

ELF Return Status Information									
ACCOUNT	PRODUCT	PREPARER	RETURN ID	NAME	FEDERAL STATUS	FEDERAL DATE	STATE/OTHER	STATE STATUS	STATE DATE
139621	990	MICHAEL J. ENGLE	15X:CCSHS:V1	HARTFORD HEALTHCARE SENIOR SERVICES, INC.	Accepted	8/10/2017			
139621	990	Mike Engle	15X:HOCC:V1	The Hospital of Central Connecticut	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:MIDSTATE:V1	MidState Medical Center	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:HHCC:V1	Hartford HealthCare Corporation	Accepted	8/10/2017			
139621	990	MICHAEL J. ENGLE	15X:backushospit:V1	THE WILLIAM W BACKUS HOSPITAL	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:HH:V1	Hartford Hospital	Accepted	8/10/2017			
139621	990		15X:backuscorp:V1	BACKUS CORPORATION	Accepted	8/10/2017			
139621	990	Jeanne Schuster	15X:WINDHAM:V1	Windham Community Memorial Hospital	Accepted	8/10/2017			
139621	990		15X:SOUTHINGTON:V2	THE ORCHARDS AT SOUTHINGTON	Accepted	8/9/2017			
139621	990		15X:RUSH_INC:V1	Rushford Center, Inc.	Accepted	8/9/2017			
139621	990		15X:MMC_AUX:V1	MidState Medical Center Auxiliary	Accepted	8/9/2017			
139621	990		15X:VNA:V1	Hartford HealthCare at Home, Inc.	Accepted	8/9/2017			
139621	990	Jeanne Schuster	15X:HHC_PCI:V1	HHC PhysiciansCare, Inc. D/B/A Hartford HealthCare Medical Group	Accepted	8/9/2017			
139621	990	Mike Engle	15X:NATCHAUG:V1	Matchaug Hospital, Inc	Accepted	8/9/2017			
139621	990		15X:MULBERRY:V2	MULBERRY GARDENS OF SOUTHINGTON, LLC	Accepted	8/9/2017			
139621	990		15X:HHC_ACO:V1	Hartford HealthCare Accountable Care Organization Inc.	Accepted	8/9/2017			
139621	990		15X:VNA_HRI:V1	Hartford HealthCare Independence at Home Inc.	Accepted	8/9/2017			
139621	990		15X:RUSH_FDN:V1	Rushford Foundation, Inc.	Accepted	8/9/2017			

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2015, or tax year beginning OCT 1, 2015, and ending SEP 30, 2016

**2015**

Department of the Treasury  
Internal Revenue Service

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

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.

1a Form 990 check here  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... 1b 239,159,457.  
 2a Form 990-EZ check here  b Total revenue, if any (Form 990-EZ, line 9) ..... 2b \_\_\_\_\_  
 3a Form 1120-POL check here  b Total tax (Form 1120-POL, line 22) ..... 3b \_\_\_\_\_  
 4a Form 990-PF check here  b Tax based on investment income (Form 990-PF, Part VI, line 5) ..... 4b \_\_\_\_\_  
 5a Form 8868 check here  b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) ..... 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. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

*Charles R. [Signature]* 8/31/17  
Signature of officer Date

VP, Finance  
Title

**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. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only  
 ERO's signature *[Signature]* Date 8/8/17 Check if also paid preparer  Check if self-employed  ERO's SSN or PTIN \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP code Hartford HealthCare Corporation EIN 22-2672834  
One State Street, Suite 19  
Hartford, CT 06103 Phone no. \_\_\_\_\_

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only  
 Preparer's name *[Signature]* Preparer's signature JENNIFER M SCHWARTZ Date 8/8/17 Check  if self-employed If PTIN P00743154  
 Firm's name Ernst & Young U.S. LLP Firm's EIN 34-6565596  
 Firm's address 200 Clarendon Street, 44th Floor Phone no. (617) 226-2000  
Boston, MA 02216

Extended to August 15, 2017

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MidState Medical Center</b>		<b>D</b> Employer identification number <b>06-0646715</b>
	Doing business as		<b>E</b> Telephone number <b>(860) 696-6282</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>239,159,457.</b>
	<b>435 Lewis Avenue</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>Meriden, CT 06451</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>Lucille Janatka</b> <b>435 Lewis Ave, Meriden, CT 06451</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.MIDSTATEMEDICAL.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1885</b> <b>M</b> State of legal domicile: <b>CT</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The mission of MidState Medical Center is to improve the health and healing of the people and</b>		
	<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>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>1219</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>213</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>302,993.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	583,828.	318,672.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	225,478,397.	231,338,268.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,130,630.	2,031,455.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,554,348.	5,471,062.
		232,747,203.	239,159,457.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,300.	0.
	<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)	85,408,367.	80,452,372.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>131,113.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	125,768,115.	136,473,663.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	211,178,782.	216,926,035.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	21,568,421.	22,233,422.	
<b>Net Assets or Fund Balances</b>	<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)	271,884,855.	275,954,166.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	182,402,633.	187,895,638.
	89,482,222.	88,058,528.	

