#### **ANNUAL REPORTING**

#### FISCAL YEAR 2013

#### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFICIATE INFORMATION		
A.	APPH LATE NAME	HARTFORD HEALTH CARE CORPORATION		
Α.	AFFILIATE NAME	HARTI ORD HEALTH CARL CORFORATION		
1	Affiliate Description	PARENT CORPORATION		
2	Affiliate type of service	Parent Corporation		
	Tax Status	Not for Profit		
4	Street Address	One State Street, Suite 19 Hartford		
5 6	Town State	Connecticut		
	Zip Code	06103 -		
	CEO Name	Elliot Joseph		
	CEO Title	President & CEO		
	CT Agent Name	Winship Service corporation		
	CT Agent Name CT Agent Company	Winship Service Corporation		
	CT Agent Company Street Address	One Constitution Plaza		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06103 - 1919		
	- 1			
В.	AFFILIATE NAME	BRADLEY HEALTH SERVICES, INC.		
1	Affiliate Description	Mammography Services		
2	Affiliate type of service	Women's Health Services		
	Tax Status	Not for Profit		
4	Street Address	81 Meriden Avenue		
5	Town	Southington		
6	State	Connecticut		
	Zip Code	06489 -		
	CEO Name	Clarence Silvia		
	CEO Title	President/CEO		
	CT Agent Name	Clarence Silvia		
	CT Agent Company	Central CT Health Alliance		
	CT Agent Company Street Address	100 Grand Street		
	CT Agent Town	New Britain		
	CT Agent State	Connecticut 06050 -		
15	CT Agent Zip Code			
C.	AFFILIATE NAME	CENCONN SERVICES, INC.		
		The corporation performs various functions that support the other affiliates. 100% owned by Central CT		
1	Affiliate Description	Health Alliance.		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	For Profit		
4	Street Address	100 Grand Street		
5	Town	New Britain		
6	State	Connecticut		
	Zip Code	06050 -		
8	CEO Name	Lucille Janatka		
	CEO Title	President		
	CT Agent Name	Elizabeth Schlaff, Esq.		
11	CT Agent Company	The Hospital of Central CT		

REPORT 20 1 OF 35 7/28/2014,2:53 PM

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2013**

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Company Street Address	100 Grand Street		
	CT Agent Town	New Britain		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06050 -		
<u> </u>	AFFILIATE NAME	CENTRAL CT HEALTH ALLIANCE		
D.	AFFILIATE NAME	CENTRAL CT REALTR ALLIANCE		
		Organized for the purpose of benefiting, carrying out the purpose of, and upholding, promoting and		
1	Affiliate Description	furthering the welfare programs and activities of Hartford Health Care Corporation and other affiliates.		
2	Affiliate type of service	Managed Services Org. (MSO)		
3	Tax Status	Not for Profit		
4	Street Address	100 Grand Street		
5	Town	New Britain		
6	State	Connecticut		
	Zip Code	06050 -		
	CEO Name	Lucille Janatka		
	CEO Title	President/CEO		
	CT Agent Name	Elizabeth Schlaff, Esq.		
	CT Agent Name CT Agent Company	The Hospital of Central CT		
	CT Agent Company CT Agent Company Street Address	100 Grand Street		
	CT Agent Company Street Address CT Agent Town	New Britain		
		Connecticut		
	CT Agent State	06050 -		
15	CT Agent Zip Code	00000 -		
E.	AFFILIATE NAME	CENTRAL CT SENIOR HEALTH SERVICES		
	ALLEATE NAME			
1	Affiliate Description	Long Term Care		
2	Affiliate type of service	Long Term Care		
3	Tax Status	Not for Profit		
4	Street Address	45 Meriden Avenue		
5	Town	Ssouthington		
6	State	Connecticut		
7	Zip Code	06489 -		
8	CEO Name	Lucille Janatka		
9	CEO Title	President		
	CT Agent Name	Lucille Janatka		
11	CT Agent Company	Central CT Health Alliance		
	CT Agent Company Street Address	100 Grand Street		
	CT Agent Town	New Britain		
	CT Agent Fown	Connecticut		
	CT Agent State CT Agent Zip Code	06050 -		
1.5	C. Again Zip Codo			
F.	AFFILIATE NAME	CHS INSURANCE LIMITED		
1	Affiliate Description	Reinsurance		
2	Affiliate type of service	Insurance		
3	Tax Status	For Profit		
4	Street Address	F.B. Perry Building, 40 Church		
5	Town	Hamilton		
6	State	Bermuda		

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2013**

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	ATTEME INTONMATION	
	CEO Name	Elliot Joseph	
	CEO Name CEO Title	President & CEO	
	CT Agent Name	Winship Service Corporation	
		Winship Service Corporation  Winship Service Corporation	
	CT Agent Company CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford Connecticut	
	CT Agent State	06103 - 1919	
15	CT Agent Zip Code	00103 - 1919	
G.	AFFILIATE NAME	COMMUNITY MENTAL HEALTH AFFILIATES	
1	Affiliate Description	Develop, provide and promote an effective system of service delivery for behavioral health through a network of integrated unified services located in one or more community facilities.	
2	Affiliate type of service	Mental Health Facility	
3	Tax Status	Not for Profit	
4	Street Address	270 John Downey Drive	
5	Town	New Britain	
6		Connecticut	
	State Zip Code	06051 -	
	CEO Name		
_		Raymond Gorman  Executive Director	
	CEO Title		
	CT Agent Name	Guion, Stevens & Rybak, LLP	
	CT Agent Company	Guion, Stevens & Rybak, LLP	
	CT Agent Company Street Address	93 West Street	
	CT Agent Town	Litchfield	
	CT Agent State	Connecticut 06759 -	
15	CT Agent Zip Code	00759 -	
н.	AFFILIATE NAME	GRAND INDEMNITY COMPANY, LTD	
1	Affiliate Description	Captive	
2	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	F.B. Perry Building, 40 Church Street	
5	Town	Hamilton	
6	State	Bermuda	
7	Zip Code	HM - FX	
8	CEO Name	John S. Manning	
9	CEO Title	President	
	CT Agent Name	Michael Maglaras	
	CT Agent Name CT Agent Company	Michael Maglaras & Co	
12	CT Agent Company CT Agent Company Street Address	F.B. Perry Building, 40 Church Street	
	CT Agent Company Street Address CT Agent Town	Hamilton	
	CT Agent Town CT Agent State	Bermuda	
	CT Agent State CT Agent Zip Code	HM - FX	
13	O I Agent Zip Oode		
l.	AFFILIATE NAME	HARTFORD HEALTHCARE AT HOME, INC.	
1	Affiliate Description	PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.	
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#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2013**

