

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2012, or tax year beginning OCT 1, 2012, and ending SEP 30, 20 13

2012

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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>231868096</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	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 2012 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

Signature of officer

Date

1/7/23/14

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		Date	<u>1/23/14</u>	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	<u>Hartford Hospital</u> <u>80 Seymour Street</u> <u>Hartford, CT 06102</u>			EIN	<u>06-0646668</u>		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 (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Wendy J. Clavin</u>		<u>8/05/14</u>	<input type="checkbox"/>	<u>P00870950</u>
	Firm's name	Firm's EIN		Phone no.	
	<u>Ernst & Young U.S. LLP</u>	<u>34-6565596</u>		<u>215-448-5000</u>	
	Firm's address				
	<u>2005 Market St. #700</u> <u>Philadelphia, PA 19103</u>				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2012)

223061 11-05-12

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Midstate Medical Center**
Doing Business As: _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **435 Lewis Avenue**
City, town, or post office, state, and ZIP code: **Meriden, CT 06451**
F Name and address of principal officer: **Carolyn Freiheit**
435 Lewis Ave, Meriden, CT 06451

D Employer identification number: **06-0646715**

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

G Gross receipts \$: **232083633.**

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

H(c) Group exemption number: _____

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

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

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Mission of MidState Medical Center is to promote, restore, and maintain the health		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1465
	6 Total number of volunteers (estimate if necessary)	6	297
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	110489.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-15238.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	583542.	423136.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229763292.	223930472.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20125814.	4787978.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2328086.	2726510.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	252800734.	231868096.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	5000.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	106509797.	98793282.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	404387.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128924171.	115114886.	
19 Revenue less expenses. Subtract line 18 from line 12	235433968.	213913168.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17366766.	17954928.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	292807780.	273104731.
		201547743.	159518705.
		91260037.	113586026.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *Carolyn Freiheit* Date: **7/23/14**
Type or print name and title: **Carolyn Freiheit, VP, Finance**

Paid Preparer Use Only
Print/Type preparer's name: **Wendy J. Clavin** Preparer's signature: *Wendy J. Clavin* Date: **08/05/14** Check if self-employed: PTIN: **200870950**
Firm's name: **Ernst & Young U.S. LLP** Firm's EIN: **34-6565596**
Firm's address: **2005 Market St. #700 Philadelphia, PA 19103** Phone no.: **215-448-5000**

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

232001 12-10-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

See Schedule O for Organization Mission Statement Continuation

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Midstate Medical Center	Employer identification number (EIN) or 06-0646715
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 435 Lewis Avenue	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Meriden, CT 06451	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Carolyn Freiheit

• The books are in the care of ▶ **389 John Downey Drive - New Britain, CT 06051**
 Telephone No. ▶ **860-224-5272** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for:

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15, 2014** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.
 LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2013)

Part III Statement of Program Service Accomplishments

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

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

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30544021. including grants of \$) (Revenue \$ 29828456.) The Emergency Department (ED) at MidState Medical Center (MMC) strives to provide compassionate, high-quality care to all of its patients, regardless of their financial ability to pay. Fiscal year 2013 was a year of improvement for the Emergency Department, our focus aimed to improve the patient experience by decreasing our "door to provider time" which is the time the patient checks in the ED to the time when a patient is seen by the ED Provider. As a result of such focus, 88% of all patients were seen within 30 minutes of arrival.

Our new "Physician First" process is innovative and focuses on delivering patient-centered care directly to our patients in a timely and efficient manner. The ED received first place in the 2013 Patient

4b (Code:) (Expenses \$ 22219085. including grants of \$) (Revenue \$ 27223096.) For patients in Central Connecticut, The Digestive Health Center at MidState Medical Center (MMC) 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. The staff provides top notch care to all of our patients and work well together to provide a seamless transition from pre-procedure to procedure and from room to home. MMC staff ensures that each patient has a visit that is as pleasant and comfortable as possible. The Center cares for inpatients as well as an outpatient population. Along with providing upper endoscopies and colonoscopies, MMC provide radiofrequency ablation for patients with high grade Barrett's Esophagus, Manometry and pH testing for patients with chronic motility

4c (Code:) (Expenses \$ 29413657. including grants of \$) (Revenue \$ 23767674.) Oncology Services at Midstate Medical Center is a multi-discipline service line consisting of radiation oncology, medical oncology, support services and surgical services. Each patient seeking care for an oncological based health need is treated in a state of the art facility with physicians, nurses and support staff from Midstate Medical Center collaborating with our 4 other Hartford HealthCare partners. This collaboration operates in the form of cancer conferences and disease management teams through which a single standard of care is delivered at the highest quality. The oncology program 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. We provide a medical social worker who

4d Other program services (Describe in Schedule O.) (Expenses \$ 113473599. including grants of \$ 5000.) (Revenue \$ 143016872.)

4e Total program service expenses 195650362.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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 (2012)

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 to any question 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 (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (X); 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? (X).

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None
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, physical address, and telephone number of the person who possesses the books and records of the organization: Carolyn Freiheit - 860-224-5272
389 John Downey Drive, New Britain, CT 06051

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) Christopher W. Beale Director	2.00	X					0.	0.	0.	
(2) Irfan S. Chughtai, M.D. Director	2.00	X					0.	0.	0.	
(3) Lewis Levin, M.D. Director	2.00	X					0.	0.	0.	
(4) Lucille A. Janatka President/CEO	60.00	X	X				681989.	0.	149577.	
(5) Bruce C. Eldridge Chair	3.00	X	X				0.	0.	0.	
(6) Joseph E. Mirra Director	2.00	X					0.	0.	0.	
(7) James N. Smith Director	2.00	X					0.	0.	0.	
(8) Richard A. Smith, M.D. Director, Pres. Medical Staff	2.00 60.00	X					0.	82402.	32256.	
(9) Marcia B. Proto Secretary	2.00	X					0.	0.	0.	
(10) James L. Pellegrino Director	2.00	X					0.	0.	0.	
(11) Giovanna T. Weller Director	2.00	X					0.	0.	0.	
(12) Frederick Ulbrich, III Director	2.00	X					0.	0.	0.	
(13) Carl D. Grant Vice Chair	3.00	X	X				0.	0.	0.	
(14) Rajani Nadkarni Director (Dec. 2012)	2.00	X					20000.	0.	0.	
(15) John Redmond M.D. Director	2.00	X					0.	0.	0.	
(16) Lawrence Lazaroff Director	2.00	X					0.	0.	0.	
(17) Ralph W. Becker VP & CFO	60.00			X			0.	411397.	93110.	