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<i>Carolyn Freiheit</i>	8/3/17			
	Type or print name and title <b>Carolyn Freiheit, VP, Finance</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>Jeanne Schuster</b>	<i>Jeanne Schuster</i>	8/8/17	<input type="checkbox"/>	P00743154
	Firm's name ▶ <b>Ernst &amp; Young U.S. LLP</b>	Firm's EIN ▶ <b>34-6565596</b>			
	Firm's address ▶ <b>200 Clarendon Street, 44th Floor</b> <b>Boston, MA 02216</b>	Phone no. (617) <b>226-2000</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of Midstate Medical Center is to improve the health and healing of the people and communities we serve.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 31,998,578. including grants of \$ ) (Revenue \$ 27,218,340.) Oncology Services at MidState Medical Center is a multi-discipline service line consisting of radiation oncology, medical oncology, support services and surgical services.

4b (Code: ) (Expenses \$ 28,305,332. including grants of \$ ) (Revenue \$ 33,692,388.) 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.

Overall, the total number of ED visits for FY 2016 was 51,903; this is

4c (Code: ) (Expenses \$ 20,177,032. including grants of \$ ) (Revenue \$ 28,710,660.) For patients in Central Connecticut, The Digestive Health Center at MidState is a comprehensive resource for the prevention, diagnosis and treatment of a full range of gastrointestinal disorders that affect the esophagus, stomach, small intestine and colon.

4d Other program services (Describe in Schedule O.) (Expenses \$ 113,504,655. including grants of \$ ) (Revenue \$ 144,157,049.)

4e Total program service expenses 193,985,597.

**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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 11a? <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

Form 990 (2015)

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

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, sub-column (1a-14b), Yes, and No. Contains questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?;

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [CT]
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.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Carol Wardell - 860-696-6200
181 Patricia M. Genova Drive, Newington, CT 06111



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Letterio Asciuto, M.D. Director	2.00	X					0.	0.	0.	
(2) Steven Basche Director	2.00	X					0.	0.	0.	
(3) Paul Czepiga Director	2.00	X					0.	0.	0.	
(4) Nadine Francis-West Director	2.00	X					0.	0.	0.	
(5) Carl Grant Director	2.00	X					0.	0.	0.	
(6) Joseph Harrison, M.D. Director	2.00	X					0.	0.	0.	
(7) John Redmond M.D. Director	2.00	X					0.	0.	0.	
(8) Jason Howey Director	2.00	X					0.	0.	0.	
(9) Irfan Chughtai, M.D. Director	2.00	X					0.	0.	0.	
(10) Bruce Koeppen, M.D. Director	2.00	X					0.	0.	0.	
(11) John Rathgeber Director	2.00	X					0.	0.	0.	
(12) George Springer, Jr., Esq Director	2.00	X					0.	0.	0.	
(13) Joseph Voelker Chair	3.00	X	X				0.	0.	0.	
(14) Denise McNair Vice Chair	3.00	X	X				0.	0.	0.	
(15) Lucille Janatka President/CEO	30.00	X	X				0.	777,836.	79,868.	
(16) Margaret Marchak Secretary	3.00			X			0.	660,302.	141,415.	
(17) Carolyn Freiheit VP	30.00			X			0.	274,587.	19,719.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Catherine Stevens VP	0.00 60.00				X			0.	266,162.	58,207.
(19) Jonathan Velez, MD VP	5.00 55.00				X			0.	472,365.	70,593.
(20) Timothy Pratt Hospitalist	60.00					X		334,812.	0.	47,359.
(21) Walter Kupson III Medical Director	60.00				X			319,538.	0.	71,099.
(22) Adwoa Nyanin, M.D. Hospitalist	60.00				X			317,482.	0.	49,636.
(23) Cindy Russo SVP	60.00				X			313,646.	0.	63,669.
(24) Yin Fei Hung Hospitalist	60.00				X			312,909.	0.	36,884.
(25) John Greene, M.D. Former VP	0.00 60.00						X	0.	592,869.	77,945.
(26) Steven Hanks Former VP	0.00 60.00						X	0.	1,669,882.	47,270.
<b>1b Sub-total</b>								<b>1,598,387.</b>	<b>4,714,003.</b>	<b>763,664.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>1,598,387.</b>	<b>4,714,003.</b>	<b>763,664.</b>

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 135

	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	3	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	4	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	5	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
Emergency Medical Physicians PO Box 848317, Boston, MA 02284	Medical Services	719,712.
CFM Construction Corp 150 Sycamore Street, Glastonbury, CT 06033	Construction	672,096.
Origin Incorporated 1800 SW 1st Suite 510, Portland, OR 97201	Staffing Services	216,202.
Diversified Clinical Services PO Box 551187, Jacksonville, FL 32255	Medical Services	189,611.
Comprehensive Orthopaedics 85 Barnes Road, Wallingford, CT 06492	Medical Services	148,280.