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate type of service	Home Health/VNAs	
3	Tax Status	Not for Profit	
	Street Address	103 Woodland Street	
5	Town	Hartford	
6	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	Ellen D. Rothberg	
	CEO Title	President	
	CT Agent Name	Winship Services Corporation	
	CT Agent Company	Winship Services Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 1919	
J.	AFFILIATE NAME	HARTFORD HEALTHCARE PHYSICIANCARE INC.	
	Affiliate Description	Practice medicine and provide healthcare services to the public as a medical foundation	
	Affiliate type of service	Foundation	
3	Tax Status	Not for Profit	
4	Street Address	1290 Silas Deane Highway	
5	Town	Wethersfield	
6	State	Connecticut	
	Zip Code	06109 -	
	CEO Name	James Watkins Jr	
	CEO Title	President	
	CT Agent Name	Winship Service Corporation	
	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
K.	AFFILIATE NAME	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC	
		DELIARI ITATION SERVICES	
1	Affiliate Description	REHABILITATION SERVICES	
2	Affiliate type of service	Rehabilitation Services	
3	Tax Status	Not for Profit	
	Street Address	181 PATRICIA GENOVA DRIVE	
5	Town	Newington	
	State	Connecticut	
	Zip Code	06111 -	
	CEO Name	Rita Parisi	
	CEO Title	Pres & CEO	
	CT Agent Name	Winship Service Corp.	
	CT Agent Company	Winship Service Corp.	
	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 1919	

REPORT 20 4 OF 35 7/28/2014,2:53 PM

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2013**

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
١.		HARTFORD HOSPITAL		
L.	AFFILIATE NAME	HARTFORD HOSPITAL		
1	Affiliate Description	HOSPITAL		
2	Affiliate type of service	Hospital		
3	Tax Status	Not for Profit		
4	Street Address	80 SEYMOUR ST		
5	Town	Hartford		
6	State	Connecticut		
7	Zip Code	06103 -		
8	CEO Name	Jeffrey Flaks		
9	CEO Title	President and CEO		
10	CT Agent Name	Winship Service Corp.		
	CT Agent Company	Winship Service Corp.		
12	CT Agent Company Street Address	One Constitution Plaza		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
М.	AFFILIATE NAME	MIDSTATE MEDICAL CENTER		
	Affiliate Decembring	LICODITAL		
1	Affiliate Description	HOSPITAL		
2	Affiliate type of service	Hospital New York Profit		
3	Tax Status	Not for Profit		
<u>4</u> 5	Street Address	435 Lewis Ave Meriden		
6	Town			
	State Zip Code	Connecticut 06451 -		
	CEO Name	Lucille Janatka		
	CEO Title	President and CEO		
	CT Agent Name	Winship Service Corporation		
	CT Agent Name CT Agent Company	Winship Service Corporation  Winship Service Corporation		
	CT Agent Company CT Agent Company Street Address	One Constitution Plaza		
	CT Agent Company Street Address CT Agent Town	Hartford		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06103 - 1919		
13	OT Agent Zip Code			
N.	AFFILIATE NAME	MRI OF FARMINGTON AVENUE LLC		
···	ALLEATE NAME			
1	Affiliate Description	Magnetic Resonance Imaging		
2	Affiliate type of service	Imaging Services		
3	Tax Status	For Profit		
4	Street Address	15 Quail Ridge Road		
5	Town	Farmington		
6	State	Connecticut		
	Zip Code	06032 -		
	CEO Name	Clarence Silvia		
	CEO Title	Partner		
	CT Agent Name	Mark Krober, Ecq.		
	CT Agent Company	Murtha, Cullina, Richter & Pinney LLP		
	CT Agent Company Street Address	City Place I, 185 Asylum Ave		
_	J , ,			

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2013**

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06103 - 3469	
10	or Agent Zip Gode		
0.	AFFILIATE NAME	MULBERRY GARDENS OF SOUTHINGTON, LLC	
1	Affiliate Description	Long Term Care	
2	Affiliate type of service	Long Term Care	
	Tax Status	Not for Profit	
4	Street Address	58 Mulberry Street	
-	Town	Southington	
	State	Connecticut	
	Zip Code	06489 -	
	CEO Name	Perry Phillips	
	CEO Title	Executive Director	
10	CT Agent Name	Clarence Silvia	
11	CT Agent Company	The Hospital of Central CT	
	CT Agent Company Street Address	100 Grand Street	
13	CT Agent Town	New Britain	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06050 -	
P.	AFFILIATE NAME	NEW BRITAIN MRI LIMITED PARTNERSHIP	
	Affiliate Description	MRI Testing	
	Affiliate type of service	Imaging Services	
	Tax Status	Not for Profit	
	Street Address	100 Grand Street	
	Town	New Britain	
	State	Connecticut	
	Zip Code	06050 -	
	CEO Name	Clarence Silvia	
9	CEO Title	General Partner	
	CT Agent Company	Elliot B. Pollack, Esq.	
	CT Agent Company CT Agent Company Street Address	Hoberman & Pollack One State Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06103 -	
Q.	AFFILIATE NAME	PRACTICE CENTRAL, LLC	
_	Affiliate Description	Facilitate the adoption of electronic health systems by physician practices in CT for effective data sharing	
1	Affiliate Description	and clinical integrations resulting in better coordinated care	
	Affiliate type of service Tax Status	For Profit Services (Specify) For Profit	
	Street Address	85 Seymour Street	
	Town	Hartford	
	State	Connecticut	
7	Zip Code	06102 -	
<u> </u>	-ip 0000	00102	

REPORT 20 6 OF 35 7/28/2014,2:53 PM

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2013**

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
8	CEO Name	Kent Stahl, M	
_	CEO Title	Managing Director	
	CT Agent Name	Winship Services Corp	
	CT Agent Company	Winship Services Corp	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 1919	
R.	AFFILIATE NAME	SOUTHINGTON CARE CENTER	
1	Affiliate Description	Long Term Care	
2	Affiliate type of service	Long Term Care	
3	Tax Status	Not for Profit	
4	Street Address	45 Meriden Avenue	
5	Town	Southington	
6	State	Connecticut	
7	Zip Code	06489 -	
8	CEO Name	Patricia Walden	
	CEO Title	Vice President	
	CT Agent Name	Clarence Silvia	
	CT Agent Name	Central CT Health Alliance	
	CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06050 -	
S.	AFFILIATE NAME	THE ORCHARDS AT SOUTHINGTON	
1	Affiliate Description	To initiate, develop, operate and maintain senior housing with assisted living services	
2	Affiliate type of service	Care for the Aged	
3	Tax Status	Not for Profit	
4	Street Address	34 Hobart Street	
5	Town	Southington	
6	State	Connecticut	
7	Zip Code	06489 -	
8	CEO Name	Audrey Vinci	
9	CEO Title	Executive Director	
	CT Agent Name	Clarence Silvia	
	CT Agent Company	Central CT Health Alliance	
12	CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06050 -	