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) Cindy L. Russo SVP, Operations	60.00			X				292686.	0.	60190.
(19) Catherine Stevens VP, Patient Care	60.00			X				228076.	0.	53029.
(20) Harold Kaplan Vice President, Med Affairs	60.00			X				320528.	0.	54555.
(21) Maryanne Volkringer VP, Business Development	60.00			X				215877.	0.	47314.
(22) Robert van Heiningen VP, Human Resources	60.00			X				76144.	0.	6112.
(23) John F. Greene, Jr VP Medical Affairs	60.00			X				0.	444050.	77720.
(24) Howard Dubin, M.D. ED Physician	60.00					X		292636.	0.	61506.
(25) Walter J. Kupson III Medical Director - Mediquick	60.00					X		283810.	0.	56499.
(26) Timothy M. Pratt Hospitalist	60.00					X		254711.	0.	33388.
1b Sub-total								2666457.	937849.	725256.
c Total from continuation sheets to Part VII, Section A								716888.	0.	125116.
d Total (add lines 1b and 1c)								3383345.	937849.	850372.

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 **128**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medical Physicians P.O. BOX 6372, Cincinnati, OH 45263	Medical Services	1701575.
FIP Construction Inc. 10 Mckee Place, Cheshire, CT 06410	Construction	1618809.
Clinical Laboratory Partners LLC, 129 Patricia M Genova Dr., Newington, CT 06111	Laboratory Services	1528645.
Signal Medical Services Inc. P.O. BOX 847689, Dallas, TX 75281	Medical Services	1307940.
Eastern Rehabilitation Network, 181 Patricia M Genova Dr., Newington, CT 06111	Medical Services	1058401.

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 **46**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	123157.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	299979.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			423136.			
Program Service Revenue	2 a Outpatient Care	Business Code 621400	125905814.	125905814.			
	b Inpatient Care	624100	95237933.	95237933.			
	c Lab Services	621500	617915.	525386.	92529.		
	d Supply Vendor Rebate	900099	355021.	353176.	1845.		
	e Other Health Programs	621300	52644.	52644.			
	f All other program service revenue	900099	1761145.	1761145.			
	g Total. Add lines 2a-2f			223930472.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3865838.		2077.	3863761.	
	4 Income from investment of tax-exempt bond proceeds		166342.			166342.	
	5 Royalties						
	6 a Gross rents	(i) Real	2356670.				
		(ii) Personal					
		b Less: rental expenses	215285.				
		c Rental income or (loss)	2141385.				
	d Net rental income or (loss)		2141385.			2141385.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	746050.				
		(ii) Other	10000.				
		b Less: cost or other basis and sales expenses	0.	252.			
		c Gain or (loss)	746050.	9748.			
d Net gain or (loss)		755798.			755798.		
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							
Miscellaneous Revenue			Business Code				
11 a Cafeteria Income		722210	571087.			571087.	
b Income-Pass Thru Entit		900003	14038.		14038.		
c							
d All other revenue							
e Total. Add lines 11a-11d			585125.				
12 Total revenue. See instructions.			231868096.	223836098.	110489.	7498373.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5000.	5000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3453743.	2069238.	1384505.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	232416.		232416.	
7 Other salaries and wages	72143386.	66352904.	5523328.	267154.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7083407.	6520795.	537657.	24955.
9 Other employee benefits	10688889.	9839905.	811326.	37658.
10 Payroll taxes	5191441.	4779101.	394050.	18290.
11 Fees for services (non-employees):				
a Management				
b Legal	168238.		168238.	
c Accounting	191242.		191242.	
d Lobbying	36779.		36779.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32686.	32686.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15743416.	15743416.		
12 Advertising and promotion	777203.	7508.	769695.	
13 Office expenses	8404042.	7382709.	1021189.	144.
14 Information technology	160906.	85448.	75458.	
15 Royalties				
16 Occupancy	6823308.	6823308.		
17 Travel	99152.	21496.	77656.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50484.		50118.	366.
20 Interest	5215759.	5215759.		
21 Payments to affiliates	3179898.	2938532.	241366.	
22 Depreciation, depletion, and amortization	13144931.	12147182.	997749.	
23 Insurance	2678048.	2356019.	322029.	
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	28001306.	27989263.	12043.	
b Purchased Services	24971286.	20558290.	4366083.	46913.
c Repairs & Maintenance	4684996.	4451965.	224624.	8407.
d Dues & Subscriptions	524360.	145057.	378803.	500.
e All other expenses	226846.	184781.	42065.	
25 Total functional expenses. Add lines 1 through 24e	213913168.	195650362.	17858419.	404387.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	8350.	1	395005.
	2	Savings and temporary cash investments	46078942.	2	26628698.
	3	Pledges and grants receivable, net	202586.	3	64859.
	4	Accounts receivable, net	39513199.	4	38544433.
	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	900000.	7	50000.
	8	Inventories for sale or use	2649756.	8	2719853.
	9	Prepaid expenses and deferred charges	2603095.	9	2116575.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 254734643.		
	b	Less: accumulated depreciation	10b 132718605.	10c	122016038.
	11	Investments - publicly traded securities	127488664.	11	38819627.
	12	Investments - other securities. See Part IV, line 11	14919838.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	58443350.	15	41749643.
16	Total assets. Add lines 1 through 15 (must equal line 34)	292807780.	16	273104731.	
Liabilities	17	Accounts payable and accrued expenses	10376282.	17	11895780.
	18	Grants payable		18	
	19	Deferred revenue	153535.	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	191017926.	25	147622925.
	26	Total liabilities. Add lines 17 through 25	201547743.	26	159518705.
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	74979160.	27	96806371.
	28	Temporarily restricted net assets	2279087.	28	2047687.
	29	Permanently restricted net assets	14001790.	29	14731968.
	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	Total net assets or fund balances	91260037.	33	113586026.	
34	Total liabilities and net assets/fund balances	292807780.	34	273104731.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	231868096.
2	Total expenses (must equal Part IX, column (A), line 25)	2	213913168.
3	Revenue less expenses. Subtract line 2 from line 1	3	17954928.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91260037.
5	Net unrealized gains (losses) on investments	5	-222299.
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	4593360.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	113586026.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 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 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