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 12

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 30,878.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 24,000.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 263,794.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		318,672.			
Program Service Revenue	2 a Patient Care	Business Code 624100	231,148,675.	231,148,675.		
	b Ref. Testing & Fees	621500	187,306.	135,336.	51,970.	
	c					
	d					
	e					
	f All other program service revenue	900099	2,287.		2,287.	
	g Total. Add lines 2a-2f		231,338,268.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,077,387.		1,077,387.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	2,522,706.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	2,522,706.			
	d Net rental income or (loss)		2,522,706.		2,522,706.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	838,758.			
		(ii) Other	115,310.			
		b Less: cost or other basis and sales expenses	0.	0.		
		c Gain or (loss)	838,758.	115,310.		
	d Net gain or (loss)		954,068.		954,068.	
	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 Income-Pass Thru Entity	900003	2,440,169.	2,191,433.	248,736.		
b Cafeteria Income	722210	508,187.			508,187.	
c						
d All other revenue						
e Total. Add lines 11a-11d		2,948,356.				
12 Total revenue. See instructions.		239,159,457.	233,475,444.	302,993.	5,062,348.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,732,689.	1,072,209.	660,480.	
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	61,780,849.	59,879,566.	1,855,012.	46,271.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,243,489.	3,112,666.	128,460.	2,363.
9 Other employee benefits	9,342,966.	8,966,125.	370,034.	6,807.
10 Payroll taxes	4,352,379.	4,176,829.	172,379.	3,171.
11 Fees for services (non-employees):				
a Management				
b Legal	28,573.		28,573.	
c Accounting	69,334.		69,334.	
d Lobbying	28,839.		28,839.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	277,354.	277,354.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,843,746.	18,843,746.		
12 Advertising and promotion	46,925.		46,925.	
13 Office expenses	2,604,233.	1,835,571.	757,721.	10,941.
14 Information technology	12,092,222.	7,814,419.	4,277,803.	
15 Royalties				
16 Occupancy	6,789,253.	4,084,695.	2,704,526.	32.
17 Travel	52,830.	37,801.	14,548.	481.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	182,279.	125,958.	56,197.	124.
20 Interest	3,913,863.	3,913,863.		
21 Payments to affiliates	17,273,938.	14,884,036.	2,389,902.	
22 Depreciation, depletion, and amortization	11,375,368.	4,947,294.	6,416,119.	11,955.
23 Insurance	2,954,377.	2,929,119.	25,258.	
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	35,623,487.	35,623,487.		
b Hospital Provider/User	13,489,166.	13,489,166.		
c Purchased Services	7,274,227.	6,329,539.	909,990.	34,698.
d Repairs & Maintenance	2,872,526.	1,446,823.	1,411,623.	14,080.
e All other expenses	681,123.	195,331.	485,602.	190.
25 Total functional expenses. Add lines 1 through 24e	216,926,035.	193,985,597.	22,809,325.	131,113.
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**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	11,808,350.	1	8,914,251.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	38,093.	3	31,099.
	4	Accounts receivable, net	23,565,335.	4	28,903,534.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,846,758.	8	3,234,698.
	9	Prepaid expenses and deferred charges	1,656,273.	9	2,998,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 269,981,451.		
	b	Less: accumulated depreciation	10b 168,655,639.	10c	101,325,812.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	18,172,907.	12	18,923,085.
	13	Investments - program-related. See Part IV, line 11	66,102,603.	13	74,071,053.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	36,961,295.	15	37,552,634.
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>271,884,855.</b>	<b>16</b>	<b>275,954,166.</b>	
Liabilities	17	Accounts payable and accrued expenses	18,273,929.	17	11,775,795.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	164,128,704.	25	176,119,843.
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>182,402,633.</b>	<b>26</b>	<b>187,895,638.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	72,575,241.	27	70,508,214.
	28	Temporarily restricted net assets	2,488,431.	28	2,580,173.
	29	Permanently restricted net assets	14,418,550.	29	14,970,141.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	<b>89,482,222.</b>	<b>33</b>	<b>88,058,528.</b>	
34	<b>Total liabilities and net assets/fund balances</b>	<b>271,884,855.</b>	<b>34</b>	<b>275,954,166.</b>	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	239,159,457.
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,926,035.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,233,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,482,222.
5	Net unrealized gains (losses) on investments	5	6,231,895.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,889,011.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	88,058,528.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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.	2c	X
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?	3a	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	3b	X

Form 990 (2015)



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

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

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

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

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

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

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

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.  
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

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

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

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

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

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

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

Name of organization <b>MidState Medical Center</b>	Employer identification number <b>06-0646715</b>
--	---

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15



**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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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) 2015

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

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

	(a)		(b)
	Yes	No	Amount
<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		28,839.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			28,839.
<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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<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	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<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?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

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

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

MidState Medical Center (MMC) is a member of Connecticut Hospital Association (CHA). CHA engages 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 bills on healthcare matters. CHA allocates portion



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

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" on Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,445,639.	16,586,328.	15,855,675.	14,919,840.	12,501,553.
b Contributions					240,834.
c Net investment earnings, gains, and losses	796,000.	-140,689.	785,129.	1,155,553.	2,534,968.
d Grants or scholarships					
e Other expenditures for facilities and programs			54,476.	219,718.	272,520.
f Administrative expenses					84,995.
g End of year balance	17,241,639.	16,445,639.	16,586,328.	15,855,675.	14,919,840.