<sup>\*</sup> P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

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

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
	THE HOODITAL OF OCNITRAL CONNECTIONS		
	THE HOSPITAL OF CENTRAL CONNECTICUT	I lovo otvieto d	\$404 FC7 000
2		Unrestricted Temporarily Restricted by Donor	\$194,567,882 \$24,361,771
3		Temporarily Restricted by Board	\$24,301,771
4		Permanently Restricted by Donor	\$22,781,910
5		Intercompany Eliminations	\$0
		Total:	\$241,711,563
В.	HARTFORD HEALTH CARE CORPORATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
C.	BRADLEY HEALTH SERVICES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0 \$0
		Total:	\$0
	CENCONN SERVICES, INC.		<b>*</b>
1		Unrestricted	\$814,000
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$814,000
		Total.	φο14,000
Ε.	CENTRAL CT HEALTH ALLIANCE		
1		Unrestricted	\$8,115,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$8,115,000
	CENTRAL CT CENIOR HEALTH CERVICES		
	CENTRAL CT SENIOR HEALTH SERVICES	I love etviete d	<b>#0.745.000</b>
1		Unrestricted	\$3,745,023
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$64,973
4		Permanently Restricted by Donor	\$0 \$5,193
5		Intercompany Eliminations	\$0,193
<u> </u>		Total:	\$3,815,189
			\$5,5.5,100
G.	CHS INSURANCE LIMITED		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0 \$0
		Permanently Restricted by Donor	\$0
4			· • • • • • • • • • • • • • • • • • • •
		Intercompany Eliminations  Total:	\$0

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

LINE AFFILIATE NAME  H. COMMUNITY MENTAL HEALTH AFFILIATES  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations  Total:  1 Unrestricted 5 STOTAL: 5 Temporarily Restricted by Donor 5 Unrestricted by Donor 5 Intercompany Eliminations  Total: 5 Temporarily Restricted by Donor 7 Temporarily Restricted by Board 7 Permanently Restricted by Donor 8 Temporarily Restricted by Donor 9/3 Permanently Restricted by Donor 9/3 Intercompany Eliminations 9/30	4) EE AS OF /2013 \$1,538,000 \$0 \$0 \$0 \$86,000 \$1,624,000  19,746,446 \$0 \$0 \$0 \$0 \$1,4478,571 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
H. COMMUNITY MENTAL HEALTH AFFILIATES  1 Unrestricted 1 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations  Total: 5 Temporarily Restricted by Donor 5 Unrestricted 5 Temporarily Restricted by Donor 6 Temporarily Restricted by Donor 7 Temporarily Restricted by Board 9 Permanently Restricted by Donor 1 Temporarily Restricted by Donor 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations 1 Total:	\$1,538,000 \$0 \$0 \$86,000 \$1,624,000 \$1,624,000 \$0 \$0 \$0 \$0 \$1,4478,571 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 Unrestricted 5 2 Temporarily Restricted by Donor 7 3 Temporarily Restricted by Board 9 4 Permanently Restricted by Donor 1 5 Intercompany Eliminations 7 1 Unrestricted 5 2 Temporarily Restricted by Donor 1 1 Unrestricted 5 2 Temporarily Restricted by Donor 5 3 Temporarily Restricted by Donor 1 3 Temporarily Restricted by Donor 1 4 Permanently Restricted by Donor 1 5 Intercompany Eliminations (\$ 5 Total: \$ 5 Temporarily Restricted by Donor 1 5 Intercompany Eliminations (\$ 5 Total: \$ 5 Total: \$ 5 Total: \$ 5 Temporarily Restricted by Donor 1 6 Temporarily Restricted by Donor 1 7 Temporarily Restricted by Donor 1 8 Temporarily Restricted by Donor 1 9 Temporarily Restricted by Donor 1 1 Temporarily Restricted by Donor 1 1 Temporarily Restricted by Donor 1 1 Temporarily Restricted by Board 1 1 Permanently Restricted by Donor 1 1 Temporarily Restricted by Donor 1 2 Temporarily Restricted by Donor 1 3 Temporarily Restricted by Donor 1 5 Temporarily R	\$0 \$0 \$86,000 \$1,624,000 19,746,446 \$0 \$0 \$0 5,267,875) 14,478,571
Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  I. GRAND INDEMNITY COMPANY, LTD  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Intercompany Eliminations (\$ Total: \$  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0 \$86,000 \$1,624,000 19,746,446 \$0 \$0 \$0 5,267,875) 14,478,571
Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  GRAND INDEMNITY COMPANY, LTD  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations  Total:  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Unrestricted Temporarily Restricted by Donor Intercompany Eliminations  STOTAL:  Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$86,000 \$1,624,000 19,746,446 \$0 \$0 \$0 5,267,875) 14,478,571
4 Permanently Restricted by Donor Intercompany Eliminations  Total:  I. GRAND INDEMNITY COMPANY, LTD  1 Unrestricted \$\frac{3}{2}\$  Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations \$\frac{3}{2}\$  Intercompany E	\$0 \$86,000 \$1,624,000 19,746,446 \$0 \$0 \$0 5,267,875 14,478,571 \$0 \$0
Intercompany Eliminations   Total:   Standard   Stand	\$86,000 \$1,624,000 \$1,624,000 \$0 \$0 \$0 \$5,267,875 \$14,478,571 \$0 \$0 \$0
Total:  I. GRAND INDEMNITY COMPANY, LTD  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations (\$ Total: \$  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$1,624,000 \$0 \$0 \$0 \$0 \$5,267,875) \$14,478,571 \$0 \$0 \$0
I. GRAND INDEMNITY COMPANY, LTD  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations  Total:  Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	19,746,446 \$0 \$0 \$0 5,267,875) 14,478,571 \$0 \$0
1 Unrestricted \$ 2 Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations (\$ Total:  1 Unrestricted Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total:  5 Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0 \$0 5,267,875) 14,478,571 \$0 \$0 \$0
Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0 \$0 5,267,875) 14,478,571 \$0 \$0 \$0
Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations (\$ Total:  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0 5,267,875) 14,478,571 \$0 \$0 \$0
4 Permanently Restricted by Donor Intercompany Eliminations (\$  Total: \$'  J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 5,267,875) 14,478,571 \$0 \$0 \$0
5 Intercompany Eliminations (\$ Total: \$'  J. HARTFORD HEALTHCARE AT HOME, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0
J. HARTFORD HEALTHCARE AT HOME, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0 \$0
J. HARTFORD HEALTHCARE AT HOME, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K. HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0 \$0
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0
2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0 \$0
3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0
4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	<u>\$</u> 0
K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	Ψ
K . HARTFORD HEALTHCARE PHYSICIANCARE INC.	\$0
	\$0
1 Unrestricted	•
Transmitte Destrict Alex Deserve	\$0 \$0
2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board	\$0 \$0
4 Permanently Restricted by Donor	\$0 \$0
5 Intercompany Eliminations	\$0
Total:	\$0
	7 -
L. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC	
1 Unrestricted	\$0
2 Temporarily Restricted by Donor	\$0
3 Temporarily Restricted by Board	\$0
4 Permanently Restricted by Donor 5 Intercompany Eliminations	\$0 \$0
Total:	\$0 \$0
Total.	φυ
M . HARTFORD HOSPITAL	
1 Unrestricted	\$0
2 Temporarily Restricted by Donor	\$0
3 Temporarily Restricted by Board	\$0
4 Permanently Restricted by Donor	\$0
5 Intercompany Eliminations	\$0
Total:	\$0
N. MIDOTATE MEDICAL CENTER	
N. MIDSTATE MEDICAL CENTER	ФО.
1 Unrestricted 2 Temporarily Restricted by Donor	\$0 \$0
3 Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4 Permanently Restricted by Donor	\$0 \$0
5 Intercompany Eliminations	\$0
Total:	\$0