Open to Public
Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012
LHA

232041
01-07-13

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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) 2012

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		36779.
i Other activities?		X	
j Total. Add lines 1c through 1i			36779.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

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

Part IV Supplemental Information (continued)

bills on healthcare matters. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The total amount of dues allocated as lobbying expenses for FY13 was \$36,779.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

9 In Part 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14919840.	12501553.	12946811.	11876168.	11791694.
b Contributions		240834.	258750.	229064.	
c Net investment earnings, gains, and losses	1155553.	2534968.	-330623.	1188658.	200326.
d Grants or scholarships					
e Other expenditures for facilities and programs	219718.	272520.	287232.	270479.	115852.
f Administrative expenses		84995.	86153.	76599.	
g End of year balance	15855675.	14919840.	12501553.	12946811.	11876168.

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1250000.		1250000.
b Buildings		114490930.	37542827.	76948103.
c Leasehold improvements		8283537.	5295690.	2987847.
d Equipment		128830515.	89880088.	38950427.
e Other		1879661.		1879661.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				122016038.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
(1) Escrow Funds	4631.
(2) Funds Held In Trust	13953158.
(3) Other Assets	248029.
(4) Security Deposits	9000.
(5) Other Investments	1834257.
(6) Amortizable Bond Issue Costs	22940723.
(7) Deferred Comp Trust	2759845.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	41749643.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Pension Liability	18941059.
(3) Accrued Post Retirement - Non	
(4) Pension	2606952.
(5) Accrued Pension Plan - Other	3729754.
(6) IBNR Malpractice Reserve	2774483.
(7) Bond Rebate Fund	4663973.
(8) Other Liabilities	10016807.
(9) Long Term Debt - Intercompany	88475770.
(10) Professional Liab. Claims - Long	
(11) Term	14968728.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	147622925.

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part 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

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

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).

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public
Inspection

Name of the organization

Employer identification number

Midstate Medical Center

06-0646715

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean	0	0	Program Services	Insurance	2496558.
3 a Sub-total	0	0			2496558.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2496558.

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

Schedule F (Form 990) 2012

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy? 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"/>	
<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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG 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 checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2771875.	0.	2771875.	1.30%
b Medicaid (from Worksheet 3, column a)			46986979.	35472291.	11514688.	5.38%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			49758854.	35472291.	14286563.	6.68%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			487169.		487169.	.23%
f Health professions education (from Worksheet 5)			256372.		256372.	.12%
g Subsidized health services (from Worksheet 6)			4196080.	3488985.	707095.	.33%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6499.		6499.	.00%
j Total Other Benefits			4946120.	3488985.	1457135.	.68%
k Total Add lines 7d and 7j			54704974.	38961276.	15743698.	7.36%

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 facility reporting group Midstate Medical Center

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
1 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 9	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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		X
5 Did the hospital facility make its CHNA report widely available to the public?	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		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a 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(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, 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) Midstate Medical Center

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) Midstate Medical Center

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

	Yes	No
19	X	

If "No," indicate why:

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

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

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

21		X
22		X

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c: Midstate Medical Center used the Federal Poverty Guidelines to determine eligibility.

Part I, Line 7: The organization utilized the Ratio of Cost to Charges (RCC) derived from the FY 2013 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 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 7g.

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

Part VI Supplemental Information

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

MidState staff is also involved in workforce development activities through a regional board that is focused on training, education, and employment opportunities. This enhances the training of the workforce and also can lead to career opportunities at MidState Medical Center. Furthermore, MidState is proud of the school-business partnerships it has in the community, further addressing workforce development efforts among the area's youth and understanding that employment is another factor tied to health status.

Since the mid-1990s, MidState has had a close-knit relationship with nearby John Barry Elementary School which has provided opportunities for staff to adopt classrooms and enrich the academic experience of students

Part VI Supplemental Information

through read-a-loud days and other classroom activities, as well as promote tailored education to students on important health topics including the signs and symptoms of stroke. By educating students on disease risk factors at an early age, it is the hope that their knowledge base will increase, they will share information with their families and perhaps recognize a health problem in a loved one.

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

For FY13, the Medical Center expended \$15,970 on community building activities as reported on Part II of schedule H and in the narratives above.

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

Over the past couple of years, the Organization has employed a consulting firm to analyze bad debt that could have been attributable to financial assistance. As part of an ongoing process, this analysis continued

Part VI Supplemental Information

throughout fiscal 2013 and any potential bad debt that should have qualified for financial assistance was allocated accordingly. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2013 is immaterial.

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

Part III, Line 9b: Midstate Medical Center has adopted the Financial Assistance Policy of its Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: For those patients that qualify for financial assistance and for whom in the System's sole determination are cooperating in good faith to resolve the System's outstanding accounts, the Systems' facilities may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

Midstate Medical Center:

Part V, Section B, Line 3: Seven focus groups were conducted in Meriden and Wallingford between December 2011 and January 2012. A combination of social service agency workers, chamber of commerce members, and residents were recruited to ensure full representation from the Meriden and

Part VI Supplemental Information

Wallingford communities.

