

MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME MIDSTATE MEDICAL CENTER AND SUBSIDIARIES		
1	Affiliate Description	PARENT CORP
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	435 LEWIS AVENUE
5	Town	MERIDEN
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	Lucille Janatka
9	CEO Title	President
10	CT Agent Name	Winship Service Corp
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
B. AFFILIATE NAME CLINICAL LAB PARTNERS		
1	Affiliate Description	LAB
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	129 PATRICIA GENOVA DRIVE
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	James Fantus
9	CEO Title	PRESIDENT
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C. AFFILIATE NAME HARTFORD HEALTH CARE CORP		
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Elliot Joseph
9	CEO Title	President andCEO
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D. AFFILIATE NAME HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
1	Affiliate Description	REHABILITATION SERVICES
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	Not for Profit
4	Street Address	181 PATRICIA GENOVA DRIVE
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Rita Parisi
9	CEO Title	Pres & CEO
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
E. AFFILIATE NAME HARTFORD HOSPITAL		
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Stuart Markewicz
9	CEO Title	President
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
F. AFFILIATE NAME HHC INDEMNITY SERVICES, LTD		
1	Affiliate Description	Reinsurance
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	F.B. Perry Building, 40 Church Street
5	Town	Hamilton
6	State	Bermuda

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	-
8	CEO Name	Elliot Joseph
9	CEO Title	President and CEO
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
G.		
	AFFILIATE NAME	MERIDEN IMAGING CENTER, INC
1	Affiliate Description	IMAGING SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	435 LEWIS AVE
5	Town	Meriden
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	GARY DEE, MD
9	CEO Title	PRESIDENT
10	CT Agent Name	Michael Kurs, Esq.
11	CT Agent Company	Pullman and Comely
12	CT Agent Company Street Address	One Statehouse Sq
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
H.		
	AFFILIATE NAME	MIDSTATE MSO, LLC
1	Affiliate Description	MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRACTICES.
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	For Profit
4	Street Address	435 Lewis Avenue
5	Town	Meriden
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	Ralph Becker
9	CEO Title	President
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
I.		
	AFFILIATE NAME	NATCHAUG HOSPITAL
1	Affiliate Description	MENTAL HEALTH FACILITY

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	189 Storrs Road
5	Town	Mansfield Center
6	State	Connecticut
7	Zip Code	06250 -
8	CEO Name	Stephen Larcen, Ph.D.
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
J.	AFFILIATE NAME	PHYSICIANS CARE, LLC
1	Affiliate Description	Practice medicine and provide healthcare services to the public
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	1290 Silas Dean Highway
5	Town	Wethersfield
6	State	Connecticut
7	Zip Code	06109 -
8	CEO Name	James Watkins Jr
9	CEO Title	President
10	CT Agent Name	Winship Service Corp
11	CT Agent Company	Winship Service Corp
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
K.	AFFILIATE NAME	PRACTICE CENTRAL, LLC
1	Affiliate Description	Facilitate the adoption of electronic health systems by physician practices in CT for effective data sharing and clinical integration resulting in better coordinated care
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	85 Seymour Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Kent Stahl, MD
9	CEO Title	Managing Director
10	CT Agent Name	Winship Services Corp
11	CT Agent Company	Winship Services Corp
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
L.	AFFILIATE NAME	RUSHFORD CENTER, INC.
1	Affiliate Description	MENTAL HEALTH FACILITY
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	1250 Silver Street
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Jeffrey Walter
9	CEO Title	President
10	CT Agent Name	Richard W Tomc, Esq.
11	CT Agent Company	Richard W Tomc and Associates
12	CT Agent Company Street Address	49 Main Street
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -
M.	AFFILIATE NAME	SOUTHINGTON CARE CENTER
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	45 Meriden Avenue
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Patricia Walden
9	CEO Title	Vice President
10	CT Agent Name	Central CT Health Alliance
11	CT Agent Company	Lucille Janatka
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
N.	AFFILIATE NAME	THE HOSPITAL OF CENTRAL CONNECTICUT
1	Affiliate Description	Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	100 Grand St
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Lucille Janatka
9	CEO Title	President
10	CT Agent Name	The Hospital of Central CT
11	CT Agent Company	Elizabeth Sclaff, Esq.
12	CT Agent Company Street Address	100 Grand St