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

(1)	(2)	(3)	(4)
	AFFILIATE MANE	FUND DESCRIPTION /	BALANCE AS OF
	AFFILIATE NAME	FUND PURPOSE	9/30/2013
	MRI OF FARMINGTON AVENUE LLC	I love etviete d	<b>C</b> O
2		Unrestricted Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	MULBERRY GARDENS OF SOUTHINGTON, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
			4.
ġ.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
R.	PRACTICE CENTRAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
S.	SOUTHINGTON CARE CENTER		
1	SOUTHINGTON CARE CENTER	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Τ.	THE ORCHARDS AT SOUTHINGTON		*
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		i otai.	<b>40</b>
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$275,740,198
	Intercompany Eliminations		(\$5,181,875)
	Total of all Affiliates	Fund Balance:	\$270,558,323

#### REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
	HARTFORD HEALTH CARE CORPORATION			
Α.	HARTFORD HEALTH CARE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$34,694,427
1		Audit fees	09/30/2013	\$34,094,427 \$42,210
2		Certifications	09/30/2013	\$38,533
3		CHEFA Series A&C	09/30/2013	(\$12,687)
4		Consulting	09/30/2013	(\$46,662)
5		IT Support Services	09/30/2013	\$16,201
6		Management Fees	09/30/2013	\$636,643
7		Mercer Consulting	09/30/2013	\$122,325
8		Medical Supplies	09/30/2013	\$39,877
9		Towers Watson	09/30/2013	(\$710,971)
10		Unity Program	09/30/2013	\$190,119
11		Vendor Rebates	09/30/2013	\$306,092
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$35,316,107
B.	BRADLEY HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0 \$0
		Litting Officorisolidated Intercompany Balance.	9/30/2013	\$0
C.	CENCONN SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$25,593
1		Invoices paid by HCC-NBG on behalf of CSI	09/30/2013	\$11,080
2		Services provided by HCC-NBG for CSI	09/30/2013	\$1,813
3		HCC PR deduction for rent due to CSI	09/30/2013	(\$7,566)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$30,920
D.	CENTRAL CT HEALTH ALLIANCE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,106,655
1		Invoices paid by HCC-NBG on behalf of CCHA	09/30/2013	\$3,187
2		Reimbursement of Expenses	09/30/2013	(\$273,344)
3		Services provided by HCC-NBG for CCHA	09/30/2013	\$75
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,836,573
E.	CENTRAL CT SENIOR HEALTH SERVICES			

REPORT 6 11 OF 34 7/28/2014, 2:53 PM

#### REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
F.	CHS INSURANCE LIMITED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Dental Plan	09/30/2013	(\$1,275,118)
2		Medical Plan	09/30/2013	\$6,070,091
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$4,794,973
G.	COMMUNITY MENTAL HEALTH AFFILIATES			
		Danisasia a Harana a lidata dhatana ann ann Dalana a	0/00/0040	(64)
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$1)
1		Reimbursement of Expenses Space provided by HCC-NBG for CMHA	09/30/2013 09/30/2013	(\$149,664)
2		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$149,664
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$1)
	OD AND INDEMANTY COMPANY I TO			
H.	GRAND INDEMNITY COMPANY, LTD			
		B. C. C. H. C. P. C. H. C. C. B. C.	0/00/0040	**
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	0/00/0040	\$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
I.	HARTFORD HEALTHCARE AT HOME, INC.			
		B. C. C. H. C. P. C. H. C. C. B. C.	0/00/0040	**
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 <b>\$0</b>
		Ending Onconsolidated Intercompany Balance:	9/30/2013	\$0
	HARTEORN HEALTHCARE PHYSICIANICARE INC			
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Professional Services	09/30/2013	(\$351,708)
2		Reimbursement of expenses/services	09/30/2013	\$239,324
<del></del>		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$112,384)
			0/00/2010	(#:12,304)
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
r.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			

