

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning OCT 1, 2011, and ending SEP 30, 2012

2011

Department of the Treasury Internal Revenue Service

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

See instructions.

Name of exempt organization

Midstate Medical Center

Employer identification number

06-0646715

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 5 columns (Form check here, Total revenue, Total tax, Tax based on investment income, Balance due) and corresponding amounts in column 5b.

Part II Declaration of Officer

6. I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here: Signature of officer (handwritten), Date (7/31/2013), Title (VP, Finance)

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

ERO's Use Only: Signature, Date (7/29/13), Firm's name (Hartford Hospital), Address (80 Seymour Street, Hartford, CT 06102), EIN (06-0646668)

Paid Preparer Use Only: Print/Type preparer's name (Chad D. Franks), Signature, Date (07/26/2013), Firm's name (Ernst & Young U.S. LLP), Address (55 Ivan Allen Jr. Blvd Suite 1000, Atlanta, GA 30308), Firm's EIN (34-6565596), Phone no. (404-874-8300)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
 Midstate Medical Center  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 435 Lewis Avenue  
 City or town, state or country, and ZIP + 4  
 Meriden, CT 06451

**D Employer identification number**  
 06-0646715

**E Telephone number**  
 (203) 694-8200

**F Name and address of principal officer:** Ralph W. Becker  
 435 Lewis Ave, Meriden, CT 06451

**G Gross receipts \$** 257748431.

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

**H(c) Group exemption number** ▶

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

**J Website:** WWW.MIDSTATEMEDICAL.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 1885 **M State of legal domicile:** CT

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The Mission of MidState Medical Center is to promote, restore, and maintain the health</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	1435
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	307
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	53394.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	756441.	583542.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205061681.	229763292.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10618913.	20125814.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2284187.	2328086.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218721222.	252800734.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	101701646.	106509797.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 306421.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107840027.	128924171.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209541673.	235433968.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9179549.	17366766.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	246981756.	292807780.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	173911992.	201547743.
		73069764.	91260037.

**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: Ralph W. Becker  
 Date: 7/21/2011  
 Type or print name and title: Ralph W. Becker, VP, Finance

**Paid Preparer Use Only**  
 Print/Type preparer's name: Chad D. Franks  
 Preparer's signature: Chad D. Franks  
 Date: 07/26/2013  
 Check if self-employed:   
 PTIN: P01071312  
 Firm's name: Ernst & Young U.S. LLP  
 Firm's address: 55 Ivan Allen Jr. Blvd Suite 1000 Atlanta, GA 30308  
 Firm's EIN: 34-6565596  
 Phone no.: 404-874-8300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of MidState Medical Center is to promote, restore, and maintain the health and well-being of the people of central Connecticut. That mission comes to life in the various ways hospital staff interacts with people beyond the walls of the institution. More

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 45190219. including grants of \$ ) (Revenue \$ 49837761.) The Surgical Services department is proud to provide patients throughout central Connecticut with the very best in surgical care. From surgical weight loss to vascular surgery to gall bladder removal to oncological surgeries and more, our patients can count on MidState to provide sound, innovative clinical solutions that offer the greatest physical and emotional comfort, as well as the potential for the best possible outcome.

MidState's Operating Suite at its main campus (435 Lewis Avenue, Meriden) includes nine operating rooms and one procedure room. A new 700 square foot fully digitalized robot operating room was opened in June 2011 to accommodate new technology.

4b (Code: ) (Expenses \$ 32441044. including grants of \$ ) (Revenue \$ 28307187.) The Emergency Department (ED) at MidState Medical Center strives to provide compassionate, high-quality care to all of its patients, regardless of their financial ability to pay for services. Fiscal year 2012 was a year of improvement for the Emergency Department, our focus aimed to improve the patient experience by decreasing our "door to provider time" which is the patient arrival time to the time when a patient is seen by the ED Provider. Our new "Physician First" process is innovative and focuses on delivering patient-centered care directly to our patients in a timely and efficient manner.

Overall, the total number of ED visits for FY 2012 was 59,637, a 3% increase in visits since the previous year. In FY 2012, 11.2% of

4c (Code: ) (Expenses \$ 8791648. including grants of \$ ) (Revenue \$ 16352228.) Radiology Services at MidState Medical Center is comprised of various modalities that serve patients of all ages, from newborns through geriatrics. Imaging services available include nuclear medicine, ultrasound, MRI, mammography and PET/CT scanning. Radiology Services meets patients' imaging needs for routine health care, as well as for circumstances related to trauma and surgery. This includes diagnostic procedures, invasive techniques, and non-invasive modalities. Services are consistently subject to quality assurance and evaluation to ensure the highest standards are being met for patient care.

In fiscal year 2012, Radiology Services performed the following volume of procedures: 60,460 diagnostic, 2,299 nuclear medicine, 504 PET

4d Other program services (Describe in Schedule O.) (Expenses \$ 146352343. including grants of \$ ) (Revenue \$ 135259806.)

4e Total program service expenses 232775254.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	

Form 990 (2011)

**Part IV Checklist of Required Schedules** (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, and Yes/No response. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7f, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question 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 ..... 14		
	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 ..... 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
6	Did the organization have members or stockholders? .....	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	X	
b	Each committee with authority to act on behalf of the governing body? .....	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

	Yes	No
10a	X	
b	X	
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a	X	
b	X	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ▶ <u>None</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ <u>Ralph W. Becker - (860)696-6200</u> <u>181 Patricia M Genova Dr, Newington, CT 06111</u>

