129 Patricia M Genova Drive Newington, CT 06111	Diagnostic Laboratory
3 4 - Hartford Hospital 334 North Main Street West Hartford, CT 06117	Rehabilitation Department
4 5 - Hartford Hospital 505 Willard Avenue Suite 1 Newington, CT 06111	Eye Surgery Center
5 6 - Hartford Hospital 80 Fisher Drive Avon, CT 06001	Cancer Center
6 7 - Hartford Hospital 11 South Road Suite 260 Farmington, CT 06030	Cardiac Rehabilitation
7 8 - Hartford Hospital 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center, Rehabilitation Department
8 9 - Hartford Hospital 1290 Silas Deane Highway Wethersfield, CT 06109	Education Room
9 10 - Hartford Hospital 150 Fisher Drive Avon, CT 06001	Grace Webb School
10 11 - Hartford Hospital 704 Hebron Avenue Glastonbury, CT 06033	Wellness Center
11 12 - Hartford Hospital 100 Hazard Avenue Enfield, CT 06082	Wellness Center, Rehabilitation Department
12 13 - Hartford Hospital 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Disorder Center
13 14 - Hartford Hospital 1060 Day Hill Road Windsor, CT 06095	Wellness Center, Rehabilitation Department
14 15 - Hartford Hospital 725 Jarvis Street Cheshire, CT 06410	Grace Webb School

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
16 16 - Hartford Hospital 85 Barnes Road Suite 300 Wallingford, CT 06492	Rehabilitation Department
1 17 - Hartford Hospital 230 North Main Street Manchester, CT 06042	Rehabilitation Department
2 18 - Hartford Hospital 2 Northwestern Drive Bloomfield, CT 06002	Rehabilitation Department
3 19 - Hartford Hospital 1064 East Main Street Suite 205 Meriden, CT 06450	Rehabilitation Department
4 20 - Hartford Hospital 406 Farmington Avenue Farmington, CT 06030	Rehabilitation Department
5 21 - Hartford Hospital 18 East Granby Road Granby, CT 06035	Rehabilitation Department
6 22 - Hartford Hospital 2 Northwestern Drive Bloomfield, CT 06002	Center for Healthy Aging
7 23 - Hartford Hospital 462 Queen Street Southington, CT 06489	Center for Healthy Aging
8 24 - Hartford Hospital 100 Simsbury Road Avon, CT 06001	Wellness Center, Rehabilitation Department
9 25 - Hartford Hospital 339 West Main Street Avon, CT 06001	Wellness Center
10 26 - Hartford Hospital 28 South Main Street Cheshire, CT 06410	Rehabilitation Department
11 27 - Hartford Hospital 680 South Main Street Cheshire, CT 06410	Rehabilitation Services
12 28 - Hartford Hospital 305 Western Boulevard Glastonbury, CT 06033	Education Services
13 29 - Hartford Hospital 330 Western Boulevard Glastonbury, CT 06033	Wellness Center, Rehabilitation Department
14 30 - Hartford Hospital 100 Grand Street New Britain, CT 06050	Cardiac Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
31 31 - Hartford Hospital 505 Willard Avenue Suite 2A Newington, CT 06111	Patient Experience Department
1 32 - Hartford Hospital 73 Waterbury Road Prospect, CT 06712	Rehabilitation Department
2 33 - Hartford Hospital 35 Talcottville Road Suite 2 Vernon, CT 06066	Wellness Center, Rehabilitation Department
3 34 - Hartford Hospital 445 South Main Street West Hartford, CT 06110	Rehabilitation Department
4 35 - Hartford Hospital 65 Memorial Road West Hartford, CT 06107	Wellness Center, Rehabilitation Department, Surgery Center
5 36 - Hartford Hospital 988 Silas Deane Highway Wethersfield, CT 06109	Rehabilitation Department
6 37 - Hartford Hospital 1025 Silas Deane Highway Wethersfield, CT 06109	Rehabilitation Department
7 38 - Hartford Hospital 1260 Silas Deane Highway Wethersfield, CT 06109	Wellness Center, Sleep Disorder Center