The following five groups were identified as having members that could best speak to the basic and healthcare needs in the communities:

- * Meriden Human Service Providers
- * Wallingford Community Forum members
- * United Way Agency Directors
- * Meriden Chamber of Commerce members
- * Quinnipiac Chamber of Commerce members

A MidState representative worked with the leader of each of these groups to schedule a focus group date and distribute recruitment letters to the group members. The MidState representative also worked with key individuals in the Meriden and Wallingford communities to recruit 6-10 residents for two additional focus groups with residents. In Meriden, the Health & Human Services Department social worker talked with her colleagues to identify individuals who could speak to their basic and health care needs, or needs they were seeing among their family or friends. In Wallingford, the Executive Director of the YMCA and the Spanish Community of Wallingford were critical in helping to recruit residents. The Meriden resident focus group was held at the Meriden Health Department. The Wallingford resident focus group was held at the Spanish Community of Wallingford. There were a total of 53 focus group participants with a diverse distribution of ages, races and education levels. The focus groups addressed the following topics with agency workers, chamber members and residents:

Part VI Supplemental Information

- * Basic needs, such as housing, food, and transportation
- * Healthcare related needs
- * How these needs have changed in the last three years
- * Social services currently being utilized in the community
- * Community strengths
- * Opportunities for improvement in the community

Midstate Medical Center:

Part V, Section B, Line 20d: Midstate Medical Center is in the process of adopting proposed 501r regulations. Once the regulations are final the hospital will be in compliance.

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

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

Schedule H (Form 990)

232271
05-01-12

Part VI Supplemental Information

This group has convened community-based task forces to address identified issues.

Part VI, Line 3: MidState Medical Center disseminates information about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration discharge, billing and collection written communications; (iii) post the Policy on the Hospital's Website; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

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

Due to the nature of the services MidState provides, patients are

Schedule H (Form 990)

Part VI Supplemental Information

primarily over the age of 65. However, since the hospital also offers emergency, surgical, and labor and delivery services, the hospital's core customers vary in age from children through geriatrics. Approximately 63% of MidState's patients have government insurance, about 44% of which is Medicare and 19% which is Medicaid. The other 37% is private pay, which includes the privately insured as well as the uninsured. MidState's patient base is fairly diverse in race. Although because of the hospital's location in Meriden, MidState serves a larger portion of the Hispanic population.

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

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

MidState has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means tested programs such as Medicare and Medicaid, as well as for the MidState Medical Center Financial Assistance Program. Additionally, the

Part VI Supplemental Information

MidState Emergency Department and satellite MediQuick Urgent Care facilities provide medical care regardless of patients' ability to pay for services.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff have reached out to thousands of individuals in the last year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents. These include key opinion leaders, faith communities, business leaders, government officials, and a variety of social service organizations. MidState and these partners come together on a monthly basis in Community Vision meetings to discuss plans to address community need and determine the best means to promote positive change. Many of the issues address focus on the ongoing work related to the 2011 Community Needs Assessment Project conducted by MidState and the United Way of Meriden and Wallingford.

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

Financial Assistance - MidState Medical Center is the leading safety net providers of acute medical care for the communities it serves. MidState routinely provides services to uninsured patients and to people covered under government programs for which it does not receive full payment.

Eligibility for the financial assistance programs is dependent on income and other personal circumstances.

Lung Cancer Screening Program - For years lung cancer survival rates have

Schedule H (Form 990)

Part VI Supplemental Information

fallen far below that of other cancers, typically, because lung cancer is often found at a later stage when treatment is less effective. However, a study that was published by the New England Journal of Medicine offered new hope in the early detection of lung cancer, suggesting that individuals who are high-risk and undergo a low dose screening CT scan can increase their chances of survival by 20 percent. In summer 2013, MidState Medical Center took a giant step forward in the efforts of early detection by launching its Lung Cancer Screening Program, which makes low-dose CT scans available at no charge to patients who qualify.

In order to qualify for a free screening, a patient must be a current or former smoker (having quit within the last 15 years), be between the ages of 55 and 74 and healthy enough to undergo treatment, have a smoking history of at least 30 pack-years, and have no previous history of lung cancer. Younger patients between the ages of 50 and 54 may also fit the criteria if they have had a second exposure to their lungs, such as radon or another occupational hazard or a family history of lung cancer.

To date, MidState has screened close to 200 individuals, at no charge, in the communities it serves. Doctors estimate that for every 100 people screened, 1 lung cancer will be found. To date, two lung cancers have been detected at early stages, allowing for critical treatment to begin. The program has provided free screenings in the amount of nearly \$150,000.

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

Schedule H (Form 990)

Part VI Supplemental Information

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 with physicians, and referring patients to a reputable, high-quality physician if they do not have a primary care doctor.

Connecticut Center for Healthy Aging - Since its inception in 2004, more than 2,500 seniors and their families have benefited from the educational resources, consultation and referral services available through the Connecticut Center for Healthy Aging. The Center has three locations: the New Britain General and Bradley Memorial campuses of The Hospital of Central Connecticut, and most recently, at MidState Medical Center. With the partnership of Central Connecticut Senior Health Services, the center offers assessments and referral services based on identified needs; helps seniors and caregivers with access to medical care, social services, community resources, financial planning and elder law advisors, holistic care and wellness programs; education and training for caregivers, elders and family members.

Health Fairs, Support Groups, Programs & Screenings - MidState has coordinated and participated in nearly 65 different program categories, including health fairs, countless educational seminars and dozens of free health screenings. The hospital also offers a number of support groups for

Part VI Supplemental Information

cancer patients, new moms, diabetes patients and bereavement support. Through the combination of these programs, MidState has served tens of thousands of people.

The LaPlanche Clinic & Geriatric Outreach - MidState's LaPlanche Clinic was established in 1979 to meet the growing needs of the senior population in town. Working collaboratively with the Meriden Senior Center, the clinic is staffed by a registered nurse who provides education and care to seniors. Screenings offered include blood pressure, cholesterol and glucose, as well as regular programming on health topics such as nutrition, heart health, cancer prevention, healthy lifestyles and more. The clinic sees approximately 2,000 patient visits each year. A similar clinic operates out of the Cheshire Senior Center once per week, where another several dozen seniors in MidState's core community receive outstanding clinical care and free blood pressure screenings. MidState also runs an 8-week program called Diet Watch that focuses on nutrition basics to help seniors live healthy lifestyles.

Speakers' Bureau - Our MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered free of charge for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups. Together the Central Region participates in a Healthy Family FunFest held at the Aqua Turf annually and open to the public free of charge. Last year nearly 2,500 participants attended and took advantage of the numerous screenings, health oriented programs, literature and

Part VI Supplemental Information

personnel.

Community Partners -MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year, MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAS, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community.

Tremaine Resource Center - Our medical and consumer health library offers a broad range of resources and services to support the needs of patients, caregivers and area residents for accurate and current health information. The Tremaine Resource Center supports student research and offers services to patients in the hospital.

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

HHC affiliation creates a strong integrated health care delivery system

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

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

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

CT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part II, line 1, Column (h):

Name of Organization or Government: Southington Cheshire Community YMCA

(h) Purpose of Grant or Assistance: Sponsorship of Healthy Living Expo.

Proceeds from the sponsorship are used to assist the organization in accomplishing its mission to put Christian principles to practice through programs that build healthy spirit, mind and body for all.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

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 in Form 990,

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

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

Yes No

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

1b

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

2

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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

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

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**

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

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

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

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

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

Schedule J (Form 990) 2012

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

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

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

(A) Name 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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Lucille A. Janatka President/CEO	(i) 521480. (ii) 0. (iii) 0.	130374. 0. 0.	30135. 0. 0.	112758. 0. 0.	36819. 0. 0.	831566. 0. 0.	0. 0. 0.
(2) Ralph W. Becker VP & CFO	(i) 326729. (ii) 57450. (iii) 235312.	57374. 0. 57374.	27218. 0. 0.	60750. 22500. 22500.	32360. 37690. 37690.	504507. 352876. 352876.	0. 0. 0.
(3) Cindy L. Russo SVP, Operations	(i) 189413. (ii) 38663. (iii) 0.	0. 0. 0.	0. 0. 0.	17166. 0. 0.	35863. 0. 0.	281105. 0. 0.	0. 0. 0.
(4) Catherine Stevens VP, Patient Care	(i) 265869. (ii) 0. (iii) 0.	54659. 0. 0.	0. 0. 0.	24689. 0. 0.	29866. 0. 0.	375083. 0. 0.	0. 0. 0.
(5) Harold Kaplan Vice President, Med Affairs	(i) 177406. (ii) 38471. (iii) 0.	0. 0. 0.	0. 0. 0.	19791. 0. 0.	27523. 0. 0.	263191. 0. 0.	0. 0. 0.
(6) Maryanne Volkringer VP, Business Development	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
(7) John F. Greene, Jr VP Medical Affairs	(i) 400750. (ii) 267724. (iii) 0.	0. 22846. 0.	43300. 2066. 0.	47000. 24707. 0.	30720. 36799. 0.	521770. 354142. 0.	0. 0. 0.
(8) Howard Dubin, M.D. ED Physician	(i) 272030. (ii) 11780. (iii) 0.	11780. 0. 0.	0. 0. 0.	19828. 0. 0.	36671. 0. 0.	340309. 0. 0.	0. 0. 0.
(9) Walter J. Kupson III Medical Director - Mediquick	(i) 241908. (ii) 11870. (iii) 0.	11870. 0. 0.	933. 0. 0.	22500. 0. 0.	10888. 0. 0.	288099. 0. 0.	0. 0. 0.
(10) Timothy M. Pratt Hospitalist	(i) 254626. (ii) 0. (iii) 0.	12385. 0. 0.	1462. 0. 0.	10000. 0. 0.	36449. 0. 0.	314922. 0. 0.	0. 0. 0.
(11) Mark Schaner Hospitalist	(i) 249251. (ii) 0. (iii) 0.	11934. 0. 0.	0. 0. 0.	22500. 0. 0.	10981. 0. 0.	294666. 0. 0.	0. 0. 0.
(12) Joyce Akhtar Hospitalist	(i) 99381. (ii) 0. (iii) 0.	0. 0. 0.	87849. 0. 0.	17184. 0. 0.	28002. 0. 0.	232416. 0. 0.	0. 0. 0.
(13) Kenneth W. Cesca Former VP Human Resources	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Part I, Line 3: Hartford HealthCare Executive Compensation Committee approves CEO and other Executive compensation. See detailed explanation on Sch O.

Part I, Lines 4a-b: 2012 SERP accrual made on behalf of the following individual - Lucille Janatka \$62,911

Mr. Kenneth W. Cesca (Former VP of Human Resources) severance payment began in July of 2012. Total severance payment in 2012 was \$87,849.

Part VII, Section A, Line 5

Rajani Nadkarni, MD is a Board member and Chief of Medical Staff. During 2012, Midstate Medical Center paid Medical Oncology and Hematology PC \$20,000 for services rendered by Dr. Nadkarni.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Part V	See Part V	383785	See Part V		X

Part V Supplemental Information

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

Part IV

Business Transactions Involving Interested Persons

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

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: \$383,785

(d) Description of Transaction: Mr. Joseph Mirra is a board member of Midstate Medical Center (MMC). Mr. Mirra is the owner of Business Resources Center, LLC. The company provides physician billing and provider enrollment services for Midstate Medical Center and Windham Community Memorial Hospital (WCMH), a related entity. MMC and WCMH paid the Company \$370,885 and \$12,900 respectively for physician billing and provider enrollment services during the year.