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Christopher W. Beale Director	2.00	X					0.	0.	0.	
(2) Irfan S. Chughtai, M.D. Director	2.00	X					0.	0.	0.	
(3) Lewis Levin, M.D. Director	2.00	X					0.	0.	0.	
(4) Lucille A. Janatka President/CEO	40.00	X		X			683721.	0.	123586.	
(5) Kenneth R. Kurz M.D. Immediate Past Chief (Nov. 2011)	5.00	X					20000.	64295.	5645.	
(6) Bruce C. Eldridge Chair of the Board	2.00	X					0.	0.	0.	
(7) Joseph E. Mirra Chair, Dev. Committee	2.00	X					0.	0.	0.	
(8) James N. Smith Director	2.00	X					0.	0.	0.	
(9) Richard A. Smith, M.D. Director, VP Medical Staff	2.00	X					49184.	0.	0.	
(10) Marcia B. Proto Secretary	2.00	X					0.	0.	0.	
(11) James L. Pellegrino Director	2.00	X					0.	0.	0.	
(12) Giovanna T. Weller Director	2.00	X					0.	0.	0.	
(13) Frederick Ulbrich, III Director	2.00	X					0.	0.	0.	
(14) Linda S. Durham Director (Nov. 2011)	2.00	X					0.	0.	0.	
(15) Carl D. Grant Director	2.00	X					0.	0.	0.	
(16) Rajani Nadkarni Chief Of Medical Staff	2.00	X		X			0.	0.	0.	
(17) Ralph W. Becker VP & CFO	40.00			X			0.	372076.	84855.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) Kenneth W. Cesca Former VP HR (July 2012)	40.00			X				235544.	0.	44666.
(19) Cindy L. Russo SVP, Operations	40.00			X				263512.	0.	50576.
(20) Catherine Stevens VP, Patient Care	40.00			X				177885.	0.	31487.
(21) Harold Kaplan Vice President, Med Affair	40.00			X				244245.	0.	42575.
(22) Maryanne Volkringer VP, Business Development	40.00			X				161703.	0.	23999.
(23) Robert van Heiningen VP, HR (July 2012)	40.00			X				0.	0.	0.
(24) Howard Dubin, M.D. ED Physician	40.00					X		289536.	0.	52697.
(25) Walter J. Kupson III Medical Director - Mediquick	40.00					X		289553.	0.	50315.
(26) Peter Bull Hospitalist	40.00					X		256885.	0.	50157.
<b>1b Sub-total</b>								2671768.	436371.	560558.
<b>c Total from continuation sheets to Part VII, Section A</b>								495510.	224982.	102406.
<b>d Total (add lines 1b and 1c)</b>								3167278.	661353.	662964.

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 **121**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIP Construction Inc. 10 McKee Place, Cheshire, CT 06410	Construction	3086081.
Clinical Laboratory Partners, 129 Patricia M Genova Dr, Newington, CT 06111	Lab Services	1518900.
Signal Medical Services Inc. P.O. Box 847689, Dallas, TX 75284	Medical Services	1261515.
Eastern Rehabilitation Network, 181 Patricia M Genova Dr, Newington, CT 06111	Medical Services	771378.
Sectra North America Inc., 2 Enterprise Drive, Suite 507, Shelton, CT 06484	Software	634301.

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 **47**

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	70650.				
	e Government grants (contributions)	1e	37500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	475392.				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			<b>583542.</b>			
<b>Program Service Revenue</b>	2 a <b>Outpatient Care</b>	Business Code	621400	128134279.	128134279.		
	b <b>Inpatient Care</b>		624100	98469062.	98469062.		
	c <b>Lab Services</b>		621500	297486.	297486.		
	d <b>Supply Vendor Rebate</b>		900099	251496.	251496.		
	e <b>Other Health Programs</b>		621300	78429.	78429.		
	f All other program service revenue		900099	2532540.	2526230.	6310.	
	<b>g Total. Add lines 2a-2f</b>			<b>229763292.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			19598720.		2259.	19596461.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	2319399.				
		(ii) Personal					
		b Less: rental expenses	642206.				
		c Rental income or (loss)	1677193.				
	d Net rental income or (loss)			1677193.			1677193.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4722249.	110336.			
		(ii) Other					
		b Less: cost or other basis and sales expenses	4175967.	129524.			
		c Gain or (loss)	546282.	-19188.			
	d Net gain or (loss)			527094.			527094.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a Cafeteria income		722210	606068.			606068.	
b Income-Pass Thru Entit		900003	44825.		44825.		
c							
d All other revenue							
e Total. Add lines 11a-11d			650893.				
<b>12 Total revenue. See instructions.</b>			<b>252800734.</b>	<b>229756982.</b>	<b>53394.</b>	<b>22406816.</b>	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3390846.	1825251.	1565595.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74300210.	74014126.		286084.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9414625.	9225788.	188837.	
9 Other employee benefits	14003968.	13963254.	40714.	
10 Payroll taxes	5400148.	5352592.	47556.	
11 Fees for services (non-employees):				
a Management				
b Legal	277976.		277976.	
c Accounting	198089.		198089.	
d Lobbying	33526.		33526.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	299890.	299890.		
g Other	15333100.	15333100.		
12 Advertising and promotion	967066.	967066.		
13 Office expenses	10152340.	10152340.		
14 Information technology	125365.	125365.		
15 Royalties				
16 Occupancy	6675016.	6675016.		
17 Travel	98696.	98696.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102658.	102658.		
20 Interest	5303525.	5303399.		126.
21 Payments to affiliates	15977335.	15977335.		
22 Depreciation, depletion, and amortization	13076713.	13076713.		
23 Insurance	4482538.	4482538.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	26286625.	26286625.		
b Bad Debt	14371512.	14371512.		
c Purchased Services	10214392.	10202924.		11468.
d Repairs & Maintenance	4296362.	4288590.		7772.
e All other expenses	651447.	650476.		971.
25 Total functional expenses. Add lines 1 through 24e	235433968.	232775254.	2352293.	306421.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	9106.	1	8350.
	2 Savings and temporary cash investments .....	19324329.	2	46078942.
	3 Pledges and grants receivable, net .....	271910.	3	202586.
	4 Accounts receivable, net .....	29777260.	4	39513199.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....	700000.	7	900000.
	8 Inventories for sale or use .....	1896399.	8	2649756.
	9 Prepaid expenses and deferred charges .....	2417557.	9	2603095.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 251982824.		
	b Less: accumulated depreciation .....	10b 124494160.		
	11 Investments - publicly traded securities .....	131868857.	10c	127488664.
	12 Investments - other securities. See Part IV, line 11 .....	12501552.	11	14919838.
	13 Investments - program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	48214786.	14	58443350.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	246981756.	15	292807780.	
Liabilities	17 Accounts payable and accrued expenses .....	14704807.	16	10376282.
	18 Grants payable .....		17	
	19 Deferred revenue .....	102759.	18	153535.
	20 Tax-exempt bond liabilities .....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....		22	
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	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 .....	159104426.	24	191017926.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	173911992.	25	201547743.
	Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		26
27 Unrestricted net assets .....		58642494.	27	74979160.
28 Temporarily restricted net assets .....		1966917.	28	2279087.
29 Permanently restricted net assets .....		12460353.	29	14001790.
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds .....			30	
31 Paid-in or capital surplus, or land, building, or equipment fund .....			31	
32 Retained earnings, endowment, accumulated income, or other funds .....			32	
33 <b>Total net assets or fund balances</b> .....		73069764.	33	91260037.
34 <b>Total liabilities and net assets/fund balances</b> .....	246981756.	34	292807780.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	252800734.
2	Total expenses (must equal Part IX, column (A), line 25)	2	235433968.
3	Revenue less expenses. Subtract line 2 from line 1	3	17366766.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73069764.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	823506.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	91260036.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **Midstate Medical Center** Employer identification number **06-0646715**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 2011 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2011.</b> 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 <b>33 1/3% support test - 2010.</b> 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 <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.**  
▶ **See separate instructions.**