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 22

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Hazel Vail Awards	18	45,000			
(2) Sons and Daughters Scholarship Awards	15	15,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2	Upon issuing the grant, the hospital attaches a letter that restricts the use of the funds for a specific purpose. All of the grants are made to public charities to assist in funding their exempt programs. Therefore, extensive monitoring of the use of these funds by these entities is not warranted.
Schedule I, Part III	Once recipients are determined, the funds are sent directly to the institutions and not to individuals. Required qualifications: The Sons and Daughters/Hazel Vail Scholarships are available to children of Hartford Hospital employees who meet eligibility requirements. The applicant must be financially dependent on the employee by being claimed on either parent's tax return. The applicant must be enrolled as a full-time student in an Accredited Undergraduate Program. The applicant must be the son or daughter (biological, adopted, stepchild, or legal ward) of a Hartford Hospital employee (full-time or part-time, budgeted to work at least 24 hours per week). The dependent of a Hartford Hospital employee who is also employed at Hartford Hospital is eligible to apply if they are budgeted to work less than 24 hours per week at Hartford Hospital. Applicant must have a verifiable GPA of 3.0 or higher to apply. Applicants are chosen on 1 criteria: 1. GPA (must be at least a 3.0 or higher to apply).

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Services 333 Bloomfield Avenue Suite A West Hartford, CT 06117	06-0653062	501(c)(3)	5,000		FMV		Jewish Family Services is dedicated to enhancing and strengthening the quality of life through the Jewish tradition of caring and compassion by focusing on counseling, supporting daily living skills, meeting basic human needs and providing a safe and supportive environment
Junior Achievement of Southwest New England Inc 70 Farmington Avenue Hartford, CT 06105	06-0665972	501(c)(3)	5,000		FMV		The Junior Achievement of Southwest New England's mission is to inspire and prepare young people to succeed in a global economy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hockanum Valley Community Council Inc 29 Naek Road Suite 5A Vernon, CT 06066	06-0864311	501(c)(3)	5,000		FMV		Sponsorship to assist in the organization's mission to provide food to the HVCC Food Pantry, Dial-A-Ride transaction services, senior services and mental health counseling to those whom may be suffering from emotional disorders
The Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	06-0662142	501(c)(3)	5,000		FMV		The Mandell Jewish Community Center provides recreational, cultural, educational, and social programs designed to promote physical, intellectual, and spiritual well-being of its members and others who participate As a center where all are welcome, their mission is rooted in a fundamental commitment to inclusivity and in universal Jewish values The Mandell Jewish Community Center works to build community, cultural identity, and bridges of understanding by celebrating diversity and fostering appreciation for Jewish culture and heritage

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Town of Newington 131 Cedar Street Newington, CT 06111	06-6002047	501(c)(3)	6,000		FMV		To provide funding for the Good Samaritan Fund
Colon Cancer Coalition Inc 5666 Lincoln Drive Suite 270 Edina, MN 55436	30-0377727	501(c)(3)	6,000		FMV		The Colon Cancer Coalition is dedicated to empowering local communities to promote prevention and early detection of colon cancer and to provide support to those affected

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Children's Medical Center Foundation 282 Washington Street Hartford, CT 06106	22-2619869	501(c)(3)	8,140		FMV		Connecticut Children's Medical Center Foundation is dedicated to securing and stewarding financial resources from philanthropic partners which enables the organization to make the necessary investments in people, technology, state-of-the-art equipment and provide exceptional care to CCMC patients and families
Ron Foley Foundation 1000 Farmington Avenue Suite 108A West Hartford, CT 06107	27-1386741	501(c)(3)	8,500		FMV		The Ron Foley Foundation is dedicated to funding medical research leading to early detection, more effective treatments and a cure for pancreatic cancer. The Ron Foley Foundation sponsors fundraising and annual events to build awareness and raise funds for patient assistance, education and research.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 825 Brook Street Rocky Hill, CT 06067	13-1788491	501(c)(3)	10,000		FMV		The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy and service
Spanish American Merchants Association Inc 95 Park Street Hartford, CT 06016	06-1390672	501(c)(3)	10,000		FMV		Spanish American Merchants Association (SAMA) is dedicated to assist business people, in particular Latinos, to acquire a better understanding of economic principles SAMA provides technical assistance to promote business expansion, job creation and new entrepreneurship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Connecticut Brain Tumor Alliance Inc PO Box 370514 West Hartford, CT 06137	26-0307367	501(c)(3)	10,000		FMV		The Connecticut Brain Tumor Alliance is dedicated to providing hope and support to brain tumor patients and caregivers, while advancing brain tumor awareness, quality of care and brain tumor research
Hartford Youth Scholars 129 Allen Place Hartford, CT 06106	20-3495171	501(c)(3)	10,000		FMV		Hartford Youth Scholars (HYS) is committed to ensuring that deserving students from Hartford succeed in high school and college so they can achieve even more in the neighborhoods they return to in the years that follow HYS prepares highly motivated middle school students for a rigorous high school education, assists them in gaining acceptance and financial assistance at top college preparatory schools, and supports them through the college application process, college experience, and beyond

