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Form 990

Department of the TreasuryInternal 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☒ Amended return

☐ Application pending

C Name of organization

Hartford HealthCare Corporation

Doing business as

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

One State Street Suite 19

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

Hartford, CT 06103

F Name and address of principal officer:

Jeffrey A Flaks

One State Street Suite 19

Hartford, CT 06103

D Employer identification number

22-2672834

E Telephone number

(860) 696-6232

G Gross receipts \$ 558,583,497

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

J Website: ▶ www.hartfordhealthcare.org

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

L Year of formation: 1985

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

Hartford HealthCare's mission is to improve the health and healing of the people and communities it serves.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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

2021-08-19

Date

Mark Keise SVP Financial Operations

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01868655

Firm's name ▶ Ernst & Young US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 370 17th Street 4800

Denver, CO 80202

Phone no. (720) 931-4000

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Hartford HealthCare's mission is to improve the health and healing of the people and communities it serves.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 570,903,579 including grants of \$ 572,264) (Revenue \$ 563,734,519)
See Additional Data	

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

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

4e	Total program service expenses ▶ 570,903,579
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b 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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	22	No
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>	23	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>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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>	25a	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>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	Yes
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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	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>	36	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>	37	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.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	396
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,866			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b If "Yes," enter the name of the foreign country: ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

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 ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶Carol Wardell One State Street Suite 19 Hartford, CT 06103 (860) 696-6232

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	28,893,742	2,322,435	3,522,666

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 ▶ 658

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FIP Construction Inc 1536 New Britain Avenue Farmington, CT 06032	Construction Services	12,126,860
Precision Computer Services Inc PO Box 4110 Woburn, MA 01888	IT Services	11,143,834
Deloitte Consulting LLP 4022 Sells Drive Hermitage, TN 37076	Consulting Services	10,876,633
CDW LLC 300 North Milwaukee Avenue Vernon Hills, IL 60061	IT Services	9,072,453
Mintz & Hoke Inc 40 Tower Lane Avon, CT 06001	Advertising Services	7,388,665

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 ► 190

Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
		(A)	(B)	(C)	(D)			
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a						
	b Membership dues . . .	1b						
	c Fundraising events . . .	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f ▶							
Program Service Revenue	Business Code							
	2a System Support Svcs	541990	562,977,347	562,977,347				
	b ICP Program Revenue	621110	4,246,239		4,246,239			
	c Loss From JV's	900003	-3,489,067	-3,489,067				
	d							
	e							
	f All other program service revenue.							
	g Total. Add lines 2a-2f. ▶		563,734,519					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		875,709			875,709		
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	(i) Real	(ii) Personal					
		6a	4,745,323					
		b Less: rental expenses	6b					14,054,611
		c Rental income or (loss)	6c					-9,309,288
	d Net rental income or (loss) ▶		-9,309,288			-9,309,288		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a	52,997					
		b Less: cost or other basis and sales expenses	7b					0
		c Gain or (loss)	7c					52,997
	d Net gain or (loss) ▶		52,997			52,997		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a					
	b Less: direct expenses		8b					
	c Net income or (loss) from fundraising events . . . ▶							
	9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses		9b					
	c Net income or (loss) from gaming activities . . . ▶							
	10aGross sales of inventory, less returns and allowances . . .		10a					
	b Less: cost of goods sold . . .		10b					
	c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code						
11aLoss on Refinancing of LT Debt		900099	-10,825,051			-10,825,051		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d ▶			-10,825,051					
12 Total revenue. See instructions ▶			544,528,886	559,488,280	4,246,239	-19,205,633		

Form 990 (2019)

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	572,264	572,264		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,808,925	23,058,164	2,750,761	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	950,220	950,220		
7 Other salaries and wages	243,026,471	243,026,471		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,835,594	23,592,564	243,030	
9 Other employee benefits	23,521,149	23,281,325	239,824	
10 Payroll taxes	17,156,516	16,946,083	210,433	
11 Fees for services (non-employees):				
a Management				
b Legal	7,753,390		7,753,390	
c Accounting	1,850,009		1,850,009	
d Lobbying	555,117		555,117	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	694,359		694,359	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,544,220	5,544,220		
12 Advertising and promotion	17,855,647	17,855,647		
13 Office expenses	15,712,666	15,712,666		
14 Information technology	28,477,613	28,477,613		
15 Royalties				
16 Occupancy	4,221,648	4,221,648		
17 Travel	785,629	785,629		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	813,242	813,242		
20 Interest	11,779,353	7,303,199	4,476,154	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,028,226	55,028,226		
23 Insurance	3,207,124	3,207,124		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Purchased Services	73,557,711	73,557,711		
b Repairs & Maintenance	21,561,212	21,561,212		
c Dues & Licenses	2,277,808	2,277,808		
d Sponsorships	1,639,047	1,639,047		
e All other expenses	1,491,496	1,491,496		
25 Total functional expenses. Add lines 1 through 24e	589,676,656	570,903,579	18,773,077	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		30,736,837	1	49,930,237	
	2	Savings and temporary cash investments		49,545,352	2	64,198,944	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		18,146,289	4	7,451,147	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7	100,000	
	8	Inventories for sale or use			8	120,000	
	9	Prepaid expenses and deferred charges		17,149,230	9	16,004,034	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	588,209,430			
	b	Less: accumulated depreciation	10b	225,636,284	322,176,892	10c	362,573,146
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		17,737,612	12	60,250,342	
	13	Investments—program-related. See Part IV, line 11		636,937,471	13	874,251,891	
	14	Intangible assets		2,302,100	14	62,041,458	
	15	Other assets. See Part IV, line 11		917,354,040	15	830,876,528	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,012,085,823	16	2,327,797,727		
Liabilities	17	Accounts payable and accrued expenses		128,510,575	17	150,342,897	
	18	Grants payable			18		
	19	Deferred revenue			19	40,729	
	20	Tax-exempt bond liabilities		721,862,360	20	1,056,633,340	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		317,685,178	25	253,086,301	
	26	Total liabilities. Add lines 17 through 25		1,168,058,113	26	1,460,103,267	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		759,905,449	27	751,275,805	
	28	Net assets with donor restrictions		84,122,261	28	116,418,655	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		844,027,710	32	867,694,460	
33	Total liabilities and net assets/fund balances		2,012,085,823	33	2,327,797,727		

Part XI Reconciliation of Net AssetsCheck 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	544,528,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	589,676,656
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,147,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	844,027,710
5	Net unrealized gains (losses) on investments	5	-293,588
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	69,108,108
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	867,694,460