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

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

Name of organization **Midstate Medical Center** Employer identification number **06-0646715**

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

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

2 Political expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....															

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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					

Schedule C (Form 990 or 990-EZ) 2011

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		33526.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			33526.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

Midstate Medical Center (MMC) is a member of both Connecticut Hospital Association (CHA) and American Hospital Association (AHA). Both CHA and AHA engage in lobbying activities on behalf of all their members. Efforts mainly include lobbying activities that are directly related to communications with legislators or actions on specific legislative

**Part IV** Supplemental Information (continued)

bills on healthcare matters. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The total amount of dues allocated as lobbying expenses for FY12 was \$33,526.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **Midstate Medical Center** Employer identification number **06-0646715**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 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 Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12501553.	12946811.	11876168.	11791694.	
b Contributions	240834.	258750.	229064.		
c Net investment earnings, gains, and losses	2534968.	-330623.	1188658.	200326.	
d Grants or scholarships					
e Other expenditures for facilities and programs	272520.	287232.	270479.	115852.	
f Administrative expenses	84995.	86153.	76599.		
g End of year balance	14919840.	12501553.	12946811.	11876168.	

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

- a Board designated or quasi-endowment  87.00 %
- b Permanent endowment  5.00 %
- c Temporarily restricted endowment  8.00 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.** 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		1250000.		1250000.
b Buildings		114490931.	33766435.	80724496.
c Leasehold improvements		8283537.	4947290.	3336247.
d Equipment		126326895.	85780435.	40546460.
e Other		1631461.		1631461.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				127488664.



**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Escrow Funds	4631.
(2) Funds Held In Trust	13223292.
(3) Other Assets	231182.
(4) Security Deposits	26386.
(5) Other Investments	16546339.
(6) Amortizable Bond Issue Costs	26347919.
(7) Deferred Comp Trust	2063601.
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	
	58443350.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Pension Liability	54063855.
(3) Accrued Post Retirement - Non	
(4) Pension	2721662.
(5) Accrued Pension Plan - Other	2429187.
(6) IBNR Malpractice Reserve	3385000.
(7) Bond Rebate Fund	6478759.
(8) Other Liabilities	14909964.
(9) Long Term Debt - Intercompany	88731315.
(10) Professional Liab. Claims - Long	
(11) Term	18298184.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	
	191017926.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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 on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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 XIV.)	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 XIV.)	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 XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The Medical Center has adopted investment and spending

policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. The Medical Center's spending policy is that investment income and realized gains and losses associated with the endowments are appropriated for spending every year, and unrealized gains and losses are reinvested back in to the endowment as accumulated earnings. Endowment assets include those assets of

**Part XIV** Supplemental Information (continued)

donor-restricted funds as well as board designated funds that the Medical Center must hold in perpetuity or for donor-specific period(s).

The Medical Center's endowment consists of approximately 100 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The income generated by the funds are used mainly for capital purchases.

Part X, Line 2: The audited financial statement did not include a FIN 48 Footnote.

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
North America/Caribbean	1	2	Program Services	Insurance	9876028.
North America/Caribbean			Investments		13893500.
<b>3 a</b> Sub-total .....	1	2			23769528.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	1	2			23769528.

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

Schedule F (Form 990) 2011

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) .....  Yes  No

Schedule F (Form 990) 2011

**Part V Supplemental Information**

Complete this part to 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.

Hartford Hospital is a brother/sister entity to Midstate Medical Center. They are both owned by Hartford HealthCare Corporation. Hartford Hospital files form 5471 on behalf of itself and Midstate Medical Center.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **Midstate Medical Center** Employer identification number **06-0646715**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1)			1787156.	732490.	1054666.	.48%
b Medicaid (from Worksheet 3, column a)			46001905.	31479617.	14522288.	6.57%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			47789061.	32212107.	15576954.	7.05%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			510275.	7490.	502785.	.23%
f Health professions education (from Worksheet 5)			261062.		261062.	.12%
g Subsidized health services (from Worksheet 6)			4231464.	2718469.	1512995.	.68%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15311.		15311.	.01%
j Total Other Benefits			5018112.	2725959.	2292153.	1.04%
k Total. Add lines 7d and 7j			52807173.	34938066.	17869107.	8.09%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Midstate Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) Midstate Medical Center

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance? .....	<input checked="" type="checkbox"/>	
13 Included measures to publicize the policy within the community served by the hospital facility? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	<input checked="" type="checkbox"/>	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		<input checked="" type="checkbox"/>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) Midstate Medical Center

**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....

	Yes	No
18	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

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

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

20		X
21		X

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.



**Part V** Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c: Midstate Medical Center used the Federal Poverty

Guidelines to determine eligibility.

Part I, Line 7: The organization utilized the Ratio of Cost to Charges (RCC) derived from the FY 2012 Medicare cost report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). We further reduced this RCC to incorporate or reflect the directly identified community expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g, (most programs). The exception to the cost to charge ratio used was on MediQuick Clinic East, Diabetes Center and Inpatient Psychiatric program costs. The array of services in these programs was significantly different than the overall hospital array, therefore a specific RCC was developed and then reduced for a community benefit and non-patient care factor. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and



**Part V** Supplemental Information

reduced for Medicare costs previously reported on Part I Lines 7g.

Part I, Line 7g: No physician clinic costs were included in the subsidized Health Services cost calculations.

Part I, Line 7, Column (f): The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 14371512.

Part II: MidState Medical Center has a very robust community benefits program. MidState coordinates a Community Vision group that interacts with the community to address needs and facilitate responses to identified needs. Through Community Vision, MidState has collaborated with the United Way of Meriden and Wallingford to address food collection and distribution for the needy while also conducting semi-annual food collections within the hospital for distribution to those in need. More specifically, MidState is involved in a Family Zone in Meriden that is modeled after the Harlem Children Zone in New York and provides extended services to families who reside in a targeted segment of the community. MidState representatives also serve on a housing coalition that addresses the need for housing and shelter in its primary service area. Since basic needs, such as food and housing, are tied to health status, MidState's participation in these initiatives alongside the Untied Way has been important and beneficial to the community the hospital serves.

MidState staff is also involved in workforce development activities through a regional board that is focused on training, education, and employment opportunities. This enhances the training of the workforce and

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**Part V** Supplemental Information

also can lead to career opportunities at MidState Medical Center.

Furthermore, MidState is proud of the school-business partnerships it has in the community, further addressing workforce development efforts among the area's youth and understanding that employment is another factor tied to health status.

Since the mid-1990s, MidState has had a close-knit relationship with nearby John Barry Elementary School which has provided opportunities for staff to adopt classrooms and enrich the academic experience of students through read-a-loud days and other classroom activities, as well as promote tailored education to students on important health topics including the signs and symptoms of stroke. By educating students on disease risk factors at an early age, it is the hope that their knowledge base will increase, they will share information with their families and perhaps recognize a health problem in a loved one.