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Rivers Council Inc Boy Scouts of America 60 Darlin Street East Hartford, CT 06108	06-0662110	501(c)(3)	12,315		FMV		The Connecticut Rivers Council is one of New England's largest private youth-serving organizations, the Connecticut Rivers Council delivers Scouting programs that develop character, citizenship, fitness, and leadership skills to more than 20,000 youth and nearly 7,000 adult volunteers in 127 cities and towns in Connecticut. The Boy Scouts of America collaborates with hundreds of churches, school affiliated groups and other community organizations that organize and operate local Scout groups. It is the mission of the Boy Scouts of America and the Connecticut Rivers Council to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout oath and law.
American Liver Foundation 127 Washington Avenue North Haven, CT 06743	36-2883000	501(c)(3)	20,000		FMV		The American Liver Foundation is dedicated to promoting education, advocacy, support services and research for the presentation, treatment and cure of liver disease.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Southern New England 74 Batterson Park Road Farmington, CT 06032	75-2844629	501(c)(3)	20,000		FMV		Susan G Komen Southern New England is dedicated to saving lives by meeting the most critical needs in the communities and investing in breakthrough research to prevent and cure breast cancer
Connecticut Council for Philanthropy 221 Main Street Hartford, CT 06106	23-7024016	501(c)(3)	20,000		FMV		The Connecticut Council for Philanthropy (CCP) is an association of grantmakers committed to promoting and supporting effective philanthropy for the public good CCP believes in encouraging philanthropy that is guided by the values of transparency, accessibility, ethical conduct, and responsiveness to diverse populations CCP values a diverse workforce and diverse leadership, because CCP believes that this enriches and elevates their work and community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hispanic Health Council 175 Main Street Hartford, CT 06106	06-1018979	501(c)(3)	25,000		FMV		To provide funding for the local Puerto Rico campaign
American Heart Association 5 Brookside Drive Wallingford, CT 06492	13-5613797	501(c)(3)	25,000		FMV		The American Heart Association is committed to fighting heart disease and stroke and raising awareness of these diseases As part of their mission, they focus on specific causes designed to help people achieve a heart-healthy lifestyle Each of their cause initiatives reaches out to the public with resources and information to help them take positive action

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Cancer Foundation Inc 15 North Main Street Old Saybrook, CT 06475	06-1240574	501(c)(3)	30,000		FMV		The Connecticut Cancer Foundation is dedicated to providing financial assistance to Connecticut cancer patients and their families to help with basic living expenses, such as rent, mortgage, and utilities, and to fund research
Southside Institutions Neighborhood Alliance Inc (SINA) 400 Washington Street Hartford, CT 06106	06-1501542	501(c)(3)	50,000		FMV		SINA has been successful in reversing the negative trend in homeownership, stimulated renewal of the neighborhood's principal commercial corridor, opened up employment opportunities for neighborhood residents, acted as an economic development catalyst for neighborhood businesses, and provided leadership for comprehensive neighborhood strategies In the process, it is fashioning a national model for neighborhood revitalization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hospital General De Castaner Inc PO Box 1003 Castaner 00631 RQ	66-0352014	501(c)(3)	60,000		FMV		To provide funding for the Puerto Rico campaign
Hartford HealthCare at Home Inc 1290 Silas Deane Highway Wethersfield, CT 06109	06-0646938	501(c)(3)	179,996		FMV		To provide funding for the V N A Transition Nurse program