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
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.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 22-2672834
Name: Hartford HealthCare Corporation

Form 990 (2019)

Form 990, Part III, Line 4a:

Hartford HealthCare Corporation (HHC) serves as the supporting organization of an integrated health care delivery system (the "System") that includes, but is not limited to, the following entities: Hartford Hospital, MidState Medical Center, Natchaug Hospital, Inc., Rushford Center, Inc., The Hospital of Central Connecticut at New Britain General and Bradley Memorial, Windham Community Memorial Hospital, Inc., The William W. Backus Hospital, The Charlotte Hungerford Hospital and SVMC Holdings, Inc., each of which are Connecticut nonstock corporations that qualify as tax-exempt organizations under 501(c)(3) of the Code and as public charities under 509(a)(1) of the Code (collectively, the "Supported Organizations"). The purposes for which the Corporation is organized and operated are to promote and support, directly or indirectly, the interests and purposes of the Supported Organizations.HHC is a fully integrated health system that includes 4 community hospitals, 2 acute care and 1 tertiary-care teaching hospital, the state's most extensive behavioral health network, a large multispecialty physician group, a regional home care system, an array of senior care services, a large physical therapy and rehabilitation network and an accountable care organization. Through its institute model, the HHC system offers high standards of care for cancer, heart and vascular services, neuroscience, orthopedics and urology.HHC collaborates with its Supported Organizations to develop and implement programs to improve the future of health care in Southern New England. This includes initiatives to improve the quality and accessibility of health care; create efficiency in internal operations; and provide patients with the most technically advanced and compassionate, coordinated care. Through its supported organizations (hospitals), the Corporation was designed to provide patients with more convenience to healthcare access in their local communities. The hospitals provide these needed medical services to all patients regardless of their abilities to pay.HHC is further integrating care, and increasing access to high-quality services, through its institute model. The Corporation has established the Hartford HealthCare Cancer Institute, the first in the nation to be named a member of the Memorial Sloan Kettering Cancer Alliance; the Bone and Joint Institute; the Ayer Neuroscience Institute, with a renowned Headache Center and Movement Disorders Center; the Heart and Vascular Institute; the Tallwood Urology and Kidney Institute; and the Behavioral Health Network. Our institutes provide clinical support, research, and education for our patients, physicians and communities.Through Hartford Hospital, HHC provides the state's first critical air helicopter service, called LIFE STAR. Our LIFE STAR program has been an integral service for more than 30 years. With nearly 35,873 flights and more than 45,500 patients served, we take pride in knowing countless lives have been saved thanks to our talented crew and extraordinary capabilities.As a system, Hartford HealthCare, is an economic engine for the state of Connecticut. We are the third-largest employer in the state, and our ongoing investment in capital programs and projects provides jobs, enhances access to care and improves the quality of life for all state residents.In all, Hartford HealthCare proudly serves a majority of Connecticut's cities and towns. The Corporation was designed to provide a high degree of access to quality services, offering patients, customers and clients with compassionate, coordinated care, close to home.

Form 990, Part 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			
Jeffrey Flaks Director, President & CEO	40.00 20.00	X		X				2,493,649	0	102,427
Sabet Hashim MD SVP	20.00 40.00				X			0	1,793,459	81,614
Richard Shirey SVP	60.00				X			1,180,704	0	87,451
Elliot Joseph Former Director & CEO	0.00						X	1,274,644	0	156,136
Charles Johnson Treasurer, EVP & CFO	40.00 20.00			X				1,116,058	0	171,445
Michael Daglio EVP	20.00 40.00			X				1,058,682	0	182,125
David Whitehead EVP	60.00			X				1,157,035	0	72,930
Rocco Orlando III MD SVP, CAO	60.00					X		1,069,111	0	99,131
James Cardon MD EVP	40.00 20.00			X				1,060,449	0	79,130
Bimal Patel SVP	20.00 40.00				X			1,001,936	0	136,853

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tracy Church EVP	60.00			X				1,034,528	0	73,223
Steward Markowitz MD SVP, Physician Chief	60.00					X		1,021,117	0	74,807
Jeffrey Cohen MD EVP	60.00			X				945,213	0	89,922
Peter Yu MD SVP	60.00				X			873,416	0	155,945
Vincent DiBattista SVP	60.00				X			815,532	0	136,336
Margaret Marchak Secretary & CLO	40.00 20.00			X				850,753	0	77,083
Daniel McIntyre SVP	60.00				X			832,375	0	82,454
Mark Alberts MD SVP	60.00				X			751,874	0	141,107
Richard Stys SVP	60.00				X			802,991	0	66,749
Gerald Boisvert SVP	50.00 10.00				X			787,725	0	75,699

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			
John Santopietro SVP	60.00				X			720,683	0	139,901
Ajay Kumar MD EVP	60.00			X				723,245	0	106,313
Donna Handley SVP	60.00				X			715,935	0	71,531
Barry Stein VP & CCI	60.00					X		617,920	0	76,238
Cynthia Pugliese SVP	60.00				X			569,928	0	75,971
Patricia Rehmer SVP	60.00				X			588,308	0	97,619
Gary Havican SVP	20.00 40.00				X			532,115	0	118,135
Jeffrey Finkelstein MD VP Med Affairs Central	60.00					X		559,540	0	81,353
Rita Parisi SVP	20.00 40.00				X			566,356	0	68,897
Robert Sidman MD VP Med Affairs East	60.00					X		564,347	0	70,696

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			
Karen Goyette SVP	60.00				X			500,887	0	118,970
Wendy Elberth SVP	60.00				X			542,795	0	65,910
Mark Prete SVP	10.00				X			0	528,976	42,271
Kristi Gafford SVP	60.00				X			459,567	0	87,818
David Mack CLO	60.00			X				470,090	0	37,908
Paul Thompson MD Former Co-Physician-in-Chief	0.00						X	432,256	0	69,159
Wheatley Wentzell SVP	60.00				X			201,978	0	51,409
Edward Arum Director	2.00	X						0	0	0
Ramani Ayer Director (Thru Jan 2020)	2.00	X						0	0	0
Greg Barats Director	2.00	X						0	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			
Joanne Berger-Sweeney Director	2.00	X						0	0	0
Gregory Butler Director	2.00	X						0	0	0
Helene Glotzer Director	2.00	X						0	0	0
Mahalakshmi Halasyamani Director (Thru June 2020)	2.00	X						0	0	0
David Hess Chair (Thru June 2020)	2.00	X		X				0	0	0
John Lavieri Director	2.00	X						0	0	0
Kola Olofinboba Director	2.00	X						0	0	0
John Petillo Director	2.00	X						0	0	0
Gregory Toczydlowski Director	2.00	X						0	0	0
Greg Deavens Chair	3.00	X		X				0	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			
John Patrick Jr Vice Chair (Thru June 2020)	3.00	X		X				0	0	0
Joseph Voelker Vice Chair (Effective 6/16/20)	3.00	X		X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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 14
- 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		
See Additional Data Table						
Total	14				0	514,876,220