REPORT 6 12 OF 34 7/28/2014, 2:53 PM

#### REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

AFFILIATE NAME   DESCRIPTION OF TRANSFER   DATE	RANSFER TO / FROM HOSPITAL \$0 \$35,914 \$35,914
Physical Therapist Fees	\$35,914
Physical Therapist Fees	\$35,914
Ending Unconsolidated Intercompany Balance: 9/30/2013	
L. HARTFORD HOSPITAL	
Beginning Unconsolidated Intercompany Balance: 9/30/2012     Professional Services   0.9/30/2013     Reimbursement of expenses/services   0.9/30/2013     Reimbursement of expenses/services   0.9/30/2013     Ending Unconsolidated Intercompany Balance: 9/30/2013     M. MIDSTATE MEDICAL CENTER   Beginning Unconsolidated Intercompany Balance: 9/30/2012     Bariatric Program   0.9/30/2013     Diabeties Program   0.9/30/2013     Diabeties Program   0.9/30/2013     Due to MidState Medical Ctr   0.9/30/2013     Due to MidState Medical Ctr   0.9/30/2013     Genetic Counselor   0.9/30/2013     Medical Director Fees   0.9/30/2013     Sonograph   0.9/30/2013     Oly30/2013   0.9/30/2013     Ultrasound Tech   0.9/30/2013     Oly30/2013   0.9/30/2013	
Professional Services   09/30/2013	
Professional Services   09/30/2013	(\$33,410)
Reimbursement of expenses/services         09/30/2013           Ending Unconsolidated Intercompany Balance:         9/30/2013           M. MIDSTATE MEDICAL CENTER         Beginning Unconsolidated Intercompany Balance:         9/30/2012           1         Bariatric Program         09/30/2013           2         Diabeties Program         09/30/2013           3         Due to MidState Medical Ctr         09/30/2013           4         Genetic Counselor         09/30/2013           5         Medical Director Fees         09/30/2013           6         Sonograph         09/30/2013           7         Ultrasound Tech         09/30/2013	(\$2,993,736)
M. MIDSTATE MEDICAL CENTER   Beginning Unconsolidated Intercompany Balance: 9/30/2012	\$2,947,079
Beginning Unconsolidated Intercompany Balance:         9/30/2012           1         Bariatric Program         09/30/2013           2         Diabeties Program         09/30/2013           3         Due to MidState Medical Ctr         09/30/2013           4         Genetic Counselor         09/30/2013           5         Medical Director Fees         09/30/2013           6         Sonograph         09/30/2013           7         Ultrasound Tech         09/30/2013	(\$80,067)
Beginning Unconsolidated Intercompany Balance:         9/30/2012           1         Bariatric Program         09/30/2013           2         Diabeties Program         09/30/2013           3         Due to MidState Medical Ctr         09/30/2013           4         Genetic Counselor         09/30/2013           5         Medical Director Fees         09/30/2013           6         Sonograph         09/30/2013           7         Ultrasound Tech         09/30/2013	
1     Bariatric Program     09/30/2013       2     Diabeties Program     09/30/2013       3     Due to MidState Medical Ctr     09/30/2013       4     Genetic Counselor     09/30/2013       5     Medical Director Fees     09/30/2013       6     Sonograph     09/30/2013       7     Ultrasound Tech     09/30/2013	
1     Bariatric Program     09/30/2013       2     Diabeties Program     09/30/2013       3     Due to MidState Medical Ctr     09/30/2013       4     Genetic Counselor     09/30/2013       5     Medical Director Fees     09/30/2013       6     Sonograph     09/30/2013       7     Ultrasound Tech     09/30/2013	\$0
2     Diabeties Program     09/30/2013       3     Due to MidState Medical Ctr     09/30/2013       4     Genetic Counselor     09/30/2013       5     Medical Director Fees     09/30/2013       6     Sonograph     09/30/2013       7     Ultrasound Tech     09/30/2013	\$17,044
3     Due to MidState Medical Ctr     09/30/2013       4     Genetic Counselor     09/30/2013       5     Medical Director Fees     09/30/2013       6     Sonograph     09/30/2013       7     Ultrasound Tech     09/30/2013	\$1,797
4       Genetic Counselor       09/30/2013         5       Medical Director Fees       09/30/2013         6       Sonograph       09/30/2013         7       Ultrasound Tech       09/30/2013	(\$42,903)
5     Medical Director Fees     09/30/2013       6     Sonograph     09/30/2013       7     Ultrasound Tech     09/30/2013	\$24,228
6         Sonograph         09/30/2013           7         Ultrasound Tech         09/30/2013	(\$8,072)
7 Ultrasound Tech 09/30/2013	(\$23,345)
	\$40,419
	\$9,168
N. MRI OF FARMINGTON AVENUE LLC	
N. WINT OF FARWINGTON AVENUE LLC	
Beginning Unconsolidated Intercompany Balance: 9/30/2012	\$0
Nothing to Report	\$0
Ending Unconsolidated Intercompany Balance: 9/30/2013	\$0
A MULTIPLE OF COLUTIVISTON LLO	
O. MULBERRY GARDENS OF SOUTHINGTON, LLC	
Beginning Unconsolidated Intercompany Balance: 9/30/2012	\$238
1 Invoices paid by HCC-NBG on behalf of Muberry Gardens 09/30/2013	\$538
2 Reclass wrong account used 09/30/2013	(\$238)
Reimbursement of Expenses 09/30/2013	(\$538)
Ending Unconsolidated Intercompany Balance: 9/30/2013	\$0
P. NEW BRITAIN MRI LIMITED PARTNERSHIP	

REPORT 6 13 OF 34 7/28/2014, 2:53 PM

#### REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$56,404)
1		Services provided by HCC-NBG for NB MRI Lp	09/30/2013	\$264,809
2		Contract labor for MRI of Southington from NBMRILP	09/30/2013	(\$636,632)
3		Reimbursement of expenses/services	09/30/2013	(\$260,472)
		Invoices paid by HCC-NBG on behalf or owed to NB MRILP		
4			09/30/2013	\$620,287
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$68,412)
Q.	PRACTICE CENTRAL, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	- / / /-	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
R.	SOUTHINGTON CARE CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$4,463)
1		Invoices paid by HCC-NBG on behalf of SCC	09/30/2013	\$22,648
2		Sale of Patient/Office Supplies	09/30/2013	\$805
3		Reimbursement of Expenses	09/30/2013	(\$47,937)
4		Condo fee and property taxes	09/30/2013	\$5,701
5		Contract Labor provided to SCC by HCC	09/30/2013	\$33,542
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$10,296
	THE OPOUADDO AT COUTHINGTON			
S.	THE ORCHARDS AT SOUTHINGTON			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	<b>\$0</b>
		Nothing to Report		<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
			Grand Total:	\$41,773,087

REPORT 6 14 OF 34 7/28/2014, 2:53 PM

#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2012	\$14,728,730
Α.	HARTFORD HEALTH CARE CORPORATION		Nothing to Depart		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			l otal.	9/30/2013	\$0
В.	BRADLEY HEALTH SERVICES, INC.				
	,,		Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	CENCONN SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
D.	CENTRAL CT HEALTH ALLIANCE				
<del>В.</del>	CENTRAL OF REALTH ALLIANCE		Nothing to Report		\$0
-			Total:	9/30/2013	\$0
				0,00,20.0	**
E.	CENTRAL CT SENIOR HEALTH SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
F.	CHS INSURANCE LIMITED		Nothing to Depart		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			i otal.	9/30/2013	<b>Φ</b> 0
G.	COMMUNITY MENTAL HEALTH AFFILIATES				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	GRAND INDEMNITY COMPANY, LTD				
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2013	\$0
I.	HARTFORD HEALTHCARE AT HOME, INC.				
<del>- ''-</del>	HAKTI OND HEALTHOAKE AT HOME, INC.		Nothing to Report		\$0
<b>—</b>			Total:	9/30/2013	\$ <b>0</b>
					,-
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		Nothing to Donort		ΦΔ.
<u></u>			Nothing to Report		\$0