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 - ▶ Attach to Form 990.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in 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, 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, 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, Line 4b	Hartford Healthcare Corporation, a related organization, maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels that are reported by Hartford Hospital on its Form 990, Part VII. Contributions are made by Hartford HealthCare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause, upon reaching age 65 or the occurrence of a change in control. Each participant ceases to be eligible for further contributions by Hartford HealthCare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the 30-day period following the participant's separation from service. 2017 SERP Accruals were made on behalf of the following individuals: Margaret Marchak \$62,514; Bimal Patel \$62,486; Gerald Boisvert \$57,487; Tracy Church \$65,287; Stuart Markowitz \$298,376. 2017 SERP Payouts were made on behalf of the following individual: Tracy Church \$22,416*. *For this individual, vesting occurred, causing taxable income. This portion of the vested amount was used to pay the associated tax liability. The remaining balance was deposited into the employee SERP account.
Part I, Line 7	Hartford HealthCare Corporation, a related organization, has a Compensation At Risk Plan that encourages and rewards achievements of significant functional goals. These goals contribute to the organization's strategic and financial direction. The plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Bimal Patel President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	536,725	158,242	8,934	81,386	24,324	809,611	0
1Margaret Marchak Secretary & SVP/CLO, HHC	(i)	0	0	0	0	0	0	0
	(ii)	516,132	151,455	24,107	81,414	54,936	828,044	0
2Julie Drouin HHC Reg VP Finance	(i)	0	0	0	0	0	0	0
	(ii)	209,001	17,299	305	16,552	40,911	284,068	0
3Elizabeth Ciotti VP	(i)	0	0	0	0	0	0	0
	(ii)	183,255	42,072	1,623	15,724	22,410	265,084	0
4Cheryl Ficara VP	(i)	0	0	0	0	0	0	0
	(ii)	391,834	82,411	5,268	35,100	46,083	560,696	0
5Barry Kriesberg VP	(i)	0	0	0	0	0	0	0
	(ii)	305,807	67,227	4,713	18,900	38,519	435,166	0
6John Greene MD VP	(i)	0	0	0	0	0	0	0
	(ii)	522,731	109,662	30,226	18,900	58,110	739,629	0
7Carol Garlick VP	(i)	211,122	49,183	3,000	31,585	21,916	316,806	0
	(ii)	0	0	0	0	0	0	0
8Ajay Kumar MD VP	(i)	473,089	25,665	1,858	18,900	42,028	561,540	0
	(ii)	0	0	0	0	0	0	0
9Harold Schwartz MD VP (Thru Sept 2018)	(i)	0	0	0	0	0	0	0
	(ii)	505,884	112,940	21,840	35,100	40,970	716,734	0
10Kenneth Robinson MD Dept Chair Emergency Medicine	(i)	494,191	100,000	8,297	29,700	44,968	677,156	0
	(ii)	0	0	0	0	0	0	0
11Andrew Salner MD Chair Cancer Institute	(i)	591,427	650	5,760	18,900	35,240	651,977	0
	(ii)	0	0	0	0	0	0	0
12Fred Tilden Jr MD Dir ER Physician	(i)	397,460	54,230	2,381	27,000	39,500	520,571	0
	(ii)	0	0	0	0	0	0	0
13Harry Arters III MD Emergency Room Physician	(i)	389,136	41,250	359	18,900	38,907	488,552	0
	(ii)	0	0	0	0	0	0	0
14Edmond Cronin MD Dir Electrophysiology	(i)	404,194	650	217	18,900	37,221	461,182	0
	(ii)	0	0	0	0	0	0	0
15Stuart Markowitz MD Former - President & Director	(i)	0	0	0	0	0	0	0
	(ii)	629,536	158,831	325,303	18,900	62,452	1,195,022	0
16Peter Fraser Former - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	340,897	92,093	7,326	18,900	49,052	508,268	0
17Gerald Boisvert Former - VP	(i)	0	0	0	0	0	0	0
	(ii)	485,469	135,281	9,204	76,387	52,188	758,529	0
18Tracy Church Former - VP	(i)	0	0	0	0	0	0	0
	(ii)	521,555	186,486	75,217	18,900	46,034	848,192	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