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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?		11a	No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		11b	No
			11c	No

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

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

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

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

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART I, LINE 12G COL. (V1)	Hartford HealthCare Corporation (HHC) is organized as a supporting organization that was established to carry out the purposes of and provide support services to its related tax exempt member organizations. During FY2020, HHC provided employees and support services to its member organizations including but not limited to the following: Legal, Treasury, Finance, Revenue Cycle, Information Technology Services (IT), Marketing, Strategic Planning and Human Resources (HR). The total non-monetary support provided was \$514,876,220.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A LINE 1	Hartford HealthCare Corporation ("HHC") is the parent organization of an integrated health care delivery system. In addition to those charitable organizations specifically listed in HHC's Bylaws, the organization provides services to other organizations that are a part of the HHC System, and that directly further the charitable purposes of the supported organizations as required by IRS Reg. 1.509(a) - 4(d)(2)(i).

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A, LINE 6	<p>Hartford HealthCare Corporation ("HHC"), a Connecticut nonprofit corporation headquartered in Hartford, Connecticut is the parent organization of a number of affiliated entities (collectively, the "System") that offer comprehensive health care services to residents of Central, Eastern, and Northwestern Connecticut. The System's objective is to be an integrated health System with a strong patient focus and consistent quality performance. With those goals, the Systems' management emphasizes increased efficiencies and an open collaborative sharing of best practices across all System affiliates. One of the System guiding principles is to provide patients greater access to health care close to their homes and across a wide spectrum of providers from a tertiary care medical center, to community hospitals, behavioral health, home care, ambulatory care centers, rehabilitation and senior care. The corporation provides support as described below for the following supported organizations including other key system affiliates. The System includes:</p> <ul style="list-style-type: none">* Hartford Hospital ("Hartford Hospital") - a tertiary-care teaching hospital that includes the operating departments/ divisions of Institute of Living (behavioral health), Jefferson House (nursing facility) and Cedar Mountain Commons (assisted living);* Hospital of Central Connecticut at New Britain General and Bradley Memorial (the "Hospital Of Central Connecticut") - a community teaching hospital with two hospital campuses;* Five community hospitals - MidState Medical Center ("MidState"), Windham Community Memorial Hospital Inc. ("Windham Hospital"), The William W. Backus Hospital ("Backus Hospital"), The Charlotte Hungerford Hospital and SVMC Holdings, Inc.; <p>Other Key System Affiliates include:</p> <ul style="list-style-type: none">- One inpatient behavioral health hospital and one center;- A multi-specialty group of employed physicians in a medical foundation;- Home care and hospice services;- A physical therapy and rehabilitation network;- A clinical integration organization; <p>Hartford Healthcare has focused on disciplined strategic growth and development to facilitate the System's objective of delivering integrated, high quality care. Day-to-day management of System affiliates is provided by regional senior vice presidents through a regional management structure. Hartford HealthCare's regional management structure supports coordinated care at the individual hospital level and throughout the System. The regionalization initiative aims to enhance the System's ability to provide consistent quality, which is intended to improve patient experience and to control costs. The System's operating and financial decision making is centralized at Hartford HealthCare with each of HHC supported hospitals having a significant voice in HHC's operations. With ongoing guidance from each of its supported hospitals, Hartford HealthCare has centralized logistics and day-to-day operation in the following areas: Finance, Human Resources, Supply Chain, Revenue Cycle</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A, LINE 6	, Information System, Legal, Strategy and Transformation, Risk Management, Compliance, Pri vacy, Business and System Development, Planning, Marketing, Government Relations, Managed Care, Debt and Asset Management, Insurance and Internal Audit. Centralized system services are designed to reduce variation, to control costs through efficiencies and economies of scale and to improve the System's delivery of coordinated and integrated care.

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV SECTION D LINE 3	<p>There are significant and ongoing relationships between HHC and its supported hospitals that demonstrate the close and continuous working relationship between HHC and the supported organizations. For example, supported organizations' board members are members of key HHC Board committees that have been delegated the authority for significant functions of HHC. A significant portion of the authority of the HHC Board has been delegated to and is performed through its committees. These Committees include the Finance Committee and Quality and Safety Committee. Through the presence of their board members on these key committees, the supported organizations have a significant voice in the operations of HHC. In addition to the above, HHC receives significant input from and works with all of the supported hospitals to develop community health needs assessments (CHNA) and community health improvement plans. The CHNA work is one of the primary responsibilities of the Regional Boards. As a result, the entire regional board committee is focused on Community Benefits. HHC is responsive to the needs and demands of its supported hospitals and the supported hospitals have significant influence in directing the use of income or assets of HHC. The Hospital Presidents are responsible to prepare and manage their budgets and they participate in developing their strategic plans. HHC's Chief Operating Officer participates in board meetings of the supported hospitals to discuss system activity and be responsive to the hospitals' needs. The highest executive at each supported hospital (The "President") is employed by HHC. The Regional President meets with all executives of HHC leadership weekly throughout the course of the year to discuss matters related to HHC and make decisions about the services and operations of the supported hospitals through capital and operating budget discussions, strategic planning, and operational activities reviews. As a result of these close and continuous interactions, the supported organizations and their officers and directors and other leadership provide significant advice and input to HHC and its leadership on important matters such as: (a) operating budgets, including routine and strategic capital expenditures; (b) strategic plans and other key initiatives; and (c) population healthcare planning needs, including areas of deficiency, oversupply, and expected future needs. This level of interaction generates an ongoing dialogue that affords the supported hospitals and their leadership a significant voice in HHC decision making on matters of strategic and operational importance. Directors of new supported hospitals that join the system serve on the board of HHC thereby providing additional means for the supported organizations to have a significant voice in the operations of HHC.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION E LINES 3A & 3B	<p>While the supported organizations maintain significant voices in the operations of HHC, HHC is the parent organization of the overall health system and, both through its ability to appoint and remove the directors of the supported organizations and certain reserved powers over the operations of the supported organizations, exercises a substantial degree of control over the policies, programs and activities of each supported organization. In addition, HHC exclusively engages in activities that further the charitable purposes of the supported organizations that would be carried on by the supported hospitals directly were it not for the existence of HHC. To that end, and far beyond the revenues and expenses of the Form 990, HHC provides significant oversight to the supported organizations to ensure that the entire health care system is operated in a charitable manner that best serves the health needs of the communities serviced by the HHC health care system while reducing costs, improving quality and increasing patient satisfaction.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990 SCH A PART IV, SECTION A LINE 5A	Name of supporting organization added: Hartford HealthCare Medical Group Specialists, PLLC EIN of supporting organization added: 37-1911194 Hartford HealthCare Medical Group Specialists, PLLC is a subsidiary of Hartford HealthCare Corporation (HHC). HHCMG Specialists, PLLC was formed to further the tax exempt purpose of Hartford HealthCare Medical Group, Inc. which primary purpose is to practice medicine and provide healthcare services to the public as a medical foundation. As of September 30, 2020, the HHCMG Specialists, PLLC Certificate of Organization was revised and restated.