REPORT 6A 15 OF 34 7/28/2014,2:53 PM

#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2013	\$0
L.	HARTFORD HOSPITAL				
	HARTFORD HOSFITAL		Nothing to Report		\$0
			Total:	9/30/2013	\$0
М.	MIDSTATE MEDICAL CENTER				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
N.	MRI OF FARMINGTON AVENUE LLC				
- ''-	INITION AVENUE LEG		Nothing to Report		\$0
			Total:	9/30/2013	\$0
Ο.	MULBERRY GARDENS OF SOUTHINGTON, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP				
	NEW BRITAIN MINI EIMITED FARTNERSTIIF		Nothing to Report		\$0
			Total:	9/30/2013	\$0
Q.	PRACTICE CENTRAL, LLC				
			Nothing to Report	0/00/00/0	\$0
			Total:	9/30/2013	\$0
R.	SOUTHINGTON CARE CENTER				
	OCCUPANT OF THE OCCUPANT OF TH		Nothing to Report		\$0
			Total:	9/30/2013	\$0
S.	THE ORCHARDS AT SOUTHINGTON				
			Nothing to Report	0/00/00/10	\$0
			Total:	9/30/2013	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$14,728,730
				3/30/2013	Ţ,. <b>20</b> ,7 0

REPORT 6A 16 OF 34 7/28/2014,2:53 PM

#### REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
	DECOMIT HON OF EAF ENDITONE		7	5/12
Α.	HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
В.	BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report		\$0	
	Tourning to Hopert	Total:	\$0	9/30/2013
C.	CENCONN SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
D.	CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report		\$0	
	rouning to respon	Total:	\$0	9/30/2013
E.	CENTRAL CT SENIOR HEALTH SERVICES			
0	Nothing to Report	Total	\$0	0/00/0040
		Total:	\$0	9/30/2013
F.	CHS INSURANCE LIMITED			
0	Nothing to Report		\$0	
	· ·	Total:	\$0	9/30/2013
G.	COMMUNITY MENTAL HEALTH AFFILIATES			
0	Nothing to Report	Total:	\$0	0/00/0040
		Total.	\$0	9/30/2013
Н.	GRAND INDEMNITY COMPANY, LTD			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
<u>l.</u>	HARTFORD HEALTHCARE AT HOME, INC.			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2013
		. Otan	40	3/30/2013
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
1.0				
<b>K.</b>	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  Nothing to Report		\$0	
	Nothing to Keport	Total:	\$0 <b>\$0</b>	9/30/2013
			**	0,00,20.0
L.	HARTFORD HOSPITAL			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	MIDSTATE MEDICAL SENTER			
<b>M</b> .	MIDSTATE MEDICAL CENTER  Nothing to Report		\$0	
	Housing to Nepolt	Total:	\$0	9/30/2013
N.	MRI OF FARMINGTON AVENUE LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	MILL DEDDY CARDENG OF COUTURESTON 11 C			
0.	MULBERRY GARDENS OF SOUTHINGTON, LLC			

#### REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME &		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
Q.	PRACTICE CENTRAL, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
R.	SOUTHINGTON CARE CENTER			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
S.	THE ORCHARDS AT SOUTHINGTON			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
		Grand Total:	\$0	9/30/2013

#### REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	HARTFORD USALTU CARE CORPORATION		
<b>A.</b>	HARTFORD HEALTH CARE CORPORATION  Nothing to Report	\$0	0
_ Ŭ	Total:	\$ <b>0</b>	S
B.	BRADLEY HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CENCONN SERVICES, INC.	¢0	0
0	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	I Otal:	\$0	
D.	CENTRAL CT HEALTH ALLIANCE		
<u></u> О.	Nothing to Report	\$0	O.
_	Total:	\$0	Ç
E.	CENTRAL CT SENIOR HEALTH SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	CHS INSURANCE LIMITED	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
	COMMUNITY MENTAL LIE ALTH AFFILIATES		
<b>G</b> .	COMMUNITY MENTAL HEALTH AFFILIATES  Nothing to Report	\$0	0
	Total:	-	J
		· ·	
H.	GRAND INDEMNITY COMPANY, LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
l.	HARTFORD HEALTHCARE AT HOME, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	HARTEORD HEALTHOADE BUYOLOLANDADE INC		
<b>J</b> .	HARTFORD HEALTHCARE PHYSICIANCARE INC.  Nothing to Report	\$0	Π
⊢	Total:		0
	Totali	<del></del>	
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
0	Nothing to Report	\$0	0
	1	Ψΰ	Ů

#### REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
L.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>M.</b> 0	MIDSTATE MEDICAL CENTER  Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	10tal.	\$0	
N.	MRI OF FARMINGTON AVENUE LLC		
0 0	Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	Ĭ
		4.0	
0.	MULBERRY GARDENS OF SOUTHINGTON, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SOUTHINGTON CARE CENTER	<b>A</b> 0	
0	Nothing to Report	\$0	0
	Total:	\$0	
	THE ODOLLADDO AT COLUMNICAL		
<b>S</b> .	THE ORCHARDS AT SOUTHINGTON  Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	Total.	40	
	Grand Total:	\$0	
	Grand Total.	<b>\$</b> 0	

# THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2013 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

1   Donations   \$0.00   \$0.0	(1)	(2)	(3)	(4)	(5)	(6)
A. Indigent Care   Seginning Balance   \$0.00			FY 2012	FY 2013		
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1   Donations   \$0.00   \$0.0	Α.	Indigent Care				
2   Income		Beginning Balance				0%
Separatitures   Separatiture	1	Donations				0%
4   Unrealized Gains and Losses   \$0.00   \$0	2	Income		\$0.00		0%
Ending Balance	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
5         Projected Interest Income         \$0.00         \$0.00         \$0.00           B.         Free Beds           Beginning Balance         \$885,006.80         \$1,015,278.76         \$130,271.96         11           1         Donations         \$2,644.05         \$3,171.01         \$526.96         20           2         Income         \$21,407.18         \$88,027.17         \$66,619.99         31*           3         Expenditures         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           4         Unrealized Gains and Losses         \$106,220.73         \$30,914.11         (\$75,306.62)         -7*           Ending Balance         \$1,015,278.76         \$1,137,391.05         \$122,112.29         12           5         Projected Interest Income         \$20,000.00         \$0.00         \$0.00         \$0.00           C.         Other         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           Beginning Balance         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00	4					0%
B .         Free Beds           Beginning Balance         \$885,006.80         \$1,015,278.76         \$130,271.96         19           1 Donations         \$2,644.05         \$3,171.01         \$526.96         20           2 Income         \$21,407.18         \$88,027.17         \$66,619.99         31*           3 Expenditures         \$0.00		Ending Balance				0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1         Donations         \$2,644.05         \$3,171.01         \$526.96         20           2         Income         \$21,407.18         \$88,027.17         \$66,619.99         31°           3         Expenditures         \$0.00	В.	Free Beds				
2         Income         \$21,407.18         \$88,027.17         \$66,619.99         317           3         Expenditures         \$0.00		Beginning Balance				15%
3   Expenditures   \$0.00   \$	1		•			20%
4         Unrealized Gains and Losses         \$106,220.73         \$30,914.11         (\$75,306.62)         -7'           Ending Balance         \$1,015,278.76         \$1,137,391.05         \$122,112.29         12           5         Projected Interest Income         \$20,000.00         \$0.00         \$0.00         \$0.00           C         Other         \$0.00         \$						311%
Ending Balance         \$1,015,278.76         \$1,137,391.05         \$122,112.29         12           5 Projected Interest Income         \$20,000.00         \$20,000.00         \$0.00         \$0.00           C . Other         \$0.00						0%
5         Projected Interest Income         \$20,000.00         \$	4					-71%
C . Other         \$0.00		Ending Balance				12%
Beginning Balance         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00 <td>5</td> <td>Projected Interest Income</td> <td>\$20,000.00</td> <td>\$20,000.00</td> <td>\$0.00</td> <td>0%</td>	5	Projected Interest Income	\$20,000.00	\$20,000.00	\$0.00	0%
Beginning Balance         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
1       Donations       \$0.00 <td< th=""><th>С.</th><th>Other</th><th></th><th></th><th></th><th></th></td<>	С.	Other				
1       Donations       \$0.00 <td< td=""><td></td><td>Beginning Balance</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>0%</td></td<>		Beginning Balance	\$0.00	\$0.00	\$0.00	0%
3       Expenditures       \$0.00	1		\$0.00	\$0.00	\$0.00	0%
4       Unrealized Gains and Losses       \$0.00       \$0	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00	3	Expenditures				0%
	4	Unrealized Gains and Losses				0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00		Ending Balance	\$0.00	\$0.00	\$0.00	0%
	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