Over 20 years ago MidState and its community partners, under the Healthy Meriden initiative, established the Multidisciplinary Geriatric Service Provider Team to bring together all the geriatric service providers in the area to address health issues that the elderly face and how the organizations around the table can better address those issues through collaboration, more coordinated service, and networking. The team still continues to meet monthly and participation is strong. MidState assists with organizing these meetings and serves as a meeting location for the group. Through this specialized team, work is being done to improve the healthcare services available to our aging population.

For FY12, the Medical Center expended \$30,965 on community building

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**Part VI** Supplemental Information

activities as reported on Part II of schedule H and in the narratives above.

Part III, Line 4: Please see the text of the footnote that describes bad debt expense beginning on page 16 of the Audited Financial Statement.

Over the past couple of years, the Organization has employed a consulting firm to analyze bad debt that could have been attributable to financial assistance. As part of an ongoing process, this analysis continued throughout fiscal 2012 and any potential bad debt that should have qualified for financial assistance was allocated accordingly. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2012 would be immaterial.

Part III, Line 8: Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. Therefore the Medicare shortfall should be considered to be a community benefit. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b: Midstate Medical Center has adopted the Financial Assistance Policy of its Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: For those patients that qualify for financial assistance and for whom in the System's sole determination are cooperating in good faith to resolve the System's outstanding accounts, the Systems' facilities may offer extended

**Part V** Supplemental Information

payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

Midstate Medical Center:

Part V, Section B, Line 19d: Midstate Medical Center is in the process of adopting proposed 501r regulations. Once the regulations are final the hospital will be in compliance.

Part VI, Line 2: MidState Medical Center conducts needs assessment every three years. The assessment includes:

1. Primary data, including focus groups, surveys both on paper and on the phone. This data addresses behaviors and perceptions.
  2. Secondary data, including morbidity and mortality data, crime statistics, housing and homeless information, substance abuse, alcohol, and tobacco survey results, workforce data, and demographic information.
  3. Other available data from various local, state, and national resources.
- This data is correlated and evaluated and leads to specific issues related to basic needs, health, housing, workforce, and issues related to specific age groups, including seniors and youth. A community group, incorporating MidState Medical Center, United Way, Chamber of Commerce, as well as other health and human service organizations, key opinion leaders, business leaders, clergy, and other volunteers collaborate to address these issues. This group has convened community-based task forces to address identified issues.

Part VI, Line 3: MidState Medical Center disseminates information

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**Part VI** Supplemental Information

about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration discharge, billing and collection written communications; (iii) post the Policy on the Hospital's Website; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

Part VI, Line 4: MidState Medical Center serves its primary area, including Meriden, Wallingford, Southington, and Cheshire as well as the communities of Berlin, North Haven, Middlefield, Durham and surrounding communities. The population of the towns in the primary service area is 29,411 (Cheshire), 58,801 (Meriden), 45,030 (Wallingford) and 42,534 (Southington). The media household income in Cheshire is \$101,392, \$50,439 in Meriden, \$69,216 in Wallingford, and \$73,985 in Southington, with poverty rates at 2.5, 15.8, 6.4, and 3.7, respectively. Unemployment rates are as follows: 6.3 in Cheshire, 10.2 in Meriden, 7.5 in Wallingford and 7.2 in Southington.

Due to the nature of the services MidState provides, patients are primarily over the age of 65. However, since the hospital also offers emergency, surgical, and labor and delivery services, the hospital's core customers vary in age from children through geriatrics. Approximately 63% of MidState's patients have government insurance, about 44% of which is

**Part VI** Supplemental Information

Medicare and 19% which is Medicaid. The other 37% is private pay, which includes the privately insured as well as the uninsured. MidState's patient base is fairly diverse in race. Although because of the hospital's location in Meriden, MidState serves a larger portion of the Hispanic population.

Part VI, Line 5: The mission of MidState Medical Center is to improve the health and healing of the people and communities we serve. In towns across central Connecticut, MidState is committed and focused on efforts to promote health and wellness. The majority of MidState Medical Center's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

MidState Medical Center extends medical staff privileges to all qualified physicians in its community. The Hospital/Medical Center has partnered with the Community Health Center to provide health services to the underserved in the community. In addition, MidState participates in Community Vision to improve community health and well-being.

MidState has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means tested programs such as Medicare and Medicaid, as well as for the MidState Medical Center Financial Assistance Program. Additionally, the MidState Emergency Department and satellite MediQuick Urgent Care facilities provide medical care regardless of patients' ability to pay for services.

**Part VI** Supplemental Information

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff have reached out to thousands of individuals in the last year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents. These include key opinion leaders, faith communities, business leaders, government officials, and a variety of social service organizations. MidState and these partners come together on a monthly basis in Community Vision meetings to discuss plans to address community need and determine the best means to promote positive change. Many of the issues address focus on the ongoing work related to the 2008 Community Needs Assessment Project conducted by MidState and the United Way of Meriden and Wallingford. An updated needs assessment was just completed this year.

MidState and Community Vision partners have also been leaders in establishing several community food drives throughout the year and creating a process for a more efficient, effective food collection and distribution method. Last fiscal year, MidState hosted a food drive that resulted in the collection of over 30 boxes of non-perishable food items and personal care items that were distributed to Master's Manna in Wallingford and the CT Food Bank. Additionally, MidState participated in the United Way of Meriden and Wallingford's Adopt-a-Family holiday program; approximately 21 hospital departments have adopted families in the community, more than any other organization in Meriden and Wallingford.

MidState has also contributed to the community in the following ways:

Schedule H (Form 990) 2011

**Part VI** Supplemental Information

## Health Fairs, Programs &amp; Screenings

MidState has coordinated and participated in nearly 350 health programs between October 2011 and September 2012, including health fairs, educational seminars and screenings. In particular, MidState hosted 2 well attended skin screenings in May and June. One bone marrow drive was also offered in April with over 50 participants.

## The LaPlanche Clinic &amp; Geriatric Outreach

MidState's LaPlanche Clinic was established in 1979 to meet the growing needs of the senior population in town. Working collaboratively with the Meriden Senior Center, the clinic is staffed by a registered nurse who provides education and care to seniors. Screenings offered include blood pressure, cholesterol and glucose, as well as regular programming on health topics such as nutrition, heart health, cancer prevention, healthy lifestyles and more. The clinic had over 1,500 patient visits in 2012. A similar clinic operates out of the Cheshire Senior Center once per week, where another several dozen seniors in MidState's core community receive outstanding clinical care and free blood pressure screenings. MidState also ran two Walk for Fun programs that focused on nutrition basics and exercise to help seniors live healthy lifestyles.