Additional Data

Software ID:
Software Version:
EIN: 22-2672834
Name: Hartford HealthCare Corporation

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Hartford Hospital	060646668	3	Yes		0	263,091,241
The Hospital of Central Connecticut	060646768	3	Yes		0	73,096,822
The William W Backus Hospital	060250773	3	Yes		0	65,525,927
MidState Medical Center	060646715	3	Yes		0	47,217,368
Windham Community Memorial Hospital	060646966	3	Yes		0	18,146,221
Hartford HealthCare Medical Group Specialists PLLC	371911194	10	Yes		0	12,348,781
Hartford HealthCare at Home Inc	060646938	10	Yes		0	10,730,853
Natchaug Hospital Inc	060966963	3	Yes		0	8,125,495
Hartford HealthCare Medical Group Inc	454456939	10	Yes		0	7,205,720
Rushford Center Inc	060932875	7	Yes		0	4,913,024
Hartford HealthCare Senior Services Inc	222635676	10	Yes		0	2,180,811
Hartford HealthCare Independence at Home Inc	061161422	10		No	0	1,233,421
The Charlotte Hungerford Hospital	060646678	3	Yes		0	1,060,536
SVMC Holdings Inc dba St Vincent's Medical Center	832550272	3		No	0	0

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 HealthCare Corporation	Employer identification number 22-2672834
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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)?	Yes		
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		187,113
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		368,004
j	Total. Add lines 1c through 1i			555,117
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1:	Hartford HealthCare Corporation incurred \$555,117 of lobbying expenditures for FY20. Kenneth Przybysz, LLC provided lobbying services on behalf of the organization during the fiscal year. Efforts mainly include the lobbying of Connecticut State Legislators in the interest of tax exempt hospitals in the State of Connecticut. The Organization also paid annual dues to American Hospital Association (AHA) on behalf of the system hospitals. AHA conducts lobbying activities on behalf of its members. AHA allocates a portion of their dues as lobbying expenses. The calculation is consistent under current Medicare rules. The Organization also paid annual dues to Connecticut Hospital Association (CHA) on behalf of one of its members (SVMC). In addition, the Organization occasionally asks its employees to volunteer their time to contact their legislators and also utilizes management time to lobby on its behalf at the Federal and State levels.

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ 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 7/25/06, 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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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		1,624,989		1,624,989
b Buildings		31,528,744	15,943,030	15,585,714
c Leasehold improvements		17,730,745	8,944,870	8,785,875
d Equipment		408,839,721	200,748,384	208,091,337
e Other		128,485,231		128,485,231
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				362,573,146

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Long Term Investments in Affiliates	874,251,891	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	874,251,891	

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Intercompany Allocation - Bond Debt	668,951,957
(2) Deferred Liability - ST/LT Malpractice Claims	157,585,623
(3) SERP Assets	4,243,103
(4) Bond Billing	95,845
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	830,876,528

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Program Related Liabilities	179,992,177
(3) SERP Liability	12,290,860
(4) Accrued Malpractice	5,477,727
(5) Bond Accrued Liabilities	9,024,171
(6) Due From/ To Affiliates	46,301,366
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	253,086,301

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I

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

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2

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

3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	2	4			109,548,608
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	2	4			109,548,608

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

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

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

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

Part III can be duplicated if additional space is needed.

[illegible]

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; don't 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; don't 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
Sch F, Part I, Line 3	The Audited Financial Statements for the Investment in Captive were prepared according to US Generally Accepted Accounting Principles (GAAP). Funding for medical malpractice claims are being reported on an cash basis.

Additional Data

Software ID:

Software Version:

EIN: 22-2672834

Name: Hartford HealthCare Corporation

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
Central America/Caribbean	1	2	Program Service - Captive	Funding for medical malpractice claim payments	48,520,322
Central America/Caribbean	1	2	Investment In Captive		55,858,081

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
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Expense	PPE supplies	5,019,000
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Service	Social media monitoring service	151,205

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Hartford HealthCare Corporation		Employer identification number 22-2672834

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	No
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 on Line 1a?		2	No
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 checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
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?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

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 1a	The box related to health or social club dues or initiation fees is checked. Hartford HealthCare Corporation maintains a membership at the Hartford Club. The Hartford Club does not allow for corporate membership, therefore, the membership fee is paid directly to the Club, but the account is assigned to an individual executive. This executive does not derive any personal benefit from the use of the Club, and any use is for business purposes such as meetings/lunches/dinners etc. The executive is not taxed, and is required to sign an annual attestation that he does not derive any personal benefit from the use of this membership. The membership resides at Hartford HealthCare Corporation and can be reassigned at will.
Part I, Line 3	The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, hires an outside consultant, Human Resources and Compensation Consulting Practice of Gallagher to determine best practices in governing executive compensation. Please refer to compensation narrative reported on Schedule O.
Part I, Line 4b	Hartford Healthcare Corporation maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President & CEO, Executive Vice President and Senior Vice President levels that are reported by Hartford HealthCare Corporation 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. 2019 SERP Accruals were made on behalf of the following individuals: Charles Johnson \$94,960 Bimal Patel \$88,240 Patricia Rehmer \$52,766 Vincent DiBattista \$67,933 Peter Yu \$76,102 Mark Alberts \$65,857 Karen Goyette \$44,882 Gary Havican \$49,963 Kristi Gafford \$44,051 Michael Daglio \$102,554 Ajay Kumar \$33,891 John Santopietro \$70,085 2019 SERP Payouts were made on behalf of the following individuals: Jeffrey Flaks \$115,813* James Cardon \$32,495* Tracy Church \$34,741* David Whitehead \$28,528* Margaret Marchak \$21,554* Rocco Orlando \$25,851* Richard Stys \$20,183* Rita Parisi \$14,236* Donna Handley \$18,721* Steward Markowitz \$25,465* Gerald Boisvert \$19,949* Wendy Elberth \$13,976* Daniel McIntyre \$21,961* *For these individuals, 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 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: 22-2672834
Name: Hartford HealthCare Corporation