(e) Sharing of Organization Revenues? = No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

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

and well-being of the people of central Connecticut.

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

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

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

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

Experience Collaborative - an initiative held annually by the parent organization Hartford HealthCare Corporation. MMC was also selected by Institute for Healthcare Improvement to present a Poster on this model at their annual meeting.

Overall, the total number of ED visits for FY 2013 was 59,796. In FY 2013, 11.3% of patients were admitted to MidState Medical Center as inpatients. The percentage of patients who left without being seen remains at 0.7%, which is well below the national benchmark of 2%. Approximately 28% of all Emergency Department patients arrived by ambulance.

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

Schedule O (Form 990 or 990-EZ) (2012)

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

Partnerships - The MidState ED does not work alone in providing excellent care to those it serves. In FY 2013, the ED provided ongoing education to local EMS providers, both of the Wallingford Fire Department and Hunter's Ambulance. We also developed a special paramedic continuing education program with the Center for Education, Stimulation and Innovation at Hartford Hospital and are working to develop a similar program here for next year. The ED continued to build its relationship with the Meriden Police Department and work more collaboratively in situations when emergency care intersects with law enforcement matters 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. We will be working together in the next fiscal year to decrease transfer time in cardiology patients with a diagnosis of ST Elevation Myocardial Infarction (STEMI).

30 Day Re-admission Review - The Center developed a process to identify any patient who has been admitted to a hospital within the past 30 days, and involve Case Management to evaluate contemporaneously to

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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match patient care needs with all available options of care.

Senior Emergency Care Services - We recognized the opportunity to deliver specialized care to our ambulatory population that is over 65 with a goal of maintaining independence and health. Starting in June of 2013 a screening tool was instituted identify key needs of this population, and match resources to those needs. The ED has seen visits from patients 65 and older increased from 17% in June to currently 20%. Also our Pharmacy team has identified 225 Pharmacological Interactions.

Community Outreach - The staff of the ED are committed to community service and enriching the lives of others. In FY 2013, the ED participated in collecting food for area food banks as well as collaborating with Hunter's Ambulance in their collection of toys for area children in need. Additionally, the ED participated in community health fairs.

We created a multidisciplinary team to develop a trial program to assist some ED patients by ensuring we have matched their needs with the community resources to improve medical care and compliance.

Electronic Health Record - This fiscal year the ED completed the final phase of full implementation of our electronic health record, Allscripts.

Patient Satisfaction - Overall patient satisfaction scores for FY 2013 were in the 77th percentile. The ED continues to make reduced wait times a priority, for Fiscal Year 2013, patients waited an average of only 8 minutes to see a provider compared to 12 minutes in 2011 when we

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began to focus on the patient experience.

Education - In FY 2013, 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 have encouraged our RN staff to become certified "emergency nurses", and currently have 3 RN's studying for the certification exam.

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

and reflux problems and ERCP (endoscopic retrograde cholangiopancreatogram). Pulmonologist's frequent our department as we continue to care for patients having Bronchoscope procedures. Overall we saw a total of 10,213 cases for fiscal year 2013 and increase of 351 cases from the previous year. This year only 22 of our patients were admitted post procedure down 103 cases from the previous year.

Digestive Health Center Physicians (DHC) - MMC continues to maintain and improve its relationships with both the Connecticut GI and Gastroenterology Specialists Physicians. We welcomed a new physician late in 2012 and she has continued to grow her practice, becoming a valued member of our team. In fact in 2013, Dr. Johnson became co-director of the Hartford Health Care Women's GI Health Center, a group of all female care givers available to women in Connecticut to address GI health. Another one of our physicians spoke to over 150 GI nurses and associates at the 2013 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

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days a week whether we are in the actual Digestive Health area or traveling to the ER, ICU or OR areas.

Electronic Health Record - MMC have been using an electronic health record for over 12 years in DHC. The MD and Multicare (nursing) records interface between each other to provide seamless charting from pre, intra and post care. In our electronic record update, we have provided anesthesia the option to use the electronic charting also. To be current "with The Joint" recommendations, we also have electronic medication reconciliations.

Patient Satisfaction - Our Endoscopy unit has continued to maintain consistently high Press Ganey scores. We monitor monthly "Likelihood of recommending center" which we hit an all time high score of 97.6. Our "Overall care received" average for the year was 96.0 and our "wait time prior to procedure" was up from 2012 with a score of 91.8. Our unit goal was to maintain a greater than 85 score on "Response to concerns and complaints" and the staff well exceeded that with a score of 93.7. Presently, we have 3 GI certified nurses. As a commitment to excellence in practice, Hala Jaser, RN became nationally certified in Gastroenterology Nursing in October, 2013. Another one of our nurses has begun to study for and will test for national certification in May, 2014. The center is planning to add to the numbers of GI certified nurses in the future as a commitment to the dedication to GI nursing and our patients. One of Center's GI tech recently recertified in Central Supply Sterile Distribution and Processing Service. We have had 11 in-service presentations within the department by staff and by product reps on low volume high acuity procedures. In keeping up with

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critical equipment familiarity, staff is able to function at top level during tense situations and provide the best care for our patients.

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 2013, staff from DHC spoke at the Wallingford Senior Center Health Fair on GI Diseases. Additionally, DHC sponsored a GI conference in September 2013 where 2 physicians, a colorectal surgeon and an oncologist from Midstate spoke on "Colon Cancer, Two Perspectives". Midstate's Digestive Health Center nurse Joanne Struble, BSN, CGRN is also a member of the Hartford Health Care Women's GI Health Center. This group of dedicated all female health care professionals are ready to provide the most comprehensive GI care to women in our service area. Two of our nurses taught at the "Hands On" ERCP course this past fall 2013. Over 35 GI health professionals took advantage of this regionally recognized course. In addition two of our nurses head the Education Committee for the yearly GI conference held in Connecticut which draws 150 nurses from all of the New England states.

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

helps patients find the financial resources and assists in alleviating the stress that often accompanies a cancer diagnosis. Fiscal year 2013 witnessed the announcement of the Hartford Healthcare and Memorial Sloan Kettering alliance which will be consummated in 2014.

Overall, the total number of newly diagnosed cancers at Midstate

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01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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Medical Center in calendar year 2013 was 565. These visits result in the multiple chemotherapy treatments, radiation therapy fractions and surgical procedures, though not every patient receives treatment for their cancer.

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.

Accreditation

Midstate cancer program was successful in becoming re-accredited through the American College of Surgeons Commission on Cancer in 2013. This achievement underscores the mission of the cancer program in which we provide a state-of-the-art pretreatment evaluation, staging, treatment, and clinical follow-up for cancer patients for primary, secondary, tertiary, or end-of-life care.

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 in at no cost. A few of these programs include: outreach to the Hispanic community, survivorship programs, integrative therapies and support groups.

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Additionally, in 2013 we began the development of the newly formed smoking prevention program in which we seek to educate middle school students and enable them to make good decisions about their health. This program compliments our CAT Scan lung screening clinical trial.

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

In towns across central Connecticut, MidState Medical Center (MMC) 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, MMC 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.

Financial Assistance - MidState Medical Center is the leading safety net providers of acute medical care for the communities it serves. MidState routinely provides services to uninsured patients and to people covered under government programs for which it does not receive full payment. Eligibility for the financial assistance programs is dependent on income and other personal circumstances.

Lung Cancer Screening Program - For years lung cancer survival rates have fallen far below that of other cancers, typically, because lung cancer is often found at a later stage when treatment is less

Name of the organization

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effective. However, a study that was published by the New England Journal of Medicine offered new hope in the early detection of lung cancer, suggesting that individuals who are high-risk and undergo a low dose screening CT scan can increase their chances of survival by 20 percent. In summer 2013, MidState Medical Center took a giant step forward in the efforts of early detection by launching its Lung Cancer Screening Program, which makes low-dose CT scans available at no charge to patients who qualify.

In order to qualify for a free screening, a patient must be a current or former smoker (having quit within the last 15 years), be between the ages of 55 and 74 and healthy enough to undergo treatment, have a smoking history of at least 30 pack-years, and have no previous history of lung cancer. Younger patients between the ages of 50 and 54 may also fit the criteria if they have had a second exposure to their lungs, such as radon or another occupational hazard or a family history of lung cancer.

To date, MidState has screened close to 200 individuals, at no charge, in the communities it serves. Doctors estimate that for every 100 people screened, 1 lung cancer will be found. To date, two lung cancers have been detected at early stages, allowing for critical treatment to begin. The program has provided free screenings in the amount of nearly \$150,000.

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.

Name of the organization

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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 with physicians, and referring patients to a reputable, high-quality physician if they do not have a primary care doctor.

Connecticut Center for Healthy Aging - Since its inception in 2004, more than 2,500 seniors and their families have benefited from the educational resources, consultation and referral services available through the Connecticut Center for Healthy Aging. The Center has three locations: the New Britain General and Bradley Memorial campuses of The Hospital of Central Connecticut, and most recently, at MidState Medical Center. With the partnership of Central Connecticut Senior Health Services, the center offers assessments and referral services based on identified needs; helps seniors and caregivers with access to medical care, social services, community resources, financial planning and elder law advisors, holistic care and wellness programs; education and training for caregivers, elders and family members.

Health Fairs, Support Groups, Programs & Screenings - MidState has coordinated and participated in nearly 65 different program categories, including health fairs, countless educational seminars and dozens of

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free health screenings. The hospital also offers a number of support groups for cancer patients, new moms, diabetes patients and bereavement support. Through the combination of these programs, MidState has served tens of thousands of people.

The LaPlanche Clinic & Geriatric Outreach - MidState's LaPlanche Clinic was established in 1979 to meet the growing needs of the senior population in town. Working collaboratively with the Meriden Senior Center, the clinic is staffed by a registered nurse who provides education and care to seniors. Screenings offered include blood pressure, cholesterol and glucose, as well as regular programming on health topics such as nutrition, heart health, cancer prevention, healthy lifestyles and more. The clinic sees approximately 2,000 patient visits each year. A similar clinic operates out of the Cheshire Senior Center once per week, where another several dozen seniors in MidState's core community receive outstanding clinical care and free blood pressure screenings. MidState also runs an 8-week program called Diet Watch that focuses on nutrition basics to help seniors live healthy lifestyles.

Speakers' Bureau - Our MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered free of charge for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups. Together the Central Region participates in a Healthy Family FunFest held at the Aqua Turf annually and open to the public

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free of charge. Last year nearly 2,500 participates attended and took advantage of the numerous screenings, health oriented programs, literature and personnel.

Community Partners - MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year, MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAs, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community.

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

Volunteer Support - MidState is fortunate to have an active group of adult and junior volunteers who each day offer their skills and talents to the hospital. Last year 296 volunteers generously contributed over 43,000 hours of service to 45 different departments. The work of the hospital could not be done without these loyal ambassadors. The volunteer structure at The Hospital of Central Connecticut's two

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campuses is comprised of 432 volunteers who provided 63,368 hours of service among 65 departments in FY2013. We celebrated the 50th year anniversary of one volunteer and over 50% of all volunteers have 10 years or more of volunteer service to the hospitals.

Expenses \$ 113473599. including grants of \$ 5000. Revenue \$ 143016872.

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

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

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

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

Form 990, Part VI, Section B, Line 12c: The Medical Center's board has adopted the policy of the member organization, Hartford HealthCare Corporation (HHC). The HHC Conflict of Interest Policy (Policy) requires

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all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of Interest disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP). All employee disclosures are reviewed by OCAP to determine if there is a potential conflict. Legal counsel will review all cases where the individual has a significant financial interest and these cases are forwarded to the System Executive Compliance Steering Committee. The System Executive Compliance Steering Committee will assess and may recommend 1) the conflict be eliminated, 2) the proposed activity be prohibited, or 3) a Conflict of Interest management plan be implemented. Results of the survey of board members is 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 of the Board of Directors of Hartford HealthCare on behalf of Midstate Medical Center hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation for those employees who report directly to the CEO of Hartford HealthCare Corporation.

The following steps are taken:

- Independent Executive Compensation Committee (Committee) of the Board of

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01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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Directors of Hartford HealthCare, on behalf of Midstate Medical Center, established and regularly reviews Executive Compensation Philosophy

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

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

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

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

- CEO compensation determined by Committee based on comparative market information and organizational performance

- All changes reviewed and approved by Executive Compensation Committee
The CEO compensation determination process is reviewed on an annual basis.

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

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

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

282212
01-04-13

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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Unrealized Loss on Swap Value	1814786.
Change in Funding Status of Pension	31062816.
Income From Pass Thru Entities	-16115.
Change in Ownership of CHS Malpractice	-20344669.
Transfer to Affiliated Entity - HHC	-7544231.
Change in Unrealized Gain on Investments	-1109094.
Unrealized loss on Funds Held in Trust	729866.
Rounding	1.
Total to Form 990, Part XI, Line 9	4593360.

Form 990, Part XII, Line 2

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
Attach to Form 990. See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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	-2078174.		Midstate Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Hartford Hospital - 06-0646668 80 Seymour Street Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford HealthCare Corp - 22-2672834 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, Williamantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Williamantic, CT 06236	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) 2012

Part III 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. - 06-0956963 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
Institute of Living - 06-0646683 200 Retreat Avenue Hartford, CT 06106	Supporting Organization to Hartford Hospital	Connecticut	501(C)(3)	11(c)	Hartford Hospital		X
VNA Health Resources Inc. - 06-1161422 103 Woodland Street Hartford, CT 06105	Home Health Care	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation		X
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	3	Midsate Medical Center		X
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Williamantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital		X
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Avenue Williamantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital		X
The Hospital of Central CT - 06-0646768 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Central CT Senior Health Svcs d.b.a. Southington Care Center - 22-2635676, 45 Meride Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation		X

Part 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
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050	Support & Management Svcs. to THOCC and Affiliates - Shell	Connecticut	501(C)(3)	11(b)	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	Central CT Senior Health Services Inc.	X	
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plansville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.	X	
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Practice Medicine and Provide health Care Services to the Public	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Hartford HealthCare Accountable Care Org. Inc. - 46-0886367, 200 Retreat Avenue, Hartford, CT 06102	To Manage and Coordinate Care for Medicare Beneficiaries	Connecticut	501(C)(3)		HHC PhysiciansCare Inc.	X	
Hartford HealthCare Corp. (VBEA) - 26-6671355, 777 Main Street, Hartford, CT 06102	To Provide Medical Benefits to Employees	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation	X	
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Hospital	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation	X	
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Healthcare Services	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
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
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
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	Hartford Hospital	Investment	1104951.	38819627.		X	N/A	X	5.34%
Ambulance Service 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
H.M.O.B Corporation & Subsidiary - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	N/A	C CORP	N/A	N/A	N/A		X
CHS Insurance 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 - 06-1491649 112 Mansfield Avenue Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X

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
GenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
Grand Indemnity Co. LTD - 98-0609499 40 Church Street Hamilton, BERMUDA	Professional Liability	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	-40123.	0.	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
WMB 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
Select Physicians Network - 06-1426901 112 Mansfield Avenue Willimantic, CT 06226	Managing Offices of Physicians and Surgeons	CT	N/A	C CORP	N/A	N/A	N/A		X

Part IV Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity																			
b Gift, grant, or capital contribution to related organization(s)																			
c Gift, grant, or capital contribution from related organization(s)																			
d Loans or loan guarantees to or for related organization(s)																			
e Loans or loan guarantees by related organization(s)																			
f Dividends from related organization(s)																			
g Sale of assets to related organization(s)																			
h Purchase of assets from related organization(s)																			
i Exchange of assets with related organization(s)																			
j Lease of facilities, equipment, or other assets to related organization(s)																			
k Lease of facilities, equipment, or other assets from related organization(s)																			
l Performance of services or membership or fundraising solicitations for related organization(s)																			
m Performance of services or membership or fundraising solicitations by related organization(s)																			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																			
o Sharing of paid employees with related organization(s)																			
p Reimbursement paid to related organization(s) for expenses																			
q Reimbursement paid by related organization(s) for expenses																			
r Other transfer of cash or property to related organization(s)																			
s Other transfer of cash or property from related organization(s)																			

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Midstate MSO LLC	S	1600000.FMV	
(2) Hartford Hospital	M	9744663.FMV	
(3) Hartford Hospital	S	3268815.FMV	
(4) Hartford Hospital	O	2261309.FMV	
(5) HHC PhysiciansCare Inc.	A	481947.FMV	
(6) CHS Insurance Limited	O	75362.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)	CHS Insurance Limited	R	22867661.FMV	
(8)	CHS Insurance Limited Hartford HealthCare Rehabilitation Network, LLC	S	6570276.FMV	
(9)	Hartford HealthCare Rehabilitation Network, LLC	Q	307603.FMV	
(10)	Hartford HealthCare Rehabilitation Network, LLC	A	10924.FMV	
(11)	Hartford HealthCare Rehabilitation Network, LLC	M	1480925.FMV	
(12)	The Hospital of Central Connecticut	P	112472.FMV	
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