## Speakers' Bureau

MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups.



**Part V** Supplemental InformationCommunity Partners

MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year, MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAS, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community. Additionally, The Palladino Family Cancer Center operated by MidState has worked collaboratively with local YMCAs to promote their new LIVESTRONG program for cancer survivors.

Tremaine Resource Center

Our medical and consumer health library offers a broad range of resources and services to support the needs of patients, caregivers and area residents for accurate and current health information. The Tremaine Resource Center supports student research and offers services to patients in the hospital. The library saw 5,790 visitors last year and responded to 449 requests for information.

John Barry School Business Partnership

MidState Medical Center established a school-business partnership with John Barry Elementary School in downtown Meriden in 1995, which is considered a model for other school/business partnerships in the nation. These inner city classes were "adopted" by hospital departments and weekly or monthly activities were planned in collaboration with the teachers. In

Schedule H (Form 990) 2011

**Part VI** Supplemental Information

addition, staff members participated in career days, and coordinated health fairs at the school. In an effort to promote and encourage reading at the elementary school level, MidState's Values, Behaviors and Recognition Committee participated as "judges" in the John Barry "Build-a-Book" Contest, reviewing stories created by over 100 students in all grades and participating in the awards ceremony. In addition, as employees of MidState, core values of integrity, caring, excellence and safety are demonstrated every day. To foster the behaviors associated with these core values, members of MidState's Values, Behaviors and Recognition Committee developed, created, and designed the MidState "Beacon Awards" to recognize selected students at John Barry Elementary School. This award not only honors the long-standing school-business partnership between John Barry Elementary School and MidState Medical Center but also recognizes the similarities between MidState's core values and John Barry's core values of respect for self, respect for others, and respect for school. John Barry students from 4th grade and 5th grade were nominated by their classmates and teachers for this award and MidState employees participated in the awards event at the end of the school year. In FY 12, MidState employees contributed over 100 hours to this program.

**Volunteer Support**

MidState is fortunate to have an active group of adult and junior volunteers who each day offer their skills and talents to the hospital. Last year 296 volunteers generously contributed over 43,000 hours of service to 45 different departments. The work of the hospital could not be done without these loyal ambassadors. Additionally, job shadowing opportunities are provided through the Volunteer Department and give young adults the chance to learn more about their interests in the health care

**Part V** Supplemental Information

field.

**Education and Research**

In fiscal year 2012, a group of 30 medical careers students from Sheehan and Lyman Hall High Schools in Wallingford visited MidState and toured the Emergency Department, Pharmacy, Family Birthing Center and Radiology to learn more about the hospital environment and work that goes on in the respective departments, as well as possible careers in those areas.

Additionally, MidState provides a wealth of free professional education for both clinical and non-clinical staff through the Nursing Education department, as well as through Workforce Development.

Part VI, Line 6: MidState Medical Center is an Affiliate of Hartford Healthcare Corporation (HHC). HHC strives to provide compassionate care designed to deliver the necessary health services needed by the community. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care".

HHC affiliation creates a strong integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and

**Part V** Supplemental Information

Innovation located at Hartford Hospital, the largest of the system hospitals.

The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Lucille A. Janatka	505988.	151851.	25882.	93311.	30275.	807307.	0.
	0.	0.	0.	0.	0.	0.	0.
2 Ralph W. Becker	297588.	48750.	25738.	59375.	25480.	456931.	0.
	198046.	37498.	0.	21598.	23068.	280210.	0.
3 Kenneth W. Cesca	0.	0.	0.	0.	0.	0.	0.
	218650.	44862.	0.	22050.	28526.	314088.	0.
4 Cindy L. Russo	0.	0.	0.	0.	0.	0.	0.
	151537.	21348.	5000.	7249.	24238.	209372.	0.
5 Catherine Stevens	0.	0.	0.	0.	0.	0.	0.
	204346.	39899.	0.	22050.	20525.	286820.	0.
6 Harold Kaplan	144873.	16830.	0.	14553.	9446.	185702.	0.
	0.	0.	0.	0.	0.	0.	0.
7 Maryanne Volkringer	259893.	26693.	2950.	24116.	28581.	342233.	0.
	0.	0.	0.	0.	0.	0.	0.
8 Howard Dubin, M.D.	263166.	26387.	0.	21734.	28581.	339868.	0.
	0.	0.	0.	0.	0.	0.	0.
9 Walter J. Kupson III	237927.	17133.	1825.	22050.	28107.	307042.	0.
	0.	0.	0.	0.	0.	0.	0.
10 Peter Bull	236515.	18396.	0.	22050.	10798.	287759.	0.
	0.	0.	0.	0.	0.	0.	0.
11 Timothy M. Pratt	221355.	17060.	2184.	22019.	27871.	290489.	0.
	0.	0.	0.	0.	0.	0.	0.
12 Mark Safalow	0.	0.	0.	0.	0.	0.	0.
	110541.	0.	114441.	9155.	10513.	244650.	0.
14							
15							
16							

**Part II** Supplemental information

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

Part I, Lines 4a-b: 2011 SERP accrual made on behalf of the following individual - Lucille Janatka \$52,672

Ms. Linda B. Spivack (Former Officer) severance payment began in July of 2011 with related organization - Hartford Hospital. Total severance payment in 2011 was \$113,556.

Part VII, Section A, Line 5

Rajani Nadkarni, MD is a Board member and Chief of Medical Staff. During 2011, Midstate Medical Center paid Medical Oncology and Hematology PC \$40,000 for services rendered by Dr Nadkarni.





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Part V	See Part V	326328.	See Part V		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**Part IV**

**Business Transactions Involving Interested Persons**

(a) Name of Interested Person: Joseph E. Mirra

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: \$326,328

(d) Description of Transaction: Mr. Joseph Mirra is a board member of Midstate Medical Center (MMC). Mr. Mirra is the owner of Business Resources Center, LLC. The company provides physician billing and provider enrollment services for Midstate Medical Center and Windham Community Memorial Hospital (WCMH), a related entity. MMC and WCMH paid the Company \$256,702 and \$69,626 respectively for physician billing and provider enrollment services during the year.

(e) Sharing of Organization Revenues? = No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **Midstate Medical Center** Employer identification number **06-0646715**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>Design, Consul</u> )	X	1	0.	FMV
26 Other ▶ ( <u>Baby Sweaters</u> )	X	4	0.	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

**Part I**

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

Schedule M, Line 33: Currently the organization does not assign a value to certain non-cash gifts. These gifts are also not reported as contributions on the income statement. The organization is in the process of formulating a policy that will require all gifts to be valued and reported in the financial statement.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

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

and well-being of the people of central Connecticut.

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

than just a place to come for medical care, MidState holds in its mission a deep commitment to be there for the communities it serves by reaching out to people of all backgrounds and providing them with the guidance they need to live and maintain a healthy, active life.