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

- a Board designated or quasi-endowment  90.00 %
- b Permanent endowment  5.00 %
- c Temporarily restricted endowment  5.00 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,250,000.		1,250,000.
b Buildings		114,621,976.	48,465,536.	66,156,440.
c Leasehold improvements		8,283,537.	6,197,573.	2,085,964.
d Equipment		142,237,450.	113,992,530.	28,244,920.
e Other		3,588,488.		3,588,488.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				101,325,812.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Other Investments	3,058,090.	End-of-Year Market Value
(B) Funds Held in Trust	15,864,995.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>18,923,085.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in Endowment		
(2) LLC	74,071,053.	End-of-Year Market Value
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>74,071,053.</b>	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Funds Held In Trust	15,566,521.
(2) Amortizable Bond Issue Costs	1,081,267.
(3) Funds Designated for Debt Service	6,307,694.
(4) Security Deposits	9,000.
(5) Insurance Receivable	14,490,935.
(6) Other Non Current Assets	97,217.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>37,552,634.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Post Retirement Expenses	64,555,584.
(3) IBNR Malpractice Reserve	2,646,864.
(4) Other Liabilities	1,879,294.
(5) Long Term Debt - Intercompany	85,145,173.
(6) Accrued Malpractice Claims	15,296,759.
(7) Due to Affiliates	2,021,369.
(8) Hospital Provider Tax	3,609,297.
(9) General Reserve	965,503.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>176,119,843.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

Part V, line 4:

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





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

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) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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.

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1868753.		1868753.	.86%
b Medicaid (from Worksheet 3, column a)			88115141.	61706367.	26408774.	12.17%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			89983894.	61706367.	28277527.	13.03%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			367,689.		367,689.	.17%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			975,144.	522,489.	452,655.	.21%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,372.		1,372.	.00%
j Total Other Benefits			1344205.	522,489.	821,716.	.38%
k Total. Add lines 7d and 7j			91328099.	62228856.	29099243.	13.41%



Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 Midstate Medical Center
435 Lewis Avenue
Meriden, CT 06451
midstatemedical.org
0070

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X in Licensed hospital column.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group MidState Medical Center

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501 (t)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group MidState Medical Center

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

**Billing and Collections**

<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? .....	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group MidState Medical Center

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

Schedule H (Form 990) 2015

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

Part V, Section B, Line 5: To solicit input from key participants and individuals who have a broad interest in the health of the community, an Online Key Participant Survey was also implemented as part of this process. These individuals included physicians, public health representatives, health professionals, social service providers and a variety of other community leaders including the following:

Berlin Senior Center

Boys and Girls Club of Meriden

Bristol Community Organization

Bristol-Burlington Health District

Calendar House Southington Senior Center

Central Connecticut Senior Health Services

Community Health Center, Inc.

Connecticut Association for Community Action

Girls Incorporated of Meriden

Greater New Britain Chamber of Commerce

Meriden Senior Center

Meriden-Wallingford Chrysalis, Inc.

MHT Christians in Action

MidState Medical Center

Quinnipiac Chamber of Commerce

South Central CT Substance Abuse Council

Southington Library

Southington Public Schools

**Part V** Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

The Hospital of Central Connecticut

United Way

Wallingford Health Department

Wallingford Senior Center

Women and Families Center

YMCA

Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the overall community. Key participants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Key participants were asked to rate the degrees to which various health issues were a problem in the Central Region. Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed.

After reviewing the Community Health Needs Assessment findings, the community representatives met on June 10, 2015 to determine the health needs to be prioritized for action. During a detailed presentation of the CHNA findings, the Hospital used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Areas of Opportunity) and ranking identified health issues against the following established, uniform criteria: Magnitude, Impact/Seriousness/Feasibility, Consequences of Inaction. From this exercise, the areas of opportunity were prioritized as follows by the committee: Mental Health, Nutrition, Physical Activity & Weight Status, Diabetes, Substance Abuse, Cancer, Heart Disease and



**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Stroke.

Part V, Section B, Line 7a

<https://midstatemedical.org/about/community-outreach/community-health-needs-assessment>

MidState Medical Center:

Part V, Section B, Line 7d: The needs assessment was published in July 2015 and is available on the hospital's website. In addition, electronic copies are available upon request.

MidState Medical Center:

Part V, Section B, Line 11: In acknowledging the wide range of priority health issues that emerged from the CHNA process, MidState Medical Center determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence:

\*Nutrition, Physical Activity & Weight Status

\*Mental Health & Substance Abuse

\*Heart Disease/Stroke

\*Diabetes

\*Cancer

Additional needs identified as "Areas of Opportunity" were not deemed as

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19c, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

significant and did not rank highly enough to earn a prioritized ranking.

Areas of Opportunity, identified but not prioritized:

\*Substance Abuse

\*Infant Health & Family Planning

\*Injury & Violence

\*Potentially Disabling Conditions

\*Sexually Transmitted Diseases

\*HIV/AIDS

\*Chronic Kidney Disease

Chronic Kidney Disease:

MMC believes that efforts outlined herein to improve and increase awareness of healthy lifestyles will have a positive impact on the detection of kidney disease and that we do not have the available resources to create a separate set of kidney-specific initiatives.

Dementia, including Alzheimer's Disease:

MMC believes that this priority area falls more within the purview of local organizations, such as the area Alzheimer's Resource Center. MMC will support communication of these services.

Potentially Disabling Conditions:

Those voting felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.

Respiratory Diseases:

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MMC participates in a statewide asthma collaborative established by the CT Department of Public Health and The CT Hospital Association. MMC will support the established initiatives from this collaborative.

## Sexually Transmitted Diseases:

MMC believes that this priority area falls more within the purview of the community/district health departments and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.

## HIV/AIDS:

MMC believes that this priority area falls more within the purview of the community/district health departments and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.

## Infant Health &amp; Family Planning:

MMC has limited resources, services, and expertise to address these issues. Other community organizations have infrastructure and programs in place to better address these needs. Limited resources excluded this as an area chosen for action.