THE HARRIEN OF AN INDIVIDUAL CONTRACTOR					
	THE HOSPITAL OF CENTRAL CONNECTICU	JI .			
	ANNUAL REPORTING				
	FISCAL YEAR 2013				
REPORT	17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL			
A. Patient Activity					
(1)	(1) (2)				
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount			
<ol> <li>Number of Applications for</li> </ol>	1. Number of Applications for Hospital Bed Funds 1,973				
Grand Total \$0.00					
	I				

	THE HOSPITAL OF CENTRAL CONNECTICUT						
	ANNUAL REPORTING						
		FISCAL YEAR	2013				
	REPORT 17B - HOSPITA	AL BED FUNDS HELD C	OR ADMINISTERED E	BY THE HOSPITAL			
B. BE	ED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available		
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund. or the Princi	pal attributable to each	Hospital Bed		
(-,							
(4)	Total Actual Earnings for each Hospital E	Bed Fund or the Earning	as attributable to eac	h Hospital Bed Fund.			
( '/			90 4111 115 414 415 10 10 10 1				
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any	1				
(-)	Actual Donal Amount of Earnings formed	otou uo i imoipui, ii uiiy	•				
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care					
(0)	Atotaan Donar Amount of Earnings available	no for Fations Gard.					
	General Free Bed Fund \$790,901.68 \$64,261.22 \$0.00 \$64,261.22						
	Childrens Free Bed Fund	\$170,328.09	\$13,911.53	\$0.00	\$13,911.53		
	Quigley Memorial Fund	\$114,347.12	\$9,339.29	\$0.00	\$9,339.29		
	Decelo Memorial	C4 044 40	<b>\$5.050.55</b>	¢0.00	: - '		
	Rosahn Memorial	\$61,814.18	\$5,050.55	\$0.00	\$5,050.55		

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin approval.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The hospital reimburses the collection agency a percentage of the amount collected 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3. The hospital reimburses the agency based on the fee
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	5.54%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
11. A		
1 A	Collection Agent Collection Agent Name	MedConn Collection Agency
2	Collection Agent Name  Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin approval.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.07%
В	Collection Agent	
<u> </u>		

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Tobin Carberry OMalley Riley
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin approval.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The hospital reimburses the collection agency a percentage of the amount collected 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3. The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.57%
	Outlies the notice of the second	
	Collection Agent	FOC Callegation Amount Amounts
1	Collection Agent Name	EOS Collection Agency of America
3	Collection Agent Type	Collection Agency
4	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin approval.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The hospital reimburses the collection agency a percentage of the amount collected 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3. The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.87%

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	Optimum Outcomes
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin approval.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.46%
E	Collection Agent	
1	Collection Agent Name	Merchants Association Collection Division, Inc.
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin approval.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The hospital reimburses the collection agency a percentage of the amount collected 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3. The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.71%

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

#### REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
President and CEO	\$786,037	\$213,317	\$999,354
Executive Vice President and CMO	\$681,651	\$167,528	\$849,179
Chief ER Physician	\$541,076	\$122,398	\$663,474
Director Surgical Oncology	\$504,815	\$140,306	\$645,121
Vice President Human Resources	\$577,684	\$66,761	\$644,445
Hospitalist	¢550.274	¢40.254	\$598,728
Tiospitalist	\$330,374	\$40,334	\$3 <del>3</del> 6,726
Chief of Medicine	\$474,418	\$81,047	\$555,465
Neurosurgeon	\$515,384	\$26,834	\$542,218
Chief of Psychiatry	\$385,252	\$113,310	\$498,562
Chief of Cardiology	\$425,110	\$38,065	\$463,175
Grand Total	\$5.441.801	\$1.017.920	\$6,459,721
	President and CEO  Executive Vice President and CMO  Chief ER Physician  Director Surgical Oncology  Vice President Human Resources  Hospitalist  Chief of Medicine  Neurosurgeon  Chief of Psychiatry	President and CEO         \$786,037           Executive Vice President and CMO         \$681,651           Chief ER Physician         \$541,076           Director Surgical Oncology         \$504,815           Vice President Human Resources         \$577,684           Hospitalist         \$550,374           Chief of Medicine         \$474,418           Neurosurgeon         \$515,384           Chief of Psychiatry         \$385,252           Chief of Cardiology         \$425,110	President and CEO         \$786,037         \$213,317           Executive Vice President and CMO         \$681,651         \$167,528           Chief ER Physician         \$541,076         \$122,398           Director Surgical Oncology         \$504,815         \$140,306           Vice President Human Resources         \$577,684         \$66,761           Hospitalist         \$550,374         \$48,354           Chief of Medicine         \$474,418         \$81,047           Neurosurgeon         \$515,384         \$26,834           Chief of Psychiatry         \$385,252         \$113,310           Chief of Cardiology         \$425,110         \$38,065