For many years, MidState has worked especially close with the United Way of Meriden & Wallingford to assist in creating opportunities for a better tomorrow. MidState has been a staunch supporter of the United Way's LIVE UNITED CAMPAIGN, calling on hospital employees to be good stewards in our community.

Form 990, Part III, Line 2, New Program Services:

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, hospitals and critical care access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicare EHR incentive provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The Medical Center utilizes a grant accounting model to recognize EHR incentive revenues. EHR incentive

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization

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revenues are recognized ratably over the relevant cost period to determine the amount of reimbursement. Accordingly, the Medical Center recognized \$2,417,477 of EHR revenues during the year ended September 30, 2012, approximately \$1,754,215 and \$663,262 relating to Medicare and Medicaid respectively. EHR incentive revenues are included in other operating revenues.

The Corporation's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated.

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

Surgical Care is delivered to outpatient and inpatients in an integrated operating room. Major surgical specialties that are offered are:

General Surgery - including minimally invasive surgery, robotics and bariatric surgery

Gynecological - Major and minor gynecological procedures, robotic surgery, vaginal hysterectomies, and uro-gyno procedures

Obstetrical - Caesarean Section

ENT - Nasal surgery, Head and Neck surgery, PE Tubes, Tonsillectomies, 3D imaging sinus surgery, and Cryosurgery

Ophthalmology - Cataract extraction with or without lens implant

Maxillofacial - Orthognatic surgery

Orthopedics - Total Joint replacements, Sports Medicine, Trauma

fractures and spine surgery

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Urological - Minimally Invasive renal and prostate surgery including robotic surgery, Green Light Laser for stone removal.

ESWL for stone removal, Brachtherapy, and Urinary incontinence procedures, Vascular and Thoracic, Plastic, Neurosurgery of the Spine, and CO2 Laser Surgery Open heart, craniotomies, and transplants are not available at MidState.

Surgical Services at MidState serves the pediatric, adolescent, adult and geriatric population. Midstate performed 8,162 inpatient procedures and outpatient procedures in FY2012, which is in line with national trends that indicate that 74% of surgeries are outpatient surgeries. Patient physical status, ASA Class I, II, III, IV are candidates for surgical intervention. All patients receive the same quality of nursing care regardless of race, diagnosis, creed or ability to pay. Operating Utilization for 2012 was 62%.

Response time for on-call personnel is 30 minutes from receiving call to on duty. As per hospital policy, two hospital employees are required for every major operative procedure and one must be the RN circulator. A third or dedicated person is required for all Laser surgery. An RN and a Perioperative Technician may do Cystos, D&Cs and Closed Reductions. A Surgical Technologist may assist with circulating duties.

The team concept is utilized for delivery of care. The Team Leaders of major specialties are selected by staff and fulfill the major responsibility for resource management for their service.

All MidState OR rooms are multi-functional and any procedure may be

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performed in any room. CO2 laser may be utilized in any OR. Holmium and Green light Laser procedures are room specific.

All decontamination, re-assembly and storage of surgical instruments and equipment are performed in the surgical suite with sterilization occurring in CSR.

A Charge Nurse designated by the manager is on duty 3:00 - 11:00 p.m. off shift. Approximately 66% of direct care staff are RN's.

GSA, CCA and Perioperative Technicians provided support to OR, CSR and PACU.

V. The top 5 procedures performed are:

- \* Cataract procedures
- \* Urological procedures
- \* D&C's diagnostics and therapeutic
- \* Arthroscopic surgery
- \* Breast surgery

Plan to Improve Quality of Care is based on high risk, high volume and problem prone processes. Improvement processes are reviewed annually.

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

patients were admitted to MidState Medical Center as inpatients. The percentage of patients who left without being seen dropped to a low of 0.75%, which is well below the national benchmark of 2%. Approximately 25% of all Emergency Department patients arrived by ambulance.

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Emergency Medicine Physicians (EMP)

We continue our relationship with Emergency Medicine Physicians (EMP) to provide care to patients in the ED. EMP focuses on patient satisfaction, medical staff satisfaction and providing exceptional emergency care.

Electronic Health Record

This fiscal year the ED continued to improve the electronic health record, Allscripts. Our goal of full implementation is for FY13. The electronic health record is creating a legible, readable record.

Patient Satisfaction

Overall patient satisfaction scores for FY 2012 were in the 84th percentile. Again this year, 99% of patients said the triage process was private. The ED continues to make reduced wait times a priority, with the goal of all patients being seen by a provider within 30 minutes of arrival. For FY 2012, 85% of all patients had been seen within 30 minutes of arrival. For Fiscal Year 2012, patients waited an average of only 8 minutes to see a provider compared to 12 minutes in 2011 when we began to focus on the patient experience.

Community Outreach

The staff of the ED is committed to community service and enriching the lives of others. In FY 2012, the ED participated in the United Way of Meriden & Wallingford's "Adopt-a-Family" program, where ED staff contributed several hundred dollars to provide a family in need with a



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holiday wish list. The department also donated money to a family member in need in the Emergency Department and on the Transport Team. Additionally, the ED participated in community health fairs.

### Partnerships

The MidState ED does not work alone in providing excellent care to those it serves. In FY 2012, the ED provided ongoing education to local EMS providers, both of the Wallingford Fire Department and Hunter's Ambulance. We also developed a special paramedic continuing education program with the Center for Education, Stimulation and Innovation at Hartford Hospital. The ED continued to build its relationship with the Meriden Police Department and work more collaboratively in situations when emergency care intersects with law enforcement matters.

The MidState ED also partners with Hartford Hospital's LifeStar helicopter to deliver life saving care to critically ill patients that need a higher level of care than what MidState can provide.

### Education

In FY 2012, the MidState ED continued to play a critical role in staff education of best practices treatment and protocols. We have encouraged our RN staff to become certified "emergency nurses," and currently we have four that have passed the certification exam.

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

scans, 14,646 ultrasounds, 23,729 CT scans, 7,758 MRIs, and 5,473 special procedures. Radiology services are provided in a total of seven locations across central Connecticut and beyond.

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Patient Satisfaction

Radiology Services utilizes both Press Ganey, Inc., as well as another outpatient survey tool to track feedback from its patients and make necessary process improvements. Management also contacts patients to discuss positive and negative feedback when necessary and per the patient's request. Patient satisfaction data for fiscal year 2012 shows the following in comparison to Baldrige award winning hospitals across the country:

Waiting time for Radiology - 82%      Baldrige average - 42%

Courtesy of Radiology Staff - 88%      Baldrige average - 62%

Concern for Comfort - 90%      Baldrige average - 71%

Equipment/Technology Improvements

In fiscal year 2012, Midstate Radiology Associates began using a new adaptive low-dose 64-slice CT scanner at multiple office locations. The new CT scanner gives patients the clinical diagnosis they need with reduced radiation exposure. The advanced technology is able to adapt the radiation dose given to the patient based on the patient's body part that needs to be scanned, thereby reducing the radiation dose by 30-40% to areas like the skin and eyes. Low-dose CT scans are particularly beneficial for patients who need multiple scans throughout their lifetime, especially younger patients, those going through cancer treatment or patients with gastrointestinal conditions like Crohn's disease or diverticulitis.