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				
1Jeffrey Flaks Director, President & CEO	(i)	1,194,807	943,516	355,326	22,400	80,027	2,596,076	0
	(ii)	0	0	0	0	0	0	0
1Sabet Hashim MD SVP	(i)	0	0	0	0	0	0	0
	(ii)	1,291,195	500,550	1,714	19,600	62,014	1,875,073	0
2Richard Shirey SVP	(i)	532,839	269,353	378,512	19,600	67,851	1,268,155	251,928
	(ii)	0	0	0	0	0	0	0
3Elliot Joseph Former Director & CEO	(i)	1,068,443	0	206,201	28,000	128,136	1,430,780	0
	(ii)	0	0	0	0	0	0	0
4Charles Johnson Treasurer, EVP & CFO	(i)	785,857	292,257	37,944	114,560	56,885	1,287,503	0
	(ii)	0	0	0	0	0	0	0
5Michael Daglio EVP	(i)	733,234	319,459	5,989	122,154	59,971	1,240,807	0
	(ii)	0	0	0	0	0	0	0
6David Whitehead EVP	(i)	640,738	394,623	121,674	19,600	53,330	1,229,965	0
	(ii)	0	0	0	0	0	0	0
7Rocco Orlando III MD SVP, CAO	(i)	690,406	224,494	154,211	36,400	62,731	1,168,242	0
	(ii)	0	0	0	0	0	0	0
8James Cardon MD EVP	(i)	542,122	409,276	109,051	19,600	59,530	1,139,579	0
	(ii)	0	0	0	0	0	0	0
9Bimal Patel SVP	(i)	651,398	330,898	19,640	107,840	29,013	1,138,789	0
	(ii)	0	0	0	0	0	0	0
10Tracy Church EVP	(i)	678,989	252,537	103,002	19,600	53,623	1,107,751	0
	(ii)	0	0	0	0	0	0	0
11Steward Markowitz MD SVP, Physician Chief	(i)	603,549	306,876	110,692	19,600	55,207	1,095,924	0
	(ii)	0	0	0	0	0	0	0
12Jeffrey Cohen MD EVP	(i)	634,152	243,711	67,350	19,600	70,322	1,035,135	0
	(ii)	0	0	0	0	0	0	0
13Peter Yu MD SVP	(i)	564,412	285,537	23,467	95,702	60,243	1,029,361	0
	(ii)	0	0	0	0	0	0	0
14Vincent DiBattista SVP	(i)	513,422	242,714	59,396	87,533	48,803	951,868	0
	(ii)	0	0	0	0	0	0	0
15Margaret Marchak Secretary & CLO	(i)	503,824	259,612	87,317	19,600	57,483	927,836	0
	(ii)	0	0	0	0	0	0	0
16Daniel McIntyre SVP	(i)	500,641	240,489	91,245	19,600	62,854	914,829	0
	(ii)	0	0	0	0	0	0	0
17Mark Alberts MD SVP	(i)	469,881	271,040	10,953	85,457	55,650	892,981	0
	(ii)	0	0	0	0	0	0	0
18Richard Stys SVP	(i)	481,325	242,771	78,895	19,600	47,149	869,740	0
	(ii)	0	0	0	0	0	0	0
19Gerald Boisvert SVP	(i)	471,051	239,163	77,511	19,600	56,099	863,424	0
	(ii)	0	0	0	0	0	0	0

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				
21John Santopietro SVP	(i)	500,662	215,606	4,415	89,685	50,216	860,584	0
	(ii)	0	0	0	0	0	0	0
1Ajay Kumar MD EVP	(i)	537,951	179,655	5,639	53,491	52,822	829,558	0
	(ii)	0	0	0	0	0	0	0
2Donna Handley SVP	(i)	439,144	207,260	69,531	19,600	51,931	787,466	0
	(ii)	0	0	0	0	0	0	0
3Barry Stein VP & CCI	(i)	440,880	170,559	6,481	19,600	56,638	694,158	0
	(ii)	0	0	0	0	0	0	0
4Cynthia Pugliese SVP	(i)	319,373	157,916	92,639	28,000	47,971	645,899	40,354
	(ii)	0	0	0	0	0	0	0
5Patricia Rehmer SVP	(i)	383,638	195,974	8,696	72,366	25,253	685,927	0
	(ii)	0	0	0	0	0	0	0
6Gary Havican SVP	(i)	351,556	178,702	1,857	69,563	48,572	650,250	0
	(ii)	0	0	0	0	0	0	0
7Jeffrey Finkelstein MD VP Med Affairs Central	(i)	404,243	151,324	3,973	25,200	56,153	640,893	0
	(ii)	0	0	0	0	0	0	0
8Rita Parisi SVP	(i)	389,865	123,624	52,867	33,600	35,297	635,253	0
	(ii)	0	0	0	0	0	0	0
9Robert Sidman MD VP Med Affairs East	(i)	402,892	157,446	4,009	19,600	51,096	635,043	0
	(ii)	0	0	0	0	0	0	0
10Karen Goyette SVP	(i)	329,150	169,176	2,561	70,082	48,888	619,857	0
	(ii)	0	0	0	0	0	0	0
11Wendy Elberth SVP	(i)	336,299	157,152	49,344	36,400	29,510	608,705	0
	(ii)	0	0	0	0	0	0	0
12Mark Prete SVP	(i)	0	0	0	0	0	0	0
	(ii)	400,000	123,036	5,940	19,600	22,671	571,247	0
13Kristi Gafford SVP	(i)	315,641	141,420	2,506	63,651	24,167	547,385	0
	(ii)	0	0	0	0	0	0	0
14David Mack CLO	(i)	327,019	142,033	1,038	19,600	18,308	507,998	0
	(ii)	0	0	0	0	0	0	0
15Paul Thompson MD Former Co-Physician-in-Chief	(i)	414,852	15,550	1,854	36,400	32,759	501,415	0
	(ii)	0	0	0	0	0	0	0
16Wheatley Wentzell SVP	(i)	163,333	38,510	135	14,871	36,538	253,387	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Hartford HealthCare Corporation

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

22-2672834

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	Defeased		On behalf of issuer		Pool financing	
						Yes	No	Yes	No	Yes	No
A See Part VI	06-0806186	20775DFD9	01-29-2020	355,167,864	See Part VI		X		X	X	
B See Part VI	06-0806186	20775DFG2	04-02-2020	13,225,687	See Part VI		X		X	X	
C See Part VI	06-0806186	20774YQK6	03-26-2014	85,958,709	See Part VI		X		X	X	
D See Part VI	06-0806186	20774YVKO	05-12-2015	126,868,188	See Part VI		X		X	X	

Part II Proceeds											
					A	B	C	D			
1	Amount of bonds retired							66,635,000			
2	Amount of bonds legally defeased										
3	Total proceeds of issue				355,293,577	13,225,687	85,962,914	127,009,880			
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds				1,557,143	73,975	1,438,989	1,868,188			
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds				72,379,322		84,523,915	125,141,692			
11	Other spent proceeds				261,857,922	13,151,712					
12	Other unspent proceeds				19,373,476						
13	Year of substantial completion						2014	2015			
					Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?				X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?				X		X		X		X
16	Has the final allocation of proceeds been made?					X	X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X

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

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name: See Part VI Date the Rebate Computation was Performed: 03/26/2019 Issuer Name: See Part VI Date the Rebate Computation was Performed: 06/08/2020

Return Reference	Explanation
Schedule K, Part I, Bond Issues:	(a) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Refinance CHEFA Revenue Bonds issued on 9/29/2011 and on 5/12/2015 as well as finance future constructions, improvements and equipping of facilities. (b) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for future constructions, improvements and equipping of facilities. (c) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for future capital needs. (d) Issuer Name: State of Connecticut Health & Education Facilities Authority. (f) Description of Purpose: Funding for future capital needs.

Return Reference	Explanation
Schedule K, Part II, Line 3:	For all issues, the difference in issue price and total proceeds of the issue is due to investment earnings due.

Return Reference	Explanation
Form 990, Schedule K	<p>In 2011, the Corporation formed an obligated group. The members of the obligated group are the Corporation, Hartford Hospital, The Hospital of Central Connecticut, Windham Community Memorial Hospital and MidState Medical Center (collectively referred to as the Obligated Group). The Obligated Group members are identified as either an obligated group member or a designated affiliate. Obligated Group members are jointly and severally liable under a Master Trust Indenture (MTI) to make all payments required with respect to obligations under the MTI. The Corporation does have the right to name designated affiliates, although presently none exist. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, each designated affiliate would have an independent designated affiliate agreement and promissory note with the Corporation with stipulated repayment terms and conditions, each subject to the governing law of the obligated groups' state of incorporation. In addition, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the obligated group members to comply with the term of the MTI, including payment of the outstanding obligations. The bonds were used to refund parts of existing debt and fund future capital needs. Effective January 2014, The William W. Backus Hospital became part of the Obligated Group. On March 26, 2014, the Corporation issued approximately \$83M of CHEFA Revenue Bonds Series E. The 2011 and 2014 Bonds were issued to refund portions of existing debt under Corporation and to obtain funds for future capital needs. Effective May 12, 2015, the Corporation issued approximately \$126M of CHEFA Revenue Bonds Series F & G. The 2015 Bonds were issued to obtain funding for future capital needs. During FY 20, HHC issued additional Taxable and Tax -Exempts of approximately \$368,115 and \$11,995 respectively. A portion of the funds were used to refinance previous CHEFA revenue Bonds. The balance will be used for future capital needs Please refer to the Notes in the Audited Financial Statement for additional detail.</p>

Return Reference	Explanation
Schedule K, Part III, Line 4	HHC monitors and calculates percent of overall private business use on an annual basis or if a significant event occurs during the year. In FY2020 the overall percentage was 1.83%.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Hartford HealthCare Corporation

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

22-2672834

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Effective September 28, 2018 Hartford HealthCare Corporation entered into a Management Service Agreement with Nexera, Inc. an affiliate of the Greater New York Hospital Association that provides outsourced supply chain services, value analysis services, consulting services and other related services to healthcare clients. None of the individuals listed on the FY20 Form 990, Part VII were compensated by Nexera during the 2019 calendar year.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>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 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 VP of Finance and then filed with the IRS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>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 HHC Conflict of Interest Committee. The Conflict of Interest Committee assesses and may recommend the conflicting interest either be (a) eliminated for continued relationship with HHC, or, (b) managed through a management plan. Oversight review of physician disclosures is provided by the HHC Physician Conflict Resolution Committee. The Physician Conflict Resolution Committee assesses and may recommend the conflicting interest either be (a) eliminated for continued relationship with HHC, or (b) managed through a management plan. Board member disclosures are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.</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 hires an outside consultant, Human Resources and Compensation Consulting Practice of Gallagher to determine best practices in governing executive compensation for the CEO and Senior Executives of Hartford HealthCare Corporation. All compensation reported on this tax return follows Hartford HealthCare's compensation policy as outlined below:</p> <ul style="list-style-type: none">-The use of Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare 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 group are selected for comparative purpose based on organizational size, operating revenue, geography and other relevant factors;- Analysis of current total compensation versus market performed by independent third party compensation consulting firm, reviewed by the committee;- Recommendations are made based on market data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy;- CEO compensation determined by Committee is based on comparative market information and organizational performance and is approved by the HHC Board;- All changes are reviewed and approved by Executive Compensation Committee; <p>The compensation determination process for the CEO and other Senior Executives is reviewed on an annual basis.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	The Organization'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 Organization'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:	Transfers To Affiliates 28,671,000. True Up of K-1 Income 830. Miscellaneous\Rounding -2,7 22. Net Unrestricted Other Changes in Joint Ventures 40,439,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3a & b	The Organization itself is not required to undergo the audit, however, the Organization is a parent to several acute care hospitals. The individual hospitals were required to undergo OMB Circular A-133 Audit. The audit itself was performed on a parent level with consolidation of affiliated hospitals and subsidiaries.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Hartford HealthCare Corporation

Employer identification number
22-2672834

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Hartford HealthCare Laboratories LLC 129 Patricia M Genova Drive Newington, CT 06111 06-1525596	Laboratory Services	CT	351,104	1,406,172	Hartford HealthCare Corporation
(2) HHC Institutes LLC 85 Seymour Street Hartford, CT 06102 36-4692507	Health care & social assistance	CT	78,725	0	Hartford HealthCare Corporation
(3) Integrated Care Partners LLC One State Street Suite 19 Hartford, CT 06103 37-1740267	Integrated Health Delivery	CT	8,807,686	12,035,446	Hartford HealthCare Corporation
(4) HHC Imaging Center Holdings LLC One State Street Suite 19 Hartford, CT 06103 85-1275537	Imaging Services	CT	0	36,720,000	Hartford HealthCare Corporation
(5) HHC Surgery Center Holdings LLC One State Street Suite 19 Hartford, CT 06103 84-4855812	Surgery Services	CT	15,030,941	22,324,267	Hartford HealthCare Corporation

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

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.