## Injury &amp; Violence Prevention:

MMC believes that this priority area falls more within the purview of the community/district health departments and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

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

MidState Medical Center:

Part V, Section B, Line 15e: In addition, patient may ask nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

Part V, Line 16a, FAP website:

<https://midstatemedical.org/patients-visitors/billing-insurance/financial-assistance>

Part V, Line 16b, FAP Application website:

<https://midstatemedical.org/patients-visitors/billing-insurance/financial-assistance>

Part V, Line 16c, FAP Plain Language Summary website:

<https://midstatemedical.org/patients-visitors/billing-insurance/financial-assistance>

**Part V Facility Information** (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

Part V, Section B, Line 16i: Patients are informed directly by staff of the availability of the Financial Assistance Policy.

MidState Medical Center:

Part V, Section B, Line 22d: For uninsured patients, published rates are reduced by the percentage defined by the IRS as the amounts generally billed using a "look back" retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage is updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of the Hospital's Financial Assistance Policy.

Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.



**Part VI** Supplemental Information

Provide the following information.

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

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Part I, Line 3c:

Midstate Medical Center used the Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status, and other family eligibility criteria such as family size, employment and financial obligations.

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Part I, Line 6a

The Organization submits quarterly reports to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Care Access (OHCA) annually.

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Part I, Line 7:

The organization utilized the RCC derived from the FY 2016 Medicare cost report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). The ratio was further reduced to incorporate the directly identified community expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The

**Part VI** Supplemental Information (Continuation)

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

**Part I, Line 7g:**

No physician clinic costs were included in the subsidized Health Services cost calculations.

**Part II, Community Building Activities:**

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 Choice Neighborhood program in collaboration with the housing authority, health department, Children's First initiative and other health and human service providers. This program is targeted on high risk neighborhoods and downtown area in order to respond with 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 United Way has been important and beneficial to the community the hospital serves.



**Part VI** Supplemental Information (Continuation)

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.

For FY16, the MidState Medical Center expended \$4,747 on community building activities as reported on Part II of schedule H.

## Part III, Line 2:

The Hospital has established estimates based on information presently available of amounts due to or from Medicare, Medicaid, and third-party payers for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying consolidated balance sheets.

## Part III, Line 3:

A pre-bad debt financial assistance screening is in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted as charity care prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2016 would be immaterial.

**Part VI** Supplemental Information (Continuation)

## Part III, Line 4:

Please see the text of the footnote that describes bad debt expense beginning on pages 20 of the Audited Financial Statement. The Footnote is also applicable to Part III, Line 2.

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

No Extraordinary Collection Actions (ECA) will be initiated during the first 120 days following the first post-discharge billing statement to a

**Part VI** Supplemental Information (Continuation)

valid address or during the time that patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

## Part VI, Line 2:

MidState Medical Center uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

## Part VI, Line 3:

MidState Medical Center will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection

**Part VI** Supplemental Information (Continuation)

written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both my mail and in public locations in the hospital facility, including the emergency room and admissions areas; (iv) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the MidState's home page; (v) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (vi) include the tag line "Please ask about our Financial Assistance Policy" in MidState written publications.

## Part VI, Line 4:

MidState Medical Center is located in central Connecticut. Its primary service area has a total population of 178,551 people. Of those, 21% are under the age of 18, 63% 18 to 64 and 16% are seniors. The racial makeup is 77% White, 5% Black, 14% Hispanic and 3% Asian. Females make up 51% of the populations and males account for 49%. There are about 5,000 veterans in the service area. 8% of the population lives below the poverty level. Approximately 26% speak a language other than English at home. 32% have a Bachelor's degree or higher.

## Part VI, Line 5:

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

The majority of MidState Medical Center's regional governing board is

**Part VI** Supplemental Information (Continuation)

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.

In towns across central Connecticut, MidState Medical Center is committed and focused on efforts to promote health and wellness in the communities the hospital serves.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff reach out to thousands of individuals every 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.

**Part VI** Supplemental Information (Continuation)Senior Emergency Care Services

In May 2013, with an eye on the health needs of our aging population, MidState began offering a newer, innovative approach to caring for seniors in its Emergency Department. When a patient 65+ comes to our Emergency Department, they are not just treated for the ailment that brought them to the hospital. A multi disciplinary team also performs a special assessment to gauge the patient's status and whether they may have medication issues, be a fall risk or suffer from ailments like dementia and depression. The hope is to identify follow up care before the condition worsens. When patients leave our Emergency Department, we make sure they are transitioning home or to another care setting smoothly by developing individualized care plans following discharge, making follow up appointments.

Part VI, Line 6:

Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including MidState Medical Center, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates, including all supporting organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of

**Part VI** Supplemental Information (Continuation)

health care; and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care".

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

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

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

CT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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		X
2		X
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) 2015



**Part I 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Lucille Janatka President/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	572,147.	180,278.	25,411.	21,200.	58,668.	857,704.	0.
(2) Margaret Marchak Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	463,399.	166,749.	30,154.	93,339.	48,076.	801,717.	0.
(3) Carolyn Freiheit VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	223,041.	50,824.	722.	0.	19,719.	294,306.	0.
(4) Catherine Stevens VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,905.	43,124.	1,133.	21,200.	37,007.	324,369.	0.
(5) Jonathan Velez, MD VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	364,066.	105,198.	3,101.	31,970.	38,623.	542,958.	0.
(6) Timothy Pratt Hospitalist	(i)	276,422.	58,100.	290.	26,660.	20,699.	382,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Walter Kupson III Medical Director	(i)	300,343.	18,842.	353.	25,511.	45,588.	390,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Adwoa Nyanin, M.D. Hospitalist	(i)	283,588.	33,560.	334.	25,098.	24,538.	367,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Cindy Russo SVP	(i)	267,157.	45,458.	1,031.	25,158.	38,511.	377,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Yin Fei Hung Hospitalist	(i)	292,659.	20,250.	0.	25,000.	11,884.	349,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) John Greene, M.D. Former VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	470,432.	87,091.	35,346.	39,200.	38,745.	670,814.	0.
(12) Steven Hanks Former VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	298,957.	0.	1,370,925.	0.	47,270.	1,717,152.	593,863.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

## Part I, Line 1a:

Tax indemnification and gross-up payments to individuals for benefits were included as taxable income on their 2015 W-2.

## Part I, Line 3:

Hartford HealthCare Executive Compensation Committee approves CEO and other Executive compensation. See detailed explanation on Sch O as references to Form 990, Part VI, Section B, Line 15.

## Part I, Lines 4a-b:

Hartford Healthcare Corporation, a related organization, maintains a 457(f) Supplemental Executive Retirement Plan (SERP). Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels that are reported by Midstate Medical Center on Form 990, Part VII. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability,

**Part III** Supplemental Information

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

involuntary separation without reasonable cause or upon reaching age 65.

Each participant ceases to be eligible for further contributions by

Hartford Healthcare Corporation on the date of the participant's separation

from service. Participants receive a one-time lump sum payment of the

accumulated amount during the 30-day period following the participant's

separation from service.

2015 SERP accrual made on behalf of the following individual:

Ms. Margaret Marchak \$56,789

Severance payment made on behalf of the following individual:

Steven Hanks, MD (VP) in the amount of \$775,451

Part I, Line 7:

Hartford HealthCare Corporation, a related organization, has a Compensation

At Risk Plan that encourages and rewards achievements of significant

functional goals for management that contribute to organization(s)

strategic and financial direction. The Plan utilizes market practice

alignment to ensure competitive recruitment and retention. Awards are based

**Part III** Supplemental Information

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

on CEO and/or Hartford HealthCare Corporation's Compensation Committee  
discretionary assessment of overall organization performance and individual  
contribution to results.



**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	0.	See Part V		X

**Part V Supplemental Information**

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

**Part IV**

(a) Name of Interested Person: John Redmond, MD

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: \$40,785

(d) Description of Transaction: Dr. John Redmond is a Board member of Hartford HealthCare's Central Region. The Region consists of MidState Medical Center, Hospital of Central Connecticut & Rushford Center Inc. Dr. Redmond is the President of the Medical Staff at MidState Medical Center. He is also an officer of Eye Health Professionals, PC. The PC was paid \$40,785 for Dr Redmond's services.

(e) Sharing of Organization Revenues? = No

**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.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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06-0646715

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

communities we serve.

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

the financial resources and assists in alleviating the stress that often accompanies a cancer diagnosis. We also provide an onsite genetics counselor and a high risk program. There is an on-site full time nurse navigator to provide support and guidance through the patient's treatment, from diagnosis to survivorship. In March 2015, the lung screening trial and study closed, it provided screening to 500 patients. We have continued to provide the lung screening program to the community and work closely with the physicians to educate on smoking prevention and cessation. The Hartford HealthCare Cancer Institute at MidState received formal certification from the American Society of Clinical Oncology for maintaining the highest standards of quality and evidence-based cancer care.

**Cancer Conferences:**

Our multidisciplinary approach to cancer care is highlighted through the cancer conferences in which patient's diagnosis and disease are discussed confidentially across the various disciplines. Imaging, pathology, medical and radiation oncology as well as surgery provide expertise to guide treatment options and plan the care needed to meet the standards of care outlined by the National Comprehensive Cancer Network (NCCN) guidelines.

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Accreditation:

The breast program leadership was restructured to align with Hartford HealthCare Cancer Institute's structure and achieved re-accreditation in November 2015. Our cancer program continues to meet the standards of the American College of Surgeons Commission on Cancer and operates under the direction of the cancer committee which meets quarterly.

Community Outreach:

MidState Medical Center's cancer program has a robust community outreach program providing several opportunities for patients, caregivers and the community to participate at no cost. A few of these programs include: outreach to the Hispanic community, survivorship programs, integrative therapies and support groups. Through a grant, we were able to add an additional part-time outreach coordinator that will help facilitate programs, education and various other opportunities to establish support groups. Additionally, we provide cancer screenings that include: head and neck, skin, and breast screenings. Education is also provided during the screening sessions.

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

a 10.1% decrease from FY15. 11% of our patients were admitted to MidState Medical Center as inpatients. Approximately 25% of all Emergency Department patients arrived by ambulance. The percentage of patients who left without being seen was 3.7%.

Emergency Medicine Physicians (EMP):

We continue our relationship with Emergency Medicine Physicians (EMP) to provide Physician and Physician Assistant staffing to care for the



Name of the organization MidState Medical Center	Employer identification number 06-0646715
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ED patients. EMP focuses on patient satisfaction, medical staff satisfaction and providing exceptional emergency care.

Partnerships:

The MidState ED does not work alone in providing excellent care to those it serves. The ED continues to provide ongoing education to local EMS providers, including the Wallingford Fire Department, Hunter's Ambulance and the Meriden Fire Department. The ED continues to build its relationship with the Meriden Police Department and work more collaboratively in situations when emergency care intersects with law enforcement matters by participating in a joint educational training session. The MidState ED also partners with Hartford Hospital's LifeStar helicopter program to deliver lifesaving care to critically ill patients that need a higher level of care than what MidState can provide.

Senior Emergency Care Services:

We identified a need to improve the transition of care for the senior population that is over 65; this group of patients' accounts for 22% of our ED visits annually. Our goal is to provide seniors with the services needed to maintain independence and overall health and well-being. During FY 16 we continued the process of screening all patients 65 and older to identify patients at risk, and match resources to their needs.

Community Outreach:

The staff of the ED are committed to community service and enriching the lives of others. In FY 2016, the ED participated in the in

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collecting food for area food banks.

Our staff participated in a community program "adopt a family" for the holiday season. As a group we embraced this challenge to provide for those less fortunate. Our adopted family was overwhelmed the outpouring of gifts and the generosity of our staff.

Patient Satisfaction:

For FY 2016, our focus continued on a patient's Likelihood to Recommend the MidState ED. For this measure our scores were in the 25th percentile. This piece of customer satisfaction, what our patients are telling their friends in the community, influences an individual's choice when needing emergency care. This is an area we will be continuing to focus on for FY 17, and should show improvement as we improve overall length of stay.

Education:

In FY 2016, the MidState ED continued to play a critical role in staff education integrating best practices treatment and protocols for the care of our patients. We developed and implemented a specific graduate nurse program for those looking to begin their career in the ED. We have encouraged our RN staff to become certified "emergency nurses", and active members of the Emergency Nursing Association.

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

continue to care for patients having Bronchoscope procedures.

Overall we saw a total of 10,861 cases for fiscal year 2016 an increase

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of 196 cases from the previous year. This year only 32 of our patients were admitted post procedure.

#### Digestive Health Center Physicians:

We continue to maintain and improve our relationships with both the Connecticut GI and Gastroenterology Specialists physicians. Another one of our physicians spoke to over 150 GI nurses and associates at the 2015 Fall Conference for the Connecticut GI Nurses and Associates addressing Current challenges in Crohn's and Colitis care. DHC works in collaboration with the Anesthesia department to provide the same level of care to our patients 24 hours a day, seven days a week whether we are in the actual Digestive Health area or traveling to the ER, ICU or OR areas.

#### Electronic Health Record:

We have been using an electronic health record for over 12 years in DHC. The MD and Multicare (nursing) records interface between the MD and nursing records to provide seamless charting from pre, intra and post care. To be current with "The Joint" recommendations, we also have electronic medication reconciliations. We are now in the process of converting to the EPIC system, working feverishly towards a GoLive date of April 2016. We will be the first hospital in the Hartford Healthcare System to implement the EPIC go live.

#### Patient Satisfaction:

Our Endoscopy unit has continued to maintain consistently high press ganey scores. We monitor monthly "Likelihood or recommending center" and for FY2016 averaged 95.1%. Our "Overall care received" average for

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the year was 95.2 and our "wait time prior to procedure was 90.6%. Our unit goal was to maintain a >85 score on "Response to concerns and complaints" and the staff well exceeded that with a score of 94. Presently, we have 3 GI certified nurses.

## Community Outreach:

March is Colorectal Cancer Awareness month and in the spirit of sharing knowledge, the Digestive Health Center staff presented to our "MidState family" information on colon cancer screening. In May 2015, staff from DHC spoke at the Wallingford Senior Center Health Fair on GI Diseases. Additionally, RNs spoke at the Meriden Senior center and at local congregations. Two of our nurses taught at the "Hands On" ERCP course in October 2015. Over 45 GI health professionals took advantage of this regionally recognized course.

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

In towns across central Connecticut, MidState Medical Center is committed and focused on efforts to promote health and wellness in the communities the hospital serves. In addition to the programs referred to above, the hospital provides services/programs including but not limited to the following:

Behavioral &amp; Mental Health

Cardiology &amp; Heart Care

Dermatology

Diabetes &amp; Endocrinology

Digestive Health

Ear, Nose, &amp; Throat

Emergency Services

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Epilepsy Center

Home Care

Headache Center

Hospice Care

Imaging Services

Lab Services

LIFE STAR

Lung &amp; Pulmonary

MATCH

Maternity

Movement Disorders Center

Neurosciences

Neurosurgery

Orthopedics

Pain Treatment

Pediatrics

Physical Rehabilitation

Primary Care &amp; Family Medicine

Senior Services

Sleep Disorders

Sports Medicine

Stroke Center

Surgical Weight Loss

Transplant Services

Urgent Care

Urology &amp; Kidney

Women's Health

Wound Care

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Expenses \$ 113,504,655. including grants of \$ 0. Revenue \$ 144,157,049.