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
O.	AFFILIATE NAME	VNA HEALTH RESOURCES, INC.
1	Affiliate Description	HOME HEALTH/VNA, HOMEMAKER SERVICES
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	103 Woodland Street, Shipman
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Michael Soccio
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
P.	AFFILIATE NAME	WINDHAM HEALTH SERVICES, INC.
1	Affiliate Description	CORPORATE ENTITY FORMED TO INVEST IN NORTHEAST HOME CARE, INC.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	112 Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	David Whitehead
9	CEO Title	President and CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**MIDSTATE MEDICAL CENTER
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . MIDSTATE MEDICAL CENTER			
1		Unrestricted	\$89,763,992
2		Temporarily Restricted by Donor	\$2,099,252
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$15,578,348
5		Intercompany Eliminations	(\$2,185,633)
		Total:	\$105,255,959
B . MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
C . CLINICAL LAB PARTNERS			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D . HARTFORD HEALTH CARE CORP			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E . HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F . HARTFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G . HHC INDEMNITY SERVICES, LTD			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
H.	MERIDEN IMAGING CENTER, INC		
1		Unrestricted	\$1,756,880
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,756,880
I.	MIDSTATE MSO, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J.	NATCHAUG HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
K.	PHYSICIANS CARE, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
L.	PRACTICE CENTRAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
M.	RUSHFORD CENTER, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

**MIDSTATE MEDICAL CENTER
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
N .	SOUTHINGTON CARE CENTER		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
O .	THE HOSPITAL OF CENTRAL CONNECTICUT		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
P .	VNA HEALTH RESOURCES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Q .	WINDHAM HEALTH SERVICES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$109,198,472
	Intercompany Eliminations		(\$2,185,633)
	Total of all Affiliates	Fund Balance:	\$107,012,839

**MIDSTATE MEDICAL CENTER
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
B. CLINICAL LAB PARTNERS				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$11,479
1		Payments	09/30/2014	\$4,621,855
2		Rental Of Space	09/30/2014	\$70,014
3		CLP testing services	09/30/2014	(\$1,566,346)
4		Stat testing services	09/30/2014	(\$82,616)
5		support staff	09/30/2014	(\$3,336,898)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$282,512)
C. HARTFORD HEALTH CARE CORP				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$84,883,580)
1		Payments for Services	09/30/2014	\$39,525,018
2		Hospital pays monthly interest to parent	09/30/2014	(\$4,119,648)
3		Hospital pays intercompany loan payment to parent	09/30/2014	\$922,181
4		Hospital pays various invoice allocation to parent	09/30/2014	(\$3,395,253)
5		Hospital buys Data service from HHC	09/30/2014	(\$5,518,596)
6		Hospital buys PA services from HHC	09/30/2014	(\$5,592,919)
7		Hospital pays HHC for mapractice Insurance	09/30/2014	(\$2,333,088)
8		Hospital pays HHC for Pooled Health insurance	09/30/2014	(\$11,063,556)
9		monthly dues to parent	09/30/2014	(\$4,601,419)
10		Equity transfer	09/30/2014	(\$8,098,254)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$89,159,114)
D. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,815
1		Payments	09/30/2014	\$527,842
2		Rent	09/30/2014	\$2,521
3		Hospital buys Rehabilitation services from ERN	09/30/2014	(\$743,284)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$211,106)
E. HARTFORD HOSPITAL				

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1,386,197)
1		Hospital buys Data services from HH	09/30/2014	(\$364,128)
2		Hospital buys various personel from HH	09/30/2014	(\$2,080,127)
3		Hospital buys Laundry service from HH	09/30/2014	(\$592,801)
4		Hospital buys Library Service from HH	09/30/2014	(\$99,614)
5		Hospital buys PA service from HH	09/30/2014	(\$139,296)
6		Hospital buys Supplies from HH	09/30/2014	(\$3,386,174)
7		Payment for Services	09/30/2014	\$7,864,630
8		Hospital buys Infectious Disease from HH	09/30/2014	(\$275,544)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$459,251)
F.	HHC INDEMNITY SERVICES, LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
G.	MERIDEN IMAGING CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
H.	MIDSTATE MSO, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
I.	NATCHAUG HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Hospital buys various personel	09/30/2014	(\$707)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$707)
J.	PHYSICIANS CARE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$46,767
1		Payments	09/30/2014	(\$212,914)
2		Rent	09/30/2014	\$688,521