Employer identification number
06-0646668

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	44	2,462,819	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The hospital'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 and Integrity (OCI) Employee disclosures are reviewed by OCI in collaboration with the Covered Individuals' supervisor when deemed appropriate, to determine if there is a potential conflict Oversight review of employee disclosures is provided by the Conflict of Interest Committee ("COIC") (the Committee) which includes representation from the Medical Staff, the Legal Department, Human Resources, Finance Administration, Management and Compliance The Committee assesses and may recommend the conflicting interest either be (a) eliminated for a continued relationship with HHC/HH, or, (b) managed through a management plan Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of Hartford Hospital, 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 - The use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of Hartford Hospital, established and regularly reviews Executive Compensation Philosophy, - 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 is performed by independent third party compensation consulting firm and is then reviewed by the committee, - Recommendations made based on market data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy, - The CEO compensation reviewed by the Committee and is based on comparative market information and organizational performance, - All changes are reviewed and approved by the Executive Compensation Committee, The compensation determination process for the CEO is reviewed on an annual basis. All other executive compensation is regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer to Affiliated Entity 70,226,000 Change in Pension and Post-Retirement Funding Obligation 49,557,000 Rounding -626 Net Unrestricted Other Changes in Joint Ventures 17,038,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford Hospital

Employer identification number

06-0646668

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(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
See Additional Data Table									

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 06-0646668
Name: Hartford Hospital