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

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

The hospital's board has adopted the policy of the member, Hartford HealthCare Corporation (HHC). HHC's Conflict of Interest Policy (Policy) requires all Covered Individuals, including board members and officers, to

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

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

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

The following steps were taken:

- Use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of MidState Medical

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Center, established and regularly reviews Executive Compensation Philosophy

- The Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"

- National peer groups are selected for comparative purposes based on organizational size, operating revenue, geography and other relevant factors

- Analysis of current total compensation versus market is performed by independent third party compensation consulting firm and is then reviewed by the committee

- Recommendations are made based on data analysis to ensure appropriate competitive positioning within parameters of compensation philosophy

- The CEO compensation is reviewed by the Committee based on comparative market information and organizational performance

- All changes are reviewed and approved by the Executive Compensation Committee

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

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

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

The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request.

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

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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

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

K-1 Income (Pass Thru Entities)	-248,736.
Transfer to affiliated entity	-11,897,520.
Change in pension and post-retirement funding obligation	-18,389,001.
Change in unrealized gains and losses on investments	94,654.
Change in unrealized gains and losses on funds held in trust by others	551,591.
Rounding	1.
Total to Form 990, Part XI, Line 9	-29,889,011.

FORM 990 PART XII LINE 3A & B

Although the organization was not required to undergo A-133 Federal Audit, the results were included in a consolidated A-133 audit performed at the parent level Hartford HealthCare Corporation.

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

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MidState MSO, LLC - 20-4312072 435 Lewis Avenue Meriden, CT 06451	Management Services	Connecticut			MidState Medical Center

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

(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. - 22-2672834 One State Street, Suite 19 Hartford, CT 06103	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) 2015

**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	
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hwy. Suite 4B, Wethersfield, CT 06109	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)	Hartford HealthCare Corporation	X	
EHC Independence at Home, Inc. - 06-1161422 1290 Silas Deane Hwy. Suite 4B Wethersfield, CT 06109	Home Health Care	Connecticut	501(C)(3)	9	Hartford HealthCare At Home, Inc.	X	
MidState Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	11(a)	MidState Medical Center	X	
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	
Hartford HealthCare Senior Services, Inc. - 22-2635676, 45 Meride Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Citizens	Connecticut	501(C)(3)	9	Hartford HealthCare Senior Services, Inc.	X	

**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
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Hartford HealthCare Senior Services, Inc.	X	
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Medical Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 1290 Silas Deane Hwy, Wethersfield, CT 06109	Government Contracts	Connecticut	501(C)(3)	7	HHC PhysiciansCare Inc.	X	
Hartford HealthCare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	Medical Benefits Trust	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation	X	
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Supporting Organization	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Supporting Organization	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation	X	
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Supporting Organization	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.	X	
Caring for Colleagues Employee Crisis Fund - 26-4469178, 100 Grand Street, New Britain, CT 06052	Employee Fund	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Omni Home Health Services E. CT, LLC - 06-1458837, 12 Case Street #317, Norwich, CT 06360	Home Health Care	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
New Britain MRI Limited Partnership - 06-1271349, 100 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
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	Investment	0.	0.	X		N/A	X		.00%
Ambulance Services of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450	Ambulatory Services	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Connecticut Imaging Partners, LLC - 13-4298940, 111 Founders Plaza, East Hartford, CT 06108	Imaging Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Glastonbury Endoscopy Center, LLC - 25-1721234, 300 Western Blvd., Suite B, Glastonbury, CT 06033	Endoscopy Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Glastonbury Surgery Center, LLC - 26-2600828, 195 Eastern Boulevard, Glastonbury, CT 05033	Surgery Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Hartford - Middlesex Clinical System LLC - 06-1543605, 80 Seymour Street, Hartford, CT 06110	Affiliate Support Services	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Med-East Assoc., LLC - 06-1469575, 1703 West Main Street, Willimantic, CT 06226	Outpatient Care Clinic	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BHC Southington Surgery Center LLC - 46-5500829, 100 Avon Meadow Lane, Avon, CT 05001	Surgery Services	CT	N/A	Related	1,634,391.	470,675.	X		N/A	X		25.00%

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CanConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Investment Management	CT	N/A	C CORP	N/A	N/A	N/A	X	
MidState Medical Group P.C. - 20-4327968 435 Lewis Avenue Meriden, CT 06450	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Hartford Physician Services PC - 06-1254082 80 Seymour Street Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Meriden Imaging Center - 06-1541468 101 North Plains Industrial Park Meriden, CT 06429	Imaging	CT	MidState Medical Center	S CORP	248,450.	3,072,578.	80.00%	X	
Hartford Physician Hospital Organization, Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	N/A	N/A	N/A	X	
Aetna Ambulance Service, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Metro Wheelchair Service, Inc. - 06-0878432 P.O. Box 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
WWB Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A	X	
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Healthcare Services	CT	N/A	C CORP	N/A	N/A	N/A	X	
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A	X	
Windham Professional Office Condominium Association, Inc. - 06-1090041, 112 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Hartford Hospital	M	538,090.	FMV
(2) Hartford Hospital	O	207,315.	FMV
(3) Hartford Hospital	P	315,078.	FMV
(4) Hartford Hospital	R	595,062.	FMV
(5) Hartford Hospital	A	3,266.	FMV
(6) Hartford HealthCare Rehabilitation Network	Q	205,457.	FMV



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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Hartford HealthCare Rehabilitation Network	L	1,047,057.FMV	
(8)HHC PhysiciansCare, Inc.	A	735,459.FMV	
(9)HHC PhysiciansCare, Inc.	O	275,728.FMV	
(10)The Hospital of Central Connecticut	A	42,953.FMV	
(11)Rushford Center, Inc.	P	459,030.FMV	
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