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
3		Intercompany Accounts Payable	09/30/2014	(\$35,000)
4		Hospital buys directorship services from HHCMG	09/30/2014	(\$474,185)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$13,189
K.	PRACTICE CENTRAL, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$328,905
1		Practice Central buys support staff from Midstate	09/30/2014	\$28,097
2		Transfer expenses	09/30/2014	(\$357,002)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
L.	RUSHFORD CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$6,544
1		Payments	09/30/2014	\$986,132
2		IS Data Services	09/30/2014	\$18,620
3		Hospital buys support staff and Program support from Rushfor	09/30/2014	(\$995,678)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$15,618
M.	SOUTHINGTON CARE CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Senior Care buys various personel	09/30/2014	\$6,188
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$6,188
N.	THE HOSPITAL OF CENTRAL CONNECTICUT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$9,168)
1		Payments	09/30/2014	(\$125,913)
2		Allocation of Wages/expenses	09/30/2014	\$125,913
3		Services	09/30/2014	(\$688,475)
4		Reimbursement of services	09/30/2014	\$9,168
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$688,475)
O.	VNA HEALTH RESOURCES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		VNA buys various personel	09/30/2014	\$53,794
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$53,794

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
P.	WINDHAM HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Payments	09/30/2014	\$25,363
2		Hospital buys various personel	09/30/2014	(\$28,465)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$3,102)
			Grand Total:	(\$90,715,478)

**MIDSTATE MEDICAL CENTER
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$0
A.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	CLINICAL LAB PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	HARTFORD HEALTH CARE CORP				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
D.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
E.	HARTFORD HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	HHC INDEMNITY SERVICES, LTD				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	MERIDEN IMAGING CENTER, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
H.	MIDSTATE MSO, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	NATCHAUG HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
J.	PHYSICIANS CARE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
K.	PRACTICE CENTRAL, LLC				
			Nothing to Report		\$0

**MIDSTATE MEDICAL CENTER
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
L.	RUSHFORD CENTER, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
M.	SOUTHINGTON CARE CENTER				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
N.	THE HOSPITAL OF CENTRAL CONNECTICUT				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
O.	VNA HEALTH RESOURCES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
P.	WINDHAM HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$0

MIDSTATE MEDICAL CENTER
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. CLINICAL LAB PARTNERS			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. HARTFORD HEALTH CARE CORP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. HHC INDEMNITY SERVICES, LTD			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. MERIDEN IMAGING CENTER, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. MIDSTATE MSO, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. NATCHAUG HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
J. PHYSICIANS CARE, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
K. PRACTICE CENTRAL, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
L. RUSHFORD CENTER, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
M. SOUTHWINGTON CARE CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
N. THE HOSPITAL OF CENTRAL CONNECTICUT			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
O. VNA HEALTH RESOURCES, INC.			

MIDSTATE MEDICAL CENTER
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
P.	WINDHAM HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

**MIDSTATE MEDICAL CENTER
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
0	Nothing to Report	\$0	0
	Total:	\$0	
B. CLINICAL LAB PARTNERS			
0	Nothing to Report	\$0	0
	Total:	\$0	
C. HARTFORD HEALTH CARE CORP			
0	Nothing to Report	\$0	0
	Total:	\$0	
D. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
E. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	0
	Total:	\$0	
F. HHC INDEMNITY SERVICES, LTD			
0	Nothing to Report	\$0	0
	Total:	\$0	
G. MERIDEN IMAGING CENTER, INC			
0	Nothing to Report	\$0	0
	Total:	\$0	
H. MIDSTATE MSO, LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
I. NATCHAUG HOSPITAL			
0	Nothing to Report	\$0	0
	Total:	\$0	
J. PHYSICIANS CARE, LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
K. PRACTICE CENTRAL, LLC			
0	Nothing to Report	\$0	0

MIDSTATE MEDICAL CENTER
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
	Total:	\$0	
L.	RUSHFORD CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	SOUTHINGTON CARE CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	THE HOSPITAL OF CENTRAL CONNECTICUT		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	VNA HEALTH RESOURCES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	WINDHAM HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**MIDSTATE MEDICAL CENTER
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$1,018,331.00	\$1,096,762.00	\$78,431.00	8%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$95,279.00	\$97,225.00	\$1,946.00	2%
3	Expenditures	\$95,279.00	\$97,225.00	\$1,946.00	2%
4	Unrealized Gains and Losses	\$78,431.00	(\$47,036.00)	(\$125,467.00)	-160%
	Ending Balance	\$1,096,762.00	\$1,049,726.00	(\$47,036.00)	-4%
5	Projected Interest Income	\$90,000.00	\$100,000.00	\$10,000.00	11%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

MIDSTATE MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2014 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		8
2. A. Number of Patients receiving Hospital Bed Fund Grants		7
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:		\$97,225.00
1	FB-Pooled	\$9,725.00
2	FB-Henry Stockder	\$13,324.00
3	FB-Henry Stockder	\$4,176.00
4	FB-Henry Stockder	\$11,130.00
5	FB-Henry Stockder	\$12,909.00
6	FB-Henry Stockder	\$44,902.00
7	FB-Henry Stockder	\$1,059.00
	Grand Total	\$97,225.00

MIDSTATE MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2014 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Henry H Stockder(Held by Trustee)	\$1,049,726.00	\$87,500.00	\$0.00	\$87,500.00
	Kate A.L. Chapin	\$3,000.00	\$245.00	\$0.00	\$245.00
	Hester A Curtiss	\$20,000.00	\$1,632.00	\$0.00	\$1,632.00
	Martha E Fales	\$5,000.00	\$408.00	\$0.00	\$408.00
	Hospital Endowed Bed Fund	\$5,000.00	\$408.00	\$0.00	\$408.00
	Ladies Endowed Bed Fund	\$5,000.00	\$408.00	\$0.00	\$408.00
	Blance Hixson Smith	\$25,000.00	\$2,039.00	\$0.00	\$2,039.00
	Henry H Stockder	\$10,000.00	\$816.00	\$0.00	\$816.00
	Benjamin W Collins	\$2,000.00	\$163.00	\$0.00	\$163.00
	Hester A Curtiss	\$10,000.00	\$816.00	\$0.00	\$816.00
	Martha Couch Doolittle	\$2,000.00	\$163.00	\$0.00	\$163.00
	Fenner	\$2,000.00	\$163.00	\$0.00	\$163.00
	Mattie P Foote	\$2,000.00	\$163.00	\$0.00	\$163.00
	Founders Room	\$7,045.00	\$575.00	\$0.00	\$575.00
	Charles F & G Gay Linsley	\$2,000.00	\$163.00	\$0.00	\$163.00
	Arthur E Miller	\$2,000.00	\$163.00	\$0.00	\$163.00
	WR & KS Mosher	\$5,000.00	\$408.00	\$0.00	\$408.00
	Caroline Louise Nagel	\$2,000.00	\$163.00	\$0.00	\$163.00
	Margaret A Schenck	\$2,000.00	\$163.00	\$0.00	\$163.00
	Henery H Stockder-Swan Room	\$2,000.00	\$163.00	\$0.00	\$163.00
	Nettie C Wilcox	\$2,000.00	\$163.00	\$0.00	\$163.00
	Minnie E Zschirpe	\$4,167.00	\$340.00	\$0.00	\$340.00
	Total Bed Funds :	\$1,168,938.00	\$97,225.00	\$0.00	\$97,225.00

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	7.52%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A Collection Agent		
1	Collection Agent Name	Optimum outcomes
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.99%
B Collection Agent		

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	EOS CCA
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.77%
C	Collection Agent	
1	Collection Agent Name	Sherlog Solutions
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.73%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION

**MIDSTATE MEDICAL CENTER
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Hospitalist	\$303,984	\$85,723	\$389,707
2.	Medical Director Mediquick	\$284,839	\$80,325	\$365,164
3.	Sr VP Operations	\$282,881	\$79,772	\$362,653
4.	Hospitalist	\$271,112	\$76,454	\$347,566
5.	Hospitalist	\$262,693	\$74,080	\$336,773
6.	Hospitalist	\$253,364	\$71,449	\$324,813
7.	Hospitalist	\$250,041	\$70,512	\$320,553
8.	Hospitalist	\$246,743	\$69,582	\$316,325
9.	Per Diem Hospitalist	\$245,235	\$69,156	\$314,391
10.	Hospitalist	\$200,906	\$56,655	\$257,561
	Grand Total:	\$2,601,798	\$733,708	\$3,335,506

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . CLINICAL LAB PARTNERS				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . HARTFORD HEALTH CARE CORP				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$2,588	\$0	\$2,588
2	Paid by the Hospital to Employees of the Entity Listed Above	\$857,545	\$0	\$857,545
D . HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . HARTFORD HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$131,874	\$0	\$131,874
2	Paid by the Hospital to Employees of the Entity Listed Above	\$48,881	\$0	\$48,881
F . HHC INDEMNITY SERVICES, LTD				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . MERIDEN IMAGING CENTER, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . MIDSTATE MSO, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . NATCHAUG HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . PHYSICIANS CARE, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$41,688	\$0	\$41,688
2	Paid by the Hospital to Employees of the Entity Listed Above	\$85,040	\$0	\$85,040
K . PRACTICE CENTRAL, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . RUSHFORD CENTER, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$22,919	\$0	\$22,919
M . SOUTHINGTON CARE CENTER				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$14,403	\$0	\$14,403

**MIDSTATE MEDICAL CENTER
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
N .	THE HOSPITAL OF CENTRAL CONNECTICUT			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$194,732	\$0	\$194,732
O .	VNA HEALTH RESOURCES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$10,059	\$0	\$10,059
2	Paid by the Hospital to Employees of the Entity Listed Above	\$118,968	\$0	\$118,968
P .	WINDHAM HEALTH SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$26,442	\$0	\$26,442
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**MIDSTATE MEDICAL CENTER
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	6,890	7,006	116	2%
2.	Number of Approved Applicants	6,546	6,656	110	2%
3.	Total Charges (A)	\$7,131,143	\$8,125,010	\$993,867	14%
	Average Charges	\$1,089	\$1,221	\$131	12%
4.	Ratio of Cost to Charges (RCC)	0.436359	0.409442	(0.026917)	-6%
	Total Cost	\$3,111,738	\$3,326,720	\$214,982	7%
	Average Cost	\$475	\$500	\$24	5%
5.	Charity Care - Inpatient Charges	\$1,787,698	\$1,646,964	(\$140,734)	-8%
6.	Charity Care - Outpatient Emergency Department Charges	3,716,293	4,789,712	1,073,419	29%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,627,152	1,688,334	61,182	4%
	Total Charges (A)	\$7,131,143	\$8,125,010	\$993,867	14%
8.	Charity Care - Number of Patient Days	760	715	(45)	-6%
9.	Charity Care - Number of Discharges	483	500	17	4%
10.	Charity Care - Number of Outpatient ED Visits	6,870	7,893	1,023	15%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,072	2,235	163	8%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	6	8	2	33%
2.	Number of Approved Applicants	4	7	3	75%
3.	Total Charges (B)	\$95,279	\$97,225	\$1,946	2%
	Average Charges	\$23,820	\$13,889	(\$9,930)	-42%
4.	Ratio of Cost to Charges (RCC)	0.436359	0.409442	(0.026917)	-6%
	Total Cost	\$41,576	\$39,808	(\$1,768)	-4%
	Average Cost	\$10,394	\$5,687	(\$4,707)	-45%
5.	Bed Funds - Inpatient Charges	\$95,279	\$97,225	\$1,946	2%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$95,279	\$97,225	\$1,946	2%
8.	Bed Funds - Number of Patient Days	23	31	8	35%
9.	Bed Funds - Number of Discharges	4	7	3	75%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

MIDSTATE MEDICAL CENTER**ANNUAL REPORTING****FISCAL YEAR 2014****REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>