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) 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

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.

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2672834
Name: Hartford HealthCare Corporation

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	Supporting Organization	CT	501(c)(3)	12 (a)	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britian, CT 06052 26-4469178	Employee Fund	CT	501(c)(3)	7	Hartford HealthCare Corporation	Yes	
227 Dunham Street Norwich, CT 06360 22-2667260	Hospice	CT	501(c)(3)	7	HHC Independence at Home	Yes	
80 Seymour Street Hartford, CT 06102 22-2779421	Coordination of Health Care Delivery	CT	501(c)(3)	12 (c)	Hartford HealthCare Corporation	Yes	
1290 Silas Deane Hwy 2nd Floor Wethersfield, CT 06109 46-0886367	Government Contracts	CT	501(c)(3)	7	Hartford HealthCare Medical Group Inc	Yes	
1290 Silas Deane Hwy Suite 4B Wethersfield, CT 06109 06-0646938	Home Healthcare	CT	501(c)(3)	10	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06102 45-4181103	Investment Management	CT	501(c)(3)	12 (a)	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	
1290 Silas Dean Highway 2nd Floor Wethersfield, CT 06109 37-1911194	Medical Services	CT	501(c)(3)	10	Hartford HealthCare Medical Group Inc	Yes	
1290 Silas Deane Highway 2nd Floor Wethersfield, CT 06109 45-4456939	Medical Services	CT	501(c)(3)	10	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	
80 Seymour Street PO Box 5037 Hartford, CT 06102 06-0646668	Healthcare Services	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
80 Seymour Street Hartford, CT 06102 06-6040747	Fundraising	CT	501(c)(3)	12 (a)	Hartford Hospital	Yes	
435 Lewis Avenue Meriden, CT 06451 06-0646715	Healthcare Services	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
435 Lewis Avenue Meriden, CT 06451 06-6063082	Fundraising	CT	501(c)(3)	12 (a)	Midstate Medical Center	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	
189 Storrs Road Mansfield Center, CT 06226 06-0966963	Behavioral Health	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
883 Paddock Avenue Meriden, CT 06450 06-0932875	Substance Abuse Healthcare Services	CT	501(c)(3)	7	Hartford HealthCare Corporation	Yes	
883 Paddock Avenue Meriden, CT 06450 06-1432692	Supporting Organization	CT	501(c)(3)	12 (a)	Rushford Center Inc	Yes	
95 Merritt Boulevard Trumbull, CT 06611 22-2554128	Holding Company	CT	501(c)(25)		St Vincent's Health Services Corp	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
2800 Main Street Bridgeport, CT 06606 22-2558134	Supporting Organization	CT	501(c)(3)	12 (a)	SVMC Holdings Inc dba St Vincent's Medical Center	Yes	
2800 Main Street Bridgeport, CT 06606 80-0458769	Healthcare Services	CT	501(c)(3)	12 (a)	SVMC Holdings Inc dba St Vincent's Medical Center	Yes	
95 Merritt Boulevard Trumbull, CT 06611 06-0702617	Residential Services for Handicapped	CT	501(c)(3)	10	St Vincent's Health Services Corp	Yes	
One State Street Suite 19 Hartford, CT 06103 83-2550272	Hospital	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
540 Litchfield Street PO Box 988 Torrington, CT 06790 06-0646678	Healthcare Services	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
100 Grand Street New Britian, CT 06052 06-0646768	Healthcare Services	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
34 Hobart Street Southington, CT 06489 06-1490803	Residential Services for Senior Citizens	CT	501(c)(3)	10	Hartford HealthCare Senior Services Inc	Yes	
326 Washington Street Norwich, CT 06360 06-0250773	Hospital	CT	501(c)(3)	3	Hartford HealthCare Corporation	Yes	
765 Fairfield Avenue Bridgeport, CT 06604 06-0665196	Home Healthcare	CT	501(c)(3)	10	Hartford HealthCare At Home Inc	Yes	
112 Mansfield Avenue Willimantic, CT 06226 06-0677728	Fundraising	CT	501(c)(3)	12 (a)	Windham Community Memorial Hospital	Yes	
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	

[illegible]

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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	
								Yes	No
Aetna Ambulance Service Inc PO Box 1150 Manchester, CT 06045 06-0795431	Ambulance Services	CT	N/A	C	7,296,832	2,629,876	50.000 %	Yes	
Backus Medical Center Condo Assoc Inc 330 Washington Street Norwich, CT 06360 06-1542647	Condo Association	CT	N/A	C				Yes	
CenConn Services Inc 100 Grand Street New Britain, CT 06050 22-2836001	Billing Services	CT	N/A	C				Yes	
ConnCare Inc 326 Washington Street Norwich, CT 06360 06-1387598	Health Care Services	CT	N/A	C				Yes	
HHMOB Corporation 80 Seymour Street PO Box 5037 Hartford, CT 06102 06-1140244	Real Estate & Parking	CT	HHC	C	20,365,000	39,064,000	100.000 %	Yes	
Hartford HealthCare Indemnity Services Ltd FB Perry Bld 40 Church Street Hamilton BD	Captive Insurance	BD	HHC	C	46,560,000	205,719,000	100.000 %	Yes	
Hartford Physician Services PC 80 Seymour Street Hartford, CT 06102 06-1254082	Medical Services	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	
Meriden Imaging Center 101 North Plains Industrial Road Meriden, CT 06429 06-1541468	Imaging	CT	N/A	S				Yes	
Metro Wheelchair Service Inc PO Box 300 Manchester, CT 06045 06-0878432	Wheelchair Services	CT	N/A	C			50.000 %	Yes	
Midstate Medical Group PC 435 Lewis Avenue Meriden, CT 06450 20-4327968	Medical Services	CT	N/A	C				Yes	
Windham Professional Office Condo Assoc 112 Mansfield Avenue Willimantic, CT 06226 06-1090041	Condo Association	CT	N/A	C				Yes	
WWB Corporation 326 Washington Street Norwich, CT 06360 06-1094838	Holding Company	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
Hartford HealthCare Indemnity Services Ltd	R	48,520,322	FMV
Hartford HealthCare Senior Services Inc	O	2,742,412	FMV
Hartford HealthCare Senior Services Inc	Q	2,622,646	FMV
Hartford HealthCare Senior Services Inc	R	349,701	FMV
Hartford HealthCare Senior Services Inc	S	2,258,530	FMV
The Hospital of Central Connecticut	M	6,032,086	FMV
The Hospital of Central Connecticut	O	40,018,353	FMV
The Hospital of Central Connecticut	P	643,874	FMV
The Hospital of Central Connecticut	Q	139,343,241	FMV
The Hospital of Central Connecticut	R	8,911,911	FMV
The Hospital of Central Connecticut	S	84,849,491	FMV
MidState Medical Center	M	3,293,765	FMV
MidState Medical Center	O	20,764,419	FMV
MidState Medical Center	P	605,471	FMV
MidState Medical Center	Q	143,339,303	FMV
MidState Medical Center	R	7,909,777	FMV
MidState Medical Center	S	55,982,529	FMV
Hartford HealthCare Medical Group Inc	A	1,855,344	FMV
Hartford HealthCare Medical Group Inc	M	101,319	FMV
Hartford HealthCare Medical Group Inc	O	65,748,562	FMV
Hartford HealthCare Medical Group Inc	P	549,586	FMV
Hartford HealthCare Medical Group Inc	Q	78,735,986	FMV
Hartford HealthCare Medical Group Inc	R	2,669,432	FMV
Hartford HealthCare Medical Group Inc	S	9,301,581	FMV
Hartford HealthCare at Home Inc	M	172,616	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
Hartford HealthCare at Home Inc	O	12,748,879	FMV
Hartford HealthCare at Home Inc	P	70,560	FMV
Hartford HealthCare at Home Inc	Q	12,320,765	FMV
Hartford HealthCare at Home Inc	R	2,987,266	FMV
Hartford HealthCare at Home Inc	S	13,767,113	FMV
Mulberry Gardens of Southington LLC	O	870,485	FMV
Mulberry Gardens of Southington LLC	Q	1,537,841	FMV
Mulberry Gardens of Southington LLC	R	251,777	FMV
Mulberry Gardens of Southington LLC	S	806,209	FMV
The William W Backus Hospital	M	4,599,962	FMV
The William W Backus Hospital	O	32,476,005	FMV
The William W Backus Hospital	P	236,476	FMV
The William W Backus Hospital	Q	112,545,372	FMV
The William W Backus Hospital	R	2,726,411	FMV
The William W Backus Hospital	S	69,647,972	FMV
Windham Community Memorial Hospital	M	869,498	FMV
Windham Community Memorial Hospital	O	10,628,076	FMV
Windham Community Memorial Hospital	P	212,234	FMV
Windham Community Memorial Hospital	Q	37,379,046	FMV
Windham Community Memorial Hospital	R	2,771,473	FMV
Windham Community Memorial Hospital	S	21,984,566	FMV
Natchaug Hospital	M	418,610	FMV
Natchaug Hospital	O	6,665,624	FMV
Natchaug Hospital	P	74,765	FMV
Natchaug Hospital	Q	8,008,805	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	R	571,382	FMV
Natchaug Hospital	S	10,033,655	FMV
HHMOB Corporation	O	159,931	FMV
HHMOB Corporation	Q	6,419,288	FMV
HHMOB Corporation	R	71,026	FMV
HHMOB Corporation	S	1,456,863	FMV
Rushford Center Inc	O	4,380,759	FMV
Rushford Center Inc	Q	5,411,034	FMV
Rushford Center Inc	R	535,008	FMV
Rushford Center Inc	S	6,305,268	FMV
Hartford HealthCare Rehabilitation Network LLC	A	127,326	FMV
Hartford HealthCare Rehabilitation Network LLC	P	56,160	FMV
Hartford HealthCare Rehabilitation Network LLC	Q	374,414	FMV
Hartford HealthCare Rehabilitation Network LLC	S	495,625	FMV
Hartford HealthCare Independence at Home Inc	O	1,780,679	FMV
Hartford HealthCare Independence at Home Inc	Q	1,474,125	FMV
Hartford HealthCare Independence at Home Inc	R	369,267	FMV
Hartford HealthCare Independence at Home Inc	S	1,417,969	FMV
The Orchards of Southington Inc	O	454,054	FMV
The Orchards of Southington Inc	Q	1,328,383	FMV
The Orchards of Southington Inc	R	171,303	FMV
The Orchards of Southington Inc	S	521,947	FMV
Hartford HealthCare Accountable Care Organization Inc	O	2,099,560	FMV
Hartford HealthCare Accountable Care Organization Inc	R	986,662	FMV
The Charlotte Hungerford Hospital	M	217,503	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
The Charlotte Hungerford Hospital	O	12,972,050	FMV
The Charlotte Hungerford Hospital	P	922,116	FMV
The Charlotte Hungerford Hospital	Q	56,868,161	FMV
The Charlotte Hungerford Hospital	R	6,598,655	FMV
The Charlotte Hungerford Hospital	S	11,792,891	FMV
Hartford HealthCare Medical Group Specialists PLLC	A	1,234,305	FMV
Hartford HealthCare Medical Group Specialists PLLC	M	778,520	FMV
Hartford HealthCare Medical Group Specialists PLLC	O	5,315,672	FMV
Hartford HealthCare Medical Group Specialists PLLC	P	51,333	FMV
Hartford HealthCare Medical Group Specialists PLLC	S	19,342,099	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	O	10,345,493	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	P	52,740	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	Q	187,534	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	R	23,115,607	FMV
SVMC Holdings Inc dba St Vincent's Medical Center	S	39,237,015	FMV
St Vincent's Special Needs Center Inc	O	1,049,248	FMV
St Vincent's Special Needs Center Inc	R	1,369,611	FMV
ConnCare Inc	R	181,331	FMV
ConnCare Inc	S	133,780	FMV
Backus Physician Services LLC	R	68,428	FMV
Hartford Hospital	A	462,951	FMV
Hartford Hospital	B	50,967	FMV
Hartford Hospital	C	67,956	FMV
Hartford Hospital	M	15,570,773	FMV
Hartford Hospital	O	152,301,717	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
Hartford Hospital	P	4,420,240	FMV
Hartford Hospital	Q	607,612,951	FMV
Hartford Hospital	R	15,956,876	FMV
Hartford Hospital	S	290,744,904	FMV