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
80 Seymour Street Hartford, CT 06102 22-2779421	Coordination of Health Care Delivery	CT	501(C)(3)	12 (c)	N/A	Yes	
One State Street Suite 19 Hartford, CT 06103 22-2672834	Support and Management Services to Hartford Hospital and Affiliates	CT	501(C)(3)	12 (c)	N/A		No
112 Mansfield Avenue Willimantic, CT 06226 06-0646966	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
112 Mansfield Avenue Willimantic, CT 06226 56-2546632	Supporting Organization	CT	501(C)(3)	12 (a)	Windham Community Memorial Hospital	Yes	
435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
189 Storrs Road Mansfield Center, CT 06226 06-0966963	Behavioral Health	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-0646938	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
883 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-1161422	Home Healthcare	CT	501(C)(3)	10	Hartford HealthCare At Home Inc	Yes	
80 Seymour Street Hartford, CT 06115 06-6040747	Fundraising	CT	501(C)(3)	12 (a)	Hartford Hospital	Yes	
100 Grand Street New Britain, CT 06050 06-0646768	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	
45 Meriden Avenue Southington, CT 06489 22-2635676	Sub-Acute & Long Term Healthcare	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
34 Hobart Street Southington, CT 06489 06-1490803	Residential Services for Senior Care	CT	501(C)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
883 Paddock Avenue Meriden, CT 06450 06-1432692	Support Organization	CT	501(C)(3)	12 (a)	Rushford Center Inc	Yes	
58 Mulberry Street Plantsville, CT 06479 82-0586577	Assisted Living & Adult Day Care Facility	CT	501(C)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
112 Mansfield Avenue Willimantic, CT 06226 06-0677728	Fundraising	CT	501(C)(3)	12 (a)	Windham Community Memorial Hospital	Yes	
435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	CT	501(C)(3)	12 (a)	MidState Medical Center	Yes	
1290 Silas Deane Hwy Wethersfield, CT 06109 45-4456939	Medical Services	CT	501(C)(3)	10	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy Wethersfield, CT 06109 46-0886367	Government Contracts	CT	501(C)(3)	7	Hartford HealthCare Medical Group Inc	Yes	
326 Washington Street Norwich, CT 06360 06-0250773	Hospital	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
326 Washington Street Norwich, CT 06360 22-2481794	Support Organization	CT	501(C)(3)	12 (a)	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britain, CT 06052 26-4469178	Employee Fund	CT	501(C)(3)	7	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06102 45-4181103	Investment Management	CT	501(C)(3)	12 (a)	Hartford HealthCare Corporation	Yes	
540 Litchfield Street PO Box 988 Torrington, CT 067900988 06-0646678	Healthcare Services	CT	501(C)(3)	3	Hartford HealthCare Corporation	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HHMOB Corporation 80 Seymour Street Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	N/A	C				Yes	
Hartford HealthCare Indemnity Services Ltd FB Perry Bld 40 Church St Hamilton BD	Captive Insurance	BD	N/A	C				Yes	
								Yes	
CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Holding Company	CT	N/A	C				Yes	
MidState Medical Group PC 435 Lewis Avenue Meriden, CT 06450 20-4327968	Medical Services	CT	N/A	C				Yes	
Hartford Physician Services PC 80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	CT	N/A	C				Yes	
Meriden Imaging Center 101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S				Yes	
Aetna Ambulance Service Inc POBOX 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C				Yes	
Metro Wheelchair Service Inc POBOX 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C				Yes	
WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094838	Holding Company	CT	N/A	C				Yes	
ConnCare Inc 326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C				Yes	
Backus Medical Center Condo Assoc Inc 330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C				Yes	
Windham Professional Office Condominium Association Inc 112 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C				Yes	
Litchfield County Healthcare Service Corporation 540 Litchfield Street Torrington, CT 06790 06-1227655	Management Services	CT	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HHC Endowment LLC	B	4,525,987	FMV
HHC Endowment LLC	S	12,000,000	FMV
Hartford HealthCare Medical Group Inc	A	1,649,397	FMV
Hartford HealthCare Medical Group Inc	B	163,246	FMV
Hartford HealthCare Medical Group Inc	L	1,494,170	FMV
Hartford HealthCare Medical Group Inc	M	33,503,626	FMV
Hartford HealthCare Medical Group Inc	O	10,115,990	FMV
Hartford HealthCare Medical Group Inc	P	305,766	FMV
Hartford HealthCare Medical Group Inc	Q	69,697	FMV
Hartford HealthCare Medical Group Inc	R	2,651,323	FMV
Hartford HealthCare Medical Group Inc	S	45,449,830	FMV
Hartford HealthCare Rehabilitation Network LLC	A	127,326	FMV
Hartford HealthCare Rehabilitation Network LLC	M	1,765,584	FMV
Hartford HealthCare Rehabilitation Network LLC	O	8,172,580	FMV
Hartford HealthCare Rehabilitation Network LLC	R	12,602,983	FMV
Hartford HealthCare Rehabilitation Network LLC	S	3,010,304	FMV
The William W Backus Hospital	A	106,500	FMV
The William W Backus Hospital	L	2,257,112	FMV
The William W Backus Hospital	O	139,812	FMV
The William W Backus Hospital	Q	1,252,128	FMV
The William W Backus Hospital	R	8,869,093	FMV
The William W Backus Hospital	S	10,102,736	FMV
HHMOB Corporation	A	2,018,254	FMV
HHMOB Corporation	L	141,182	FMV
HHMOB Corporation	O	164,826	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HHMOB Corporation	P	149,424	FMV
HHMOB Corporation	Q	61,602	FMV
HHMOB Corporation	S	2,419,788	FMV
The Hospital of Central Connecticut	L	1,634,064	FMV
The Hospital of Central Connecticut	O	434,734	FMV
The Hospital of Central Connecticut	P	191,101	FMV
The Hospital of Central Connecticut	Q	2,744,598	FMV
The Hospital of Central Connecticut	R	5,559,231	FMV
The Hospital of Central Connecticut	S	949,734	FMV
MidState Medical Center	A	4,308	FMV
MidState Medical Center	L	1,180,864	FMV
MidState Medical Center	M	411,182	FMV
MidState Medical Center	O	261,952	FMV
MidState Medical Center	Q	1,512,143	FMV
MidState Medical Center	R	3,007,313	FMV
MidState Medical Center	S	209,791	FMV
Windham Community Memorial Hospital	A	6,759	FMV
Windham Community Memorial Hospital	L	733,087	FMV
Windham Community Memorial Hospital	O	256,377	FMV
Windham Community Memorial Hospital	Q	1,253,458	FMV
Windham Community Memorial Hospital	R	2,002,500	FMV
Windham Community Memorial Hospital	S	66,480	FMV
MRI of Farmington Avenue	A	134,305	FMV
MRI of Farmington Avenue	R	190,266	FMV
Natchaug Hospital	L	60,300	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Natchaug Hospital	O	91,674	FMV
Natchaug Hospital	R	94,236	FMV
Rushford Center Inc	R	890,050	FMV
Hartford HealthCare Senior Services Inc	R	102,646	FMV
Hartford Hospital Auxiliary	C	441,555	FMV
Hartford HealthCare at Home Inc	A	4,912	FMV
Hartford HealthCare at Home Inc	O	17,682,023	FMV
Hartford HealthCare at Home Inc	R	461,629	FMV
Hartford HealthCare at Home Inc	S	408,300	FMV
Hartford HealthCare Medical Group Inc	E	1,000,000	FMV