REPORT 19 28 OF 35 7/28/2014, 2:53 PM

## THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
LINE	DESCRIPTION	indirectly)	y or indirectly)	TOTAL
Α.	HARTFORD HEALTH CARE CORPORATION	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$386,341	\$150,244	\$536,585
	That by the Floophar to Employees of the Entity Eleted Floor	φοσοίο τι	ψ100,211	φοσοίσσο
В.	BRADLEY HEALTH SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
С.	CENCONN SERVICES, INC.		<del> </del>	
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	OFNITRAL OT LIFALTIL ALLIANIOS	7		
D. 1	CENTRAL CT HEALTH ALLIANCE Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	¢Λ
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	in and by the mospital to Employees of the Entity Listed Above			ΨΟ
Ε.	CENTRAL CT SENIOR HEALTH SERVICES	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$33,542	\$0	\$33,542
_		* / -	**	, , ,
F.	CHS INSURANCE LIMITED			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
G.	COMMUNITY MENTAL HEALTH AFFILIATES			4.5
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	GRAND INDEMNITY COMPANY, LTD	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	Take by the Freepital to Employees of the Emity Eletea riseve	Ψ	Ψ	Ψ0
Ι.	HARTFORD HEALTHCARE AT HOME, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		7		
k	HARTEORD HEAT THOARE REHARM ITATION METWORK IT O			
K.	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the Hoopital to Employees of the Entity Listed 76046	ψΟ	ΨΟ	ΨΟ
L.	HARTFORD HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Μ.	MIDSTATE MEDICAL CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

REPORT 21 29 OF 35 7/28/2014,2:53 PM

## THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly or	FRINGE BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
Ν.	MRI OF FARMINGTON AVENUE LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ο.	MULBERRY GARDENS OF SOUTHINGTON, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		<u></u>		
Ρ.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
Q.	PRACTICE CENTRAL, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$75,938	\$17,969	\$93,907
		_		
R.	SOUTHINGTON CARE CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
S.	THE ORCHARDS AT SOUTHINGTON			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

# THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2013 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2013
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

	THE HOSPITAL OF CE	ENTRAL CONNEC	CTICUT		
		AL YEAR 2013			
	<b>REPORT 23 - CHARITY CARE AND REDUCED</b>		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3) FY 2012	(4) FY 2013	(5)	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	AMOUNT DIFFERENCE	DIFFERENCE
		1-1 N-1			
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	990	1,973	983	99%
2.	Number of Approved Applicants	501	1,080	579	116%
3.	Total Charges (A)	\$6,791,581	\$16,310,702	\$9,519,121	140%
<u> </u>	Average Charges	\$13,556	\$15,103	\$1,546	119
4.	Ratio of Cost to Charges (RCC)  Total Cost	0.427021 <b>\$2,900,148</b>	0.438225 <b>\$7,147,757</b>	0.011204 <b>\$4,247,610</b>	39 <b>146</b> %
	Average Cost	\$5,789	\$6,618	\$830	149
		, ,	<b>,</b> . <b>,</b> .	•	-
5.	Charity Care - Inpatient Charges	\$1,545,993	\$3,019,515	\$1,473,522	95%
6.	Charity Care - Outpatient Emergency Department Charges	3,768,729	10,144,199	6,375,470	169%
0.	Charity Care - Outpatient Charges (Excludes ED	0,700,720	10,144,100	0,070,470	1007
7.	Charges)	1,476,859	3,146,988	1,670,129	1139
	Total Charges (A)	\$6,791,581	\$16,310,702	\$9,519,121	140%
8.	Charity Care - Number of Patient Days	3,167	2,684	(483)	-15%
9.	Charity Care - Number of Discharges	568	503	(65)	-119
10.	Charity Care - Number of Outpatient ED Visits	4,217	9,192	4,975	118%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,587	4,138	1,551	60%
11.	Visits)	2,301	4,130	1,551	007
(A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	dited Financial S	tatement Notes.	
(A) Th	e total amount must agree with the total amount listed in	the Hospital Auc	dited Financial S	tatement Notes.	
(A) Th	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - F		dited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	eport 17)			000
<b>B.</b>	Hospital Bed Funds (see Hospital Reporting System - Find Number of Applicants		dited Financial S	983	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	eport 17)			99% <b>0</b> %
<b>B.</b>	Hospital Bed Funds (see Hospital Reporting System - Find Number of Applicants Number of Approved Applicants Total Charges (B)	990 - \$0	1,973	983	<b>0%</b>
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Find Number of Applicants Number of Approved Applicants	990 -	1,973	983	<b>0</b> %
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Find Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges	990 - \$0 <b>\$0</b>	1,973 - \$0 <b>\$0</b>	983 - \$0 <b>\$0</b>	0% 0% 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Find the Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	990 - \$0	1,973	983	0% 0% 0%
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Find the Provided Hospital Reporting System - Find the Provide	990 - \$0 \$0 0.427021	1,973 - \$0 <b>\$0</b> 0.438225	983 - \$0 \$0	0% 0% 0% 3% 0%
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Find Provided	990 - \$0 \$0 \$0 0.427021 \$0 \$0	1,973 - \$0 \$0 0.438225 \$0 \$0	983 - \$0 \$0 0.011204 \$0 \$0	0% 0% 0% 3% 0% 0%
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Find the Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0	1,973 - \$0 \$0 0.438225 \$0	983 - \$0 \$0 0.011204	0% 0% 0% 3% 0% 0%
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Find Provided	990 - \$0 \$0 \$0 0.427021 \$0 \$0	1,973 - \$0 \$0 0.438225 \$0 \$0	983 - \$0 \$0 0.011204 \$0 \$0	0% 0% 0% 3% 0% 0%
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Find Provided	990 - \$0 \$0 \$0 0.427021 \$0 \$0	1,973 \$0 \$0 \$0 0.438225 \$0 \$0 \$0	983 - \$0 <b>\$0</b> 0.011204 <b>\$0</b> <b>\$0</b>	0% 0% 0% 3% 0% 0%
B. 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Find Provided	990 - \$0 \$0 \$0 0.427021 \$0 \$0	1,973 - \$0 \$0 \$0 0.438225 \$0 \$0	983 - \$0 \$0 0.011204 \$0 \$0	0% 0% 0% 0% 0% 0%
B.  1. 2. 3. 4.  5. 6.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	990 - \$0 \$0 \$0 \$0 0.427021 \$0 \$0 0 \$0	1,973 - \$0 \$0 0.438225 \$0 \$0 0 \$0	983 - \$0 \$0 0.011204 \$0 \$0 \$0 0 \$0	09 09 09 09 09 09
1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days	990 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	1,973 - \$0 \$0 0.438225 \$0 \$0 0 \$0	983 - \$0 \$0 0.011204 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	990 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0	1,973 - \$0 \$0 0.438225 \$0 \$0 0 0 0	983 - \$0 \$0 0.011204 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days	990 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	1,973 - \$0 \$0 0.438225 \$0 \$0 0 \$0	983 - \$0 \$0 0.011204 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - F  Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	990 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0	1,973 - \$0 \$0 0.438225 \$0 \$0 0 0 0	983 - \$0 \$0 0.011204 \$0 \$0 \$0 0 0	0%

	THE HOSPITAL OF CENTRAL CONNECTICUT						
	ANNUAL REPORTING						
	FISCAL YEAR 2013						
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL						
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2012	FY 2013	AMOUNT	%		
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE		