

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

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

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

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

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
G. AFFILIATE NAME CLINICAL LABORATORY PARTNERS, LLC		
1	Affiliate Description	Lab
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	129 Patricia Genova Drive
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	James Fantus
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
H. AFFILIATE NAME COMMUNITY MENTAL HEALTH AFFILIATES		
1	Affiliate Description	Develop, provide and promote an effective system of service delivery for behavioral health through a network of integrated unified services located in one or more community facilities.
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	270 John Downey Drive
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06051 -
8	CEO Name	Raymond Gorman
9	CEO Title	Executive Director
10	CT Agent Name	Guion, Stevens & Rybak, LLP
11	CT Agent Company	Guion, Stevens & Rybak, LLP
12	CT Agent Company Street Address	93 West Street
13	CT Agent Town	Litchfield
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06759 -
I. AFFILIATE NAME HARTFORD HEALTHCARE AT HOME, INC.		
1	Affiliate Description	PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	103 Woodland Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Ellen D. Rothberg
9	CEO Title	President

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
10	CT Agent Name	Winship Services Corporation
11	CT Agent Company	Winship Services Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
J.	AFFILIATE NAME	HARTFORD HEALTHCARE PHYSICIANCARE INC.
1	Affiliate Description	Practice medicine and provide healthcare services to the public as a medical foundation
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	1290 Silas Deane Highway
5	Town	Wethersfield
6	State	Connecticut
7	Zip Code	06109 -
8	CEO Name	James Watkins Jr
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
K.	AFFILIATE NAME	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC
1	Affiliate Description	REHABILITATION SERVICES
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	Not for Profit
4	Street Address	181 PATRICIA GENOVA DRIVE
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Rita Parisi
9	CEO Title	Pres & CEO
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
L.	AFFILIATE NAME	HARTFORD HOSPITAL
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	Jeffrey Flaks
9	CEO Title	President and CEO
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
M.	AFFILIATE NAME	JEFFERSON HOUSE
1	Affiliate Description	Care for the aged
2	Affiliate type of service	Care for the Aged
3	Tax Status	Not for Profit
4	Street Address	80 Seymour Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 - 1919
8	CEO Name	Stuart Markowitz, MD
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
N.	AFFILIATE NAME	MIDSTATE MEDICAL CENTER
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	435 Lewis Ave
5	Town	Meriden
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	Lucille Janatka
9	CEO Title	President and CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
O.	AFFILIATE NAME	MRI OF FARMINGTON AVENUE LLC
1	Affiliate Description	Magnetic Resonance Imaging
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	15 Quail Ridge Road
5	Town	Farmington

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Clarence Silvia
9	CEO Title	Partner
10	CT Agent Name	Mark Krober, Ecq.
11	CT Agent Company	Murtha, Cullina, Richter & Pinney LLP
12	CT Agent Company Street Address	City Place I, 185 Asylum Ave
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
P.	AFFILIATE NAME	MULBERRY GARDENS OF SOUTHINGTON, LLC
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	58 Mulberry Street
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Perry Phillips
9	CEO Title	Executive Director
10	CT Agent Name	Lucille Janatka
11	CT Agent Company	The Hospital of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
Q.	AFFILIATE NAME	NATCHAUG HOSPITAL
1	Affiliate Description	Mental Health Facility
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	189 Storrs Road
5	Town	Mansfield Center
6	State	Connecticut
7	Zip Code	06250 -
8	CEO Name	Stephen Larcen, Ph.D.
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
R.	AFFILIATE NAME	NEW BRITAIN MRI LIMITED PARTNERSHIP
1	Affiliate Description	MRI Testing
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	General Partner
10	CT Agent Name	Elliot B. Pollack, Esq.
11	CT Agent Company	Hoberman & Pollack
12	CT Agent Company Street Address	One State Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
S. AFFILIATE NAME PRACTICE CENTRAL, LLC		
1	Affiliate Description	Facilitate the adoption of electronic health systems by physician practices in CT for effective data sharing and clinical integrations resulting in better coordinated care
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	85 Seymour Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Kent Stahl, M
9	CEO Title	Managing Director
10	CT Agent Name	Winship Services Corp
11	CT Agent Company	Winship Services Corp
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
T. AFFILIATE NAME RUSHFORD CENTER, INC.		
1	Affiliate Description	Mental Health Facility
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	1250 Silver Street
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Jeffrey Walter
9	CEO Title	President & CEO
10	CT Agent Name	Richard W. Tomc & Associates
11	CT Agent Company	Richard W. Tomc, Esquire
12	CT Agent Company Street Address	49 Main Street
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -
U. AFFILIATE NAME SOUTHTON CARE CENTER		
1	Affiliate Description	Long Term Care

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	45 Meriden Avenue
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Patricia Walden
9	CEO Title	Vice President
10	CT Agent Name	Lucille Janatka
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
V. AFFILIATE NAME THE ORCHARDS AT SOUTHINGTON		
1	Affiliate Description	To initiate, develop, operate and maintain senior housing with assisted living services
2	Affiliate type of service	Care for the Aged
3	Tax Status	Not for Profit
4	Street Address	34 Hobart Street
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Audrey Vinci
9	CEO Title	Executive Director
10	CT Agent Name	Lucille Janatka
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
W. AFFILIATE NAME VNA HEALTH RESOURCES, INC.		
1	Affiliate Description	HOME HEALTH/VNA, HOMEMAKER SERVICES
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	103 Woodland Street, Shipman
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Michael Soccio
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . THE HOSPITAL OF CENTRAL CONNECTICUT			
1		Unrestricted	\$178,222,407
2		Temporarily Restricted by Donor	\$26,776,206
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$23,116,669
5		Intercompany Eliminations	\$0
		Total:	\$228,115,282
B . HARTFORD HEALTH CARE CORPORATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
C . BRADLEY HEALTH SERVICES, INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D . CENCONN SERVICES, INC.			
1		Unrestricted	\$861,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$861,000
E . CENTRAL CT HEALTH ALLIANCE			
1		Unrestricted	\$6,650,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,056,000)
		Total:	\$4,594,000
F . CENTRAL CT SENIOR HEALTH SERVICES			
1		Unrestricted	\$4,804,633
2		Temporarily Restricted by Donor	\$95,694
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,193
5		Intercompany Eliminations	\$0
		Total:	\$4,905,520
G . CHS INSURANCE LIMITED			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
H .	CLINICAL LABORATORY PARTNERS, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
I .	COMMUNITY MENTAL HEALTH AFFILIATES		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J .	HARTFORD HEALTHCARE AT HOME, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
K .	HARTFORD HEALTHCARE PHYSICIANCARE INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
L .	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
M .	HARTFORD HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
N .	JEFFERSON HOUSE		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
O .	MIDSTATE MEDICAL CENTER		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
P .	MRI OF FARMINGTON AVENUE LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Q .	MULBERRY GARDENS OF SOUTHWINGTON, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
R .	NATCHAUG HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
S .	NEW BRITAIN MRI LIMITED PARTNERSHIP		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
T .	PRACTICE CENTRAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
5		Intercompany Eliminations	\$0
		Total:	\$0
U .	RUSHFORD CENTER, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
V .	SOUTHINGTON CARE CENTER		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
W .	THE ORCHARDS AT SOUTHINGTON		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
X .	VNA HEALTH RESOURCES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$240,531,802
	Intercompany Eliminations		(\$2,056,000)
	Total of all Affiliates	Fund Balance:	\$238,475,802

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. HARTFORD HEALTH CARE CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$35,316,107
1		Management Fees	09/30/2014	\$998,237
2		Audit fees	09/30/2014	\$169,894
3		Audit fee reimbursed to Bridgeport Hospital	09/30/2014	(\$292,710)
4		Dietary Services	09/30/2014	\$435
5		Towers Watson	09/30/2014	\$264,469
6		Cancer Center Loan - Interest payment	09/30/2014	\$648
7		rebates	09/30/2014	(\$133,600)
8		Licensing/Dues/Subscription Renewals	09/30/2014	(\$71,757)
9		Memorial Sloan-Kettering Trademark	09/30/2014	(\$77,543)
10		Monthly Fees (Conifer, Fisher)	09/30/2014	\$3,862
11		Premier	09/30/2014	\$231,197
12		Render Hall inv - Amb Surgical Center	09/30/2014	(\$1,882)
13		Salary & Wage and Taxes	09/30/2014	(\$1,004,164)
14		Careconnect	09/30/2014	\$150,151
15		CHEFA Bonds - Series A, C & E	09/30/2014	\$29,694
16		Consulting (Huron)	09/30/2014	(\$1,756,790)
17		Core Finance Team - 340B Program	09/30/2014	\$50,795
18		Dietary Exp	09/30/2014	\$632
19		Healthy Together (Transferred to HHC Pool)	09/30/2014	(\$104,054)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$33,773,621
B. BRADLEY HEALTH SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
C. CENCONN SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$30,920
1		Rent	09/30/2014	(\$7,190)
2		Supplies	09/30/2014	\$16
3		Dietary Services	09/30/2014	\$435
4		Maintenance	09/30/2014	\$1,500
5		Postage	09/30/2014	\$16
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$25,697
D. CENTRAL CT HEALTH ALLIANCE				

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,836,573
1		Audit fees	09/30/2014	\$9,700
2		Supplies	09/30/2014	\$44
3		Payment on Account	09/30/2014	(\$1,955,354)
4		CMHA ck payable to CCHA for HOCC (RENT)	09/30/2014	\$150,787
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$41,750
E. CENTRAL CT SENIOR HEALTH SERVICES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F. CHS INSURANCE LIMITED				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$4,794,973
1		Dental Plan	09/30/2014	\$1,535,508
2		Medical Plan	09/30/2014	(\$5,863,879)
3		Health Together	09/30/2014	\$116,265
4		LTD	09/30/2014	(\$148,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$434,867
G. CLINICAL LABORATORY PARTNERS, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Wage & Taxes	09/30/2014	(\$54,496)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$54,496)
H. COMMUNITY MENTAL HEALTH AFFILIATES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1)
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$1)
I. HARTFORD HEALTHCARE AT HOME, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$112,384)
1		Supplies	09/30/2014	\$595
2		Dietary Exp	09/30/2014	\$93
3		Salary & Wage & Fringe	09/30/2014	(\$322,744)
4		Reimbursement of Expenses (Phys Practices)	09/30/2014	\$9,400
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$425,040)
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$35,914
1		Administrator Salay & Fringe	09/30/2014	(\$323)
2		Cell Phone Expenses	09/30/2014	(\$484)
3		Occupational Therapist Salary & Fringe	09/30/2014	\$29,609
4		Physical Therapist Salary & Fringe	09/30/2014	(\$4,252)
5		Physician Liasion Salary & Fringe	09/30/2014	\$4,706
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$65,170
L.	HARTFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$80,067)
1		Miscellaneous	09/30/2014	\$19,211
2		Laundry	09/30/2014	(\$71,283)
3		Salaries & Wages	09/30/2014	(\$1,193,653)
4		Audit Adjustment FY13	09/30/2014	\$8,312
5		Cable	09/30/2014	(\$435)
6		Dietary	09/30/2014	\$32
7		Dues & Subscriptions	09/30/2014	(\$20)
8		FSA	09/30/2014	(\$650,260)
9		Health Science Library	09/30/2014	(\$92,132)
10		IT Alloc for Dep adj HH	09/30/2014	(\$502,008)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$2,562,303)
M.	JEFFERSON HOUSE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Wage & Taxes	09/30/2014	(\$2,353)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$2,353)
N.	MIDSTATE MEDICAL CENTER			

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$9,168
1		Rent	09/30/2014	(\$2,997)
2		Bariatric Program	09/30/2014	\$18,336
3		Dietary Exp	09/30/2014	\$1,156
4		Diabetes Program	09/30/2014	\$817
5		HOCC pt -L.COHEN	09/30/2014	\$13,615
6		Interpretation Services	09/30/2014	\$4,147
7		Mileage Reimb	09/30/2014	\$40
8		Render Hall Inv-Amb Surger Ctr	09/30/2014	\$941
9		Salary & Wage & Fringe	09/30/2014	\$638,752
10		Susan Keane Baker-speaker	09/30/2014	\$4,500
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$688,475
O.	MRI OF FARMINGTON AVENUE LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
P.	MULBERRY GARDENS OF SOUTHINGTON, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Q.	NATCHAUG HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Wage & Taxes	09/30/2014	(\$722)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$722)
R.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$68,412)
1		Contract Labor (PR MRI)	09/30/2014	(\$479,398)
2		Invoices paid my HOCC on behalf or owed to NB MRILP (AP invo	09/30/2014	\$514,217
3		Reimbursement of Expenses/services (Payment on Acct)	09/30/2014	(\$220,552)
4		Salary & Wage	09/30/2014	\$37,649

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
5		Services provided by HHC for NB MRI	09/30/2014	\$211,537
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$4,959)
S.	PRACTICE CENTRAL, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
T.	RUSHFORD CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Wage & Taxes	09/30/2014	(\$229)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$229)
U.	SOUTHINGTON CARE CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$10,296
1		Payments on Account	09/30/2014	(\$13,130)
2		Supplies	09/30/2014	\$2,330
3		Insurance	09/30/2014	\$5,007
4		Dietary Services	09/30/2014	\$3,103
5		Salaries & Wages	09/30/2014	\$17,139
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$24,745
V.	THE ORCHARDS AT SOUTHINGTON			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
W.	VNA HEALTH RESOURCES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Wage & Taxes	09/30/2014	(\$4,005)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$4,005)
			Grand Total:	\$32,000,217

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$14,728,730
A.	HARTFORD HEALTH CARE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	BRADLEY HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	GENCONN SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
D.	CENTRAL CT HEALTH ALLIANCE				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
E.	CENTRAL CT SENIOR HEALTH SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	CHS INSURANCE LIMITED				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	CLINICAL LABORATORY PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
H.	COMMUNITY MENTAL HEALTH AFFILIATES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	HARTFORD HEALTHCARE AT HOME, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
			Nothing to Report		\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
L.	HARTFORD HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2014	\$0
M.	JEFFERSON HOUSE		Nothing to Report		\$0
			Total:	9/30/2014	\$0
N.	MIDSTATE MEDICAL CENTER		Nothing to Report		\$0
			Total:	9/30/2014	\$0
O.	MRI OF FARMINGTON AVENUE LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
P.	MULBERRY GARDENS OF SOUTHWINGTON, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
Q.	NATCHAUG HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2014	\$0
R.	NEW BRITAIN MRI LIMITED PARTNERSHIP		Nothing to Report		\$0
			Total:	9/30/2014	\$0
S.	PRACTICE CENTRAL, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
T.	RUSHFORD CENTER, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
U.	SOUTHWINGTON CARE CENTER		Nothing to Report		\$0
			Total:	9/30/2014	\$0
V.	THE ORCHARDS AT SOUTHWINGTON		Nothing to Report		\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
W.	VNA HEALTH RESOURCES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$14,728,730

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014**

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. CENCONN SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. CENTRAL CT SENIOR HEALTH SERVICES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. CHS INSURANCE LIMITED			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. CLINICAL LABORATORY PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. COMMUNITY MENTAL HEALTH AFFILIATES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. HARTFORD HEALTHCARE AT HOME, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
J. HARTFORD HEALTHCARE PHYSICIANCARE INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
K. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
L. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
M. JEFFERSON HOUSE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
N. MIDSTATE MEDICAL CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
O. MRI OF FARMINGTON AVENUE LLC			

THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
P.	MULBERRY GARDENS OF SOUTHINGTON, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
Q.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
R.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
S.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
T.	RUSHFORD CENTER, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
U.	SOUTHINGTON CARE CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
V.	THE ORCHARDS AT SOUTHINGTON		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
W.	VNA HEALTH RESOURCES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	HARTFORD HEALTH CARE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BRADLEY HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CENCONN SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	CENTRAL CT HEALTH ALLIANCE		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CENTRAL CT SENIOR HEALTH SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	CHS INSURANCE LIMITED		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	CLINICAL LABORATORY PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	COMMUNITY MENTAL HEALTH AFFILIATES		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	HARTFORD HEALTHCARE AT HOME, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
0	Nothing to Report	\$0	0

THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
L.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	JEFFERSON HOUSE		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	MIDSTATE MEDICAL CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	MRI OF FARMINGTON AVENUE LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	MULBERRY GARDENS OF SOUTHINGTON, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	RUSHFORD CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	SOUTHINGTON CARE CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	

THE HOSPITAL OF CENTRAL CONNECTICUT
 ANNUAL REPORTING
 FISCAL YEAR 2014

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
V.	THE ORCHARDS AT SOUTHINGTON		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	VNA HEALTH RESOURCES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$1,015,278.76	\$1,137,391.05	\$122,112.29	12%
1	Donations	\$3,171.01	\$3,017.00	(\$154.01)	-5%
2	Income	\$88,027.17	\$80,504.05	(\$7,523.12)	-9%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$30,914.11	\$21,606.54	(\$9,307.57)	-30%
	Ending Balance	\$1,137,391.05	\$1,242,518.64	\$105,127.59	9%
5	Projected Interest Income	\$20,000.00	\$20,000.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2014 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		1,982
Grand Total		\$0.00

THE HOSPITAL OF CENTRAL CONNECTICUT					
ANNUAL REPORTING					
FISCAL YEAR 2014					
REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	General Free Bed Fund	\$864,708.00	\$55,984.00	\$0.00	\$55,984.00
	Childrens Free Bed Fund	\$185,725.00	\$12,054.00	\$0.00	\$12,054.00
	Quigley Memorial Fund	\$124,684.00	\$8,092.00	\$0.00	\$8,092.00
	Rosahn Memorial	\$67,402.00	\$4,374.00	\$0.00	\$4,374.00
	Total Bed Funds :	\$1,242,519.00	\$80,504.00	\$0.00	\$80,504.00

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed tot he hospital as they occur.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	13.85%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	Collection Agent	
1	Collection Agent Name	Optimum Outcomes
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed tot he hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	17.17%
B	Collection Agent	

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	EOS CCA
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.96%

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President and CEO	\$1,985,960	\$339,886	\$2,325,846
2.	Hospitalist	\$713,435	\$49,953	\$763,388
3.	Chief ER Physician	\$597,990	\$130,983	\$728,973
4.	Director, Surgical Oncology	\$570,429	\$141,822	\$712,251
5.	Chief of Medicine	\$639,144	\$25,545	\$664,689
6.	VP Analytics & Decision Report	\$480,039	\$124,715	\$604,754
7.	Chief of Cardiology	\$430,501	\$46,365	\$476,866
8.	Medical Director New Britain Emergency Room	\$394,709	\$79,692	\$474,401
9.	Medical Director Bradley Emergency Room	\$415,680	\$45,913	\$461,593
10.	Director Hospitalist Medicine	\$390,140	\$48,726	\$438,866
	Grand Total:	\$6,618,027	\$1,033,600	\$7,651,627

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . HARTFORD HEALTH CARE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,544	\$600	\$2,144
2	Paid by the Hospital to Employees of the Entity Listed Above	\$232,488	\$90,412	\$322,900
B . BRADLEY HEALTH SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . CENCONN SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . CENTRAL CT HEALTH ALLIANCE				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . CENTRAL CT SENIOR HEALTH SERVICES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . CHS INSURANCE LIMITED				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$3,051	\$1,187	\$4,238
G . CLINICAL LABORATORY PARTNERS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$8,994	\$3,498	\$12,492
H . COMMUNITY MENTAL HEALTH AFFILIATES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . HARTFORD HEALTHCARE AT HOME, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$468	\$182	\$650
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . HARTFORD HEALTHCARE PHYSICIANCARE INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$2,234	\$869	\$3,103
2	Paid by the Hospital to Employees of the Entity Listed Above	\$1,195	\$465	\$1,660
K . HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$4,663	\$1,814	\$6,477
L . HARTFORD HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$11,689	\$4,546	\$16,235
2	Paid by the Hospital to Employees of the Entity Listed Above	\$63,739	\$24,787	\$88,526
M . JEFFERSON HOUSE				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$112	\$43	\$155
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
N . MIDSTATE MEDICAL CENTER				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$5,306	\$2,064	\$7,370
2	Paid by the Hospital to Employees of the Entity Listed Above	\$20,652	\$8,031	\$28,683
O . MRI OF FARMINGTON AVENUE LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$3,735	\$1,452	\$5,187
P . MULBERRY GARDENS OF SOUTHINGTON, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q . NATCHAUG HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$132	\$51	\$183
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R . NEW BRITAIN MRI LIMITED PARTNERSHIP				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$6,492	\$2,525	\$9,017
S . PRACTICE CENTRAL, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$4,046	\$1,574	\$5,620
T . RUSHFORD CENTER, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$102	\$40	\$142
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U . SOUTHINGTON CARE CENTER				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
V . THE ORCHARDS AT SOUTHINGTON				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
W . VNA HEALTH RESOURCES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

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

THE HOSPITAL OF CENTRAL CONNECTICUT

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,973	1,982	9	0%
2.	Number of Approved Applicants	1,080	1,094	14	1%
3.	Total Charges (A)	\$16,310,702	\$17,256,889	\$946,187	6%
	Average Charges	\$15,103	\$15,774	\$672	4%
4.	Ratio of Cost to Charges (RCC)	0.438225	0.41218	(0.026045)	-6%
	Total Cost	\$7,147,757	\$7,112,945	(\$34,813)	0%
	Average Cost	\$6,618	\$6,502	(\$117)	-2%
5.	Charity Care - Inpatient Charges	\$3,019,515	\$3,542,918	\$523,403	17%
6.	Charity Care - Outpatient Emergency Department Charges	10,144,199	10,513,667	369,468	4%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,146,988	3,200,304	53,316	2%
	Total Charges (A)	\$16,310,702	\$17,256,889	\$946,187	6%
8.	Charity Care - Number of Patient Days	2,684	3,192	508	19%
9.	Charity Care - Number of Discharges	503	635	132	26%
10.	Charity Care - Number of Outpatient ED Visits	9,192	9,613	421	5%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,138	4,935	797	19%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	1,973	1,982	9	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.438225	0.41218	(0.026045)	-6%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL
(1)
(2)
(3)
(4)
(5)
(6)
<u>LINE</u>
<u>DESCRIPTION</u>
<u>FY 2013</u>
<u>FY 2014</u>
<u>AMOUNT</u>
<u>AMOUNT</u>
<u>DIFFERENCE</u>
<u>DIFFERENCE</u>

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