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

132212  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

Midstate Medical Center

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The mission of MidState Medical Center is to improve the health and healing of the people and communities we serve. In towns across central Connecticut, MidState is committed and focused on efforts to promote health and wellness.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff have reached out to thousands of individuals in the last year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents. These include key opinion leaders, faith communities, business leaders, government officials, and a variety of social service organizations. These partners come together on a monthly basis in Community Vision meetings to discuss plans to address community need and determine the best means to effect change.

MidState and these Community Vision partners have also been leaders in establishing several food drives throughout the year and creating a process for a more efficient, effective food collection and distribution method. This fiscal year, MidState hosted a food drive to benefit Hurricane Sandy victims that resulted in the collection of over 11 boxes of non-perishable food items and personal care items that were distributed to The Connecticut Food Bank.

Additionally, MidState participated in the United Way of Meriden and Wallingford's Adopt-a-Family holiday program where employees purchased items on a family's wish list; 19 hospital departments adopted families in the community, more than any other organization in Meriden and

Name of the organization

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Wallingford.

MidState has also contributed to the community in the following ways:

2012 Community Needs Assessment

In fiscal year 2012, MidState Medical Center completed its community needs assessment in partnership with the United Way of Meriden & Wallingford. MidState and the United Way held a community-wide meeting in May 2012 to disseminate the results from both a telephone survey among residents and focus groups held with various agencies workers and residents in Meriden and Wallingford. This meeting provided the agencies with the qualitative and quantitative data necessary for them to address the issues identified in the needs assessment that were pertinent to their mission and work plan.

One of the largest issues identified in the needs assessment was the high prevalence of type 2 diabetes in the communities that MidState serves. Therefore, it became a target area to work on. The Community Relations office and Diabetes Center have worked together to schedule educational programming on diabetes in the focused service area. A target of 25 programs has been established.

The Diabetes Center is also hosting two 6-session program series entitled "Stepping It Up," a program geared towards at risk individuals. The Diabetes Center recruits participants by working with physicians' offices, through paid advertising, local print and online publicity, local community groups/agencies and the health departments in Meriden and Wallingford.

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Additionally, a two-session series focused on diabetes management will be targeted towards the senior, youth and general populations. Programs will be scheduled at the Meriden Senior Center, Wallingford Senior Center, Boys & Girls Clubs in Meriden and Wallingford and at five targeted grocery stores in Meriden and Wallingford.

To measure the effectiveness and success of the 6 - series program, a survey will be administered that will measure diabetes knowledge and identification of behavior change pre and post program. "Stepping It Up" participants will also have their weight and glucose checked at the beginning and end of the 6-week series. MidState will track the number and location of programs as well as attendance.

#### Health Fairs, Programs & Screenings

MidState has coordinated and participated in nearly 64 different program categories between October 2011 and September 2012, including 10 health fairs, countless educational seminars and 13 screenings. Through the combination of these programs, MidState has served over 37,000 people.

#### The LaPlanche Clinic & Geriatric Outreach

MidState's LaPlanche Clinic was established in 1979 to meet the growing needs of the senior population in town. Working collaboratively with the Meriden Senior Center, the clinic is staffed by a registered nurse who provides education and care to seniors. Screenings offered include blood pressure, cholesterol and glucose, as well as regular programming on health topics such as nutrition, heart health, cancer prevention, healthy lifestyles and more. The clinic sees approximately 2,000

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patient visits each year. A similar clinic operates out of the Cheshire Senior Center once per week, where another several dozen seniors in MidState's core community receive outstanding clinical care and free blood pressure screenings. MidState also runs an 8-week program called Diet Watch that focuses on nutrition basics to help seniors live healthy lifestyles.

#### Speakers' Bureau

MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups.

#### Community Partners

MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year, MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAs, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community. Additionally, The Palladino Family Cancer Center operated by MidState has worked collaboratively with local YMCAs to promote their new LIVESTRONG program for cancer survivors.

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Tremaine Resource Center

Our medical and consumer health library offers a broad range of resources and services to support the needs of patients, caregivers and area residents for accurate and current health information. The Tremaine Resource Center supports student research and offers services to patients in the hospital. The library saw 5,970 visitors last year and responded to 449 requests for information.

John Barry School Business Partnership

In 1995, MidState formed a school-business partnership with nearby John Barry Elementary School. Over the last 16 years, hospital departments have "adopted" classes and collaborated with teachers to plan regular activities that include health fairs, career days, hospital tours, holiday breakfasts, and an annual "Read Aloud Day." Hospital employees have donated books to the school, as well as offered age-appropriate education on topics such as "The Warning Signs of Stroke" and "When to Call 9-1-1." This fiscal year, MidState hosted a day-long event for the entire school to educate children on stroke risk factors and healthy lifestyles; the event consisted of numerous activities with support from over 10 staff members who each devoted many hours of time to planning and execution.

Volunteer Support

MidState is fortunate to have an active group of adult and junior volunteers who each day offer their skills and talents to the hospital. Last year 307 volunteers generously contributed over 43,000 hours of service to 45 different departments. The work of the hospital could not

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be done without these loyal ambassadors.

Expenses \$ 146352343. including grants of \$ 0. Revenue \$ 135259806.

Form 990, Part VI, Section A, line 6: Midstate Medical Center is organized as a non-stock not for profit entity. Hartford HealthCare Corporation is the sole member.

Form 990, Part VI, Section A, line 7a: The sole member of the organization has the authority to approve/remove members of the governing board.

Form 990, Part VI, Section A, line 7b: The sole member of the organization has the right to review, approve, disapprove or deny fundamental transactions such as mergers, acquisitions, dissolutions, etc.

Form 990, Part VI, Section B, line 11: The Form 990 was prepared by Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the CFO for review. The Form was then made available to the board for review. Once the entire review process was completed, the form was signed by the CFO and then filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: The Medical Center's board has adopted the policy of the member organization, Hartford HealthCare Corporation (HHC). All directors, officers and senior management of the organization complete and sign a Conflict of Interest statement. The statement includes an itemization and description of any actual or potential conflict of interest and all material facts related thereto for



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such director, officer or senior manager by virtue of his or her activities or the activities of related persons. Directors, officers and senior managers are urged to be inclusive in this disclosure since the disclosure of potential and actual conflicts of interest is essential to ensuring discussion of the conflict.

Conflict of Interest disclosure statements are returned to the HHC Office of Compliance, Audit & Privacy (OCAP). All disclosures are reviewed by OCAP under the direction of legal counsel and the HHC Executive Compliance Steering Committee (ECSC), who shall exercise good faith judgment as to whether a conflict exists. Legal counsel and the ECSC shall be responsible for monitoring transactions or arrangements in which a director, officer and senior management may have a conflict of interest and for assuring that the director, officer or senior management serves the hospital's best interests. OCAP, legal counsel and/or the ECSC may consult with any director, officer or senior manager and obtain information necessary for an ordinarily prudent person to make a judgment as to whether a conflict exists and each director, officer or senior manager shall cooperate with such requests. OCAP, legal counsel and/or the ECSC shall provide guidance to the director, officer or senior manager and to the board of directors as to the appropriate course of action. Legal counsel and the ECSC shall seek the advice and approval of the full Board of Directors in determining whether a conflict of interest exists and that the director, officer or senior manager serves the organization's best interests. When a conflict of interest is discovered, such director, officer or senior manager with the conflict will be required to refrain from participating in any discussion or action concerning such conflicted situation in accordance with policy. If, after completing and signing the annual disclosure statement, an actual

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or potential conflict arises, the director, officer or senior manager with the conflict shall promptly notify OCAP in writing.

Form 990, Part VI, Section B, Line 15: The Independent Executive Compensation Committee hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation for those employees who report directly to the CEO of Hartford HealthCare Corporation.

The following steps are taken:

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

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

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All other executive compensation are regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.

Form 990, Part VI, Section C, Line 19: The Form 990, Form 990T and Form 1023 and its attachments are available upon request. The organization's governing documents, financial statements and Conflict of Interest Statements are also made available upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	3124152.
Unrealized Loss on Swap Value	-757916.
Change in Funding Status of Pension	-1499494.
Income From Pass Thru Entities	-43236.
Total to Form 990, Part XI, Line 5	823506.

Form 990, Part XII, Line 2

The organization's financial statements were audited by an independent accountant as part of a consolidated financial statement. In addition, the organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant.

Form 990, Part XII, Line 2c

Midstate Medical Center did not receive a separate audited financial statement, it is included in a consolidated audited financial statement. The process has not changed from prior years.

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Part VII, Column B

Average Hours Per Week

The employees reported on Part VII are full time salaried employees. These employees usually work a significant amount of overtime, however, they are not required to keep track of actual number of hours worked.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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Open to Public Inspection

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**Midstate Medical Center**

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

(a) Name, address, and EIN 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
Midstate MSO, LLC - 20-4312072 435 Lewis Avenue Meriden, CT 06451	Management Services	Connecticut	-8505748.	1386140.N/A	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Hartford Hospital - 06-0646668 80 Seymour Street Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford HealthCare Corp. - 22-3672834 80 Seymour Street Hartford, CT 06102	Support and Management Services to Hartford Hospital and Affiliates	Connecticut	501(C)(3)	11(c)	N/A		X
Windham Community Memorial Hospital - 06-0646966, 112 Mansfield Avenue, Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital		X

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

Schedule R (Form 990) 2011

Midstate Medical Center

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road Mansfield Center, CT 06226	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
VNA Health Care Inc. - 06-0646938 103 Woodland Street Hartford, CT 06105	Home Health Care	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Health Care Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06102	Fundraising	Connecticut	501(C)(3)	11(c)	Hartford Hospital	X	
Connecticut Health System Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Delivery	Connecticut	501(C)(3)	11(c)	N/A	X	
Institute of Living - 06-0646683 200 Retreat Avenue Hartford, CT 06106	Psychiatric Services	Connecticut	501(C)(3)	11(c)	Hartford Hospital	X	
VNA Health Resources Inc. - 06-1161422 103 Woodland Street Hartford, CT 06105	Home Health Care	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	3	Midsate Medical Center	X	
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital	X	
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Avenue Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital	X	
The Hospital of Central CT - 06-0646768 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Central CT Senior Health Svcs d.b.a. Southington Care Center - 22-2635676, 45 Meride Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner	(k) Percentage ownership
							Yes	No			
Central CT Sports Medicine Ctr. LLC - 22-3196509, 15 Masairic Drive, Berlin, CT 06037	Physical Therapy	CT	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
New Britain MRI Limited Partnership - 06-1271349, 100 Magnetic Grand Street, New Britain, CT 06050	Magnetic Resonance Imaging	CT	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
New Britain Occupational Health Center LLC - 06-1484904, 440 New Britain Avenue, Plainville, CT 06062	Occupational Healthcare	CT	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
H.H.M.O.B Corporation & Subsidiary - 06-1140244 80 Seymour Street Hartford, CT 06102	Real Estate Parking	CT	N/A	C CORP	N/A	N/A	N/A
CHS Insurance LTD 40 Church Street Hamilton, BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	15304461.	138933500.	30.00%
Windham Health Services Inc. - 06-1461101 112 Mansfield Avenue Willimantic, CT 06226	Home Health Care	CT	N/A	C CORP	N/A	N/A	N/A
Windham Physician Hospital Organization - 06-1441614 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A
Windham Family Medical Services - 06-1491649 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A







**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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) 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 Sale of assets to related organization(s)
  - g Purchase of assets from related organization(s)
  - h Exchange of assets with related organization(s)
  - i Lease of facilities, equipment, or other assets to related organization(s)
  - j Lease of facilities, equipment, or other assets from related organization(s)
  - k Performance of services or membership or fundraising solicitations for related organization(s)
  - l Performance of services or membership or fundraising solicitations by related organization(s)
  - m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - n Sharing of paid employees with related organization(s)
  - o Reimbursement paid to related organization(s) for expenses
  - p Reimbursement paid by related organization(s) for expenses
  - q Other transfer of cash or property to related organization(s)
  - r Other transfer of cash or property from related organization(s)

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

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) Midstate MSO LLC	Q	4025000.FMV			X
(2) Hartford Hospital	O	3981416.FMV			X
(3) Hartford Hospital	L	7379783.FMV			X
(4) Hartford Hospital	N	2122290.FMV			X
(5) Hartford Hospital	Q	84874.FMV			X
(6) CHS Insurance Limited	Q	4526314.FMV			X

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

	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	CHS Insurance limited	R	13893500.FMV	
(8)	CHS Insurance limited	N	54010.FMV	
(9)	Midstate Medical Center Auxiliary	C	70650.FMV	
(10)	Eastern Rehabilitation Network	L	1025325.FMV	
(11)	Rushford, Inc.	L	1105634.FMV	
(12)	Practice Central LLC	L	217049.FMV	
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				



