### ANNUAL REPORTING

### **FISCAL YEAR 2014**

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

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

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### 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 15	CT Agent State CT Agent Zip Code	Connecticut 06050 -		
15	CT Agent Zip Code	00000 -		
E.	AFFILIATE NAME	CENTRAL CT SENIOR HEALTH SERVICES		
	ALTERIA MANIE			
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 15	CT Agent State CT Agent Zip Code	Connecticut 06050 -		
13	CT Agent Zip Code	00000 -		
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		
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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)	
	DECORPTION	AFFILIATE INFORMATION	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	One Constitution Plaza Hartford	
	CT Agent Town CT Agent State		
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
13	CT Agent Zip Code	00103 - 1313	
G.	AFFILIATE NAME	CLINICAL LABORATORY PARTNERS, LLC	
ļ	7.1.7.1		
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	
	CT Agent Name	Winship Service Corporation	
11 12	CT Agent Company	Winship Service Corporation One Constitution Plaza	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06103 - 1919	
13	CT Agent Zip Code	00100 - 1313	
Н.	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.	
3	Affiliate type of service Tax Status	Mental Health Facility  Not for Profit	
4	Street Address	270 John Downey Drive	
5	Town	New Britain	
6	State	Connecticut	
7	Zip Code		
8		06051 -	
	ICEO Name		
9	CEO Name CEO Title	Raymond Gorman	
9	CEO Title	Raymond Gorman Executive Director	
10	CEO Title CT Agent Name	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP	
10 11	CEO Title CT Agent Name CT Agent Company	Raymond Gorman  Executive Director Guion, Stevens & Rybak, LLP Guion, Stevens & Rybak, LLP	
10 11 12	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP	
10 11 12 13	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	Raymond Gorman  Executive Director Guion, Stevens & Rybak, LLP Guion, Stevens & Rybak, LLP 93 West Street	
10 11 12 13	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	Raymond Gorman  Executive Director Guion, Stevens & Rybak, LLP Guion, Stevens & Rybak, LLP 93 West Street Litchfield	
10 11 12 13 14	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut	
10 11 12 13 14	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES. Home Health/VNAs	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.  Home Health/VNAs  Not for Profit	
10 11 12 13 14 15 <b>I.</b>	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES. Home Health/VNAs  Not for Profit  103 Woodland Street	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.  Home Health/VNAs  Not for Profit	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES. Home Health/VNAs Not for Profit  103 Woodland Street Hartford Connecticut	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.  Home Health/VNAs  Not for Profit  103 Woodland Street  Hartford  Connecticut  06105 -	
10 11 12 13 14 15	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State	Raymond Gorman  Executive Director  Guion, Stevens & Rybak, LLP  Guion, Stevens & Rybak, LLP  93 West Street  Litchfield  Connecticut  06759 -  HARTFORD HEALTHCARE AT HOME, INC.  PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES. Home Health/VNAs Not for Profit  103 Woodland Street Hartford 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	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Name	Winship Services Corporation	
	CT Agent Company	Winship Services Corporation One Constitution Plaza	
	CT Agent Company Street Address		
	CT Agent Town CT Agent State	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
15	CT Agent Zip Code	00100 1010	
J.	AFFILIATE NAME	HARTFORD HEALTHCARE PHYSICIANCARE INC.	
	Affiliate Description	Practice medicine and provide healthcare services to the public as a medical foundation	
	Affiliate type of service	Foundation	
	Tax Status	Not for Profit	
4	Street Address	1290 Silas Deane Highway	
5	Town	Wethersfield	
6	State	Connecticut	
	Zip Code	06109 -	
	CEO Name	James Watkins Jr	
	CEO Title	President	
	CT Agent Name	Winship Service Corporation	
	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza Hartford	
	CT Agent Town CT Agent State		
	CT Agent State CT Agent Zip Code	Connecticut 06103 -	
10	CT Agent Zip Code	06103 -	
к.	AFFILIATE NAME	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC	
К.			
<b>K</b> .	Affiliate Description	REHABILITATION SERVICES	
K. 1 2	Affiliate Description Affiliate type of service	REHABILITATION SERVICES Rehabilitation Services	
K. 1 2 3	Affiliate Description Affiliate type of service Tax Status	REHABILITATION SERVICES Rehabilitation Services Not for Profit	
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE	
K.  1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington	
K.  1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington Connecticut	
K.  1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington	
K.  1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 -	
K.  1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO	
K.  1 2 3 4 5 6 7 8 9 10	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp.	
K.  1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO	
K.  1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp.	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut 06103 - 1919  HARTFORD HOSPITAL	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  L.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut  06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut  06103 - 1919  HARTFORD HOSPITAL	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code  AFFILIATE NAME	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut 06103 - 1919  HARTFORD HOSPITAL	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  L.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut  06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut  06103 - 1919  HARTFORD HOSPITAL	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  L.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service	REHABILITATION SERVICES Rehabilitation Services Not for Profit 181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut 06103 - 1919  HARTFORD HOSPITAL HOSPITAL Hospital	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  L.  1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut 06103 - 1919  HARTFORD HOSPITAL HOSPITAL Hospital Not for Profit	
K.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  L.  1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address	REHABILITATION SERVICES Rehabilitation Services Not for Profit  181 PATRICIA GENOVA DRIVE Newington Connecticut 06111 - Rita Parisi Pres & CEO Winship Service Corp. Winship Service Corp. One Constitution Plaza Hartford Connecticut 06103 - 1919  HARTFORD HOSPITAL HOSPITAL HOSPITAL HOSPITAL Not for Profit 80 SEYMOUR ST	

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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	
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	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
М.	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	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
1 -	CT Agent Zip Code	06103 - 1919	
15	or rigeria zip oede	00.100	
15	O T P T S S S S S S S S S S S S S S S S S	56136 1613	
N.	AFFILIATE NAME	MIDSTATE MEDICAL CENTER	
<b>N</b> .	AFFILIATE NAME  Affiliate Description	MIDSTATE MEDICAL CENTER	
N.	AFFILIATE NAME	MIDSTATE MEDICAL CENTER  HOSPITAL	
<b>N.</b> 1 2	AFFILIATE NAME  Affiliate Description  Affiliate type of service	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital	
N. 1 2 3	AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit	
N.  1 2 3 4 5 6	AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status  Street Address	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut	
N. 1 2 3 4 5	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden	
N. 1 2 3 4 5 6 7 8	AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka	
N. 1 2 3 4 5 6 7 8 9	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO	
N.  1 2 3 4 5 6 7 8 9 10	AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation	
N.  1 2 3 4 5 6 7 8 9 10 11	AFFILIATE NAME  Affiliate Description  Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation	
N.  1 2 3 4 5 6 7 8 9 10 11 12	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code  AFFILIATE NAME	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut 06103 - 1919  MRI OF FARMINGTON AVENUE LLC	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  O.	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State Affiliate Description	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut 06103 - 1919  MRI OF FARMINGTON AVENUE LLC Magnetic Resonance Imaging	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  O.	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut 06103 - 1919  MRI OF FARMINGTON AVENUE LLC  Magnetic Resonance Imaging Imaging Services	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  O.  1 2 3	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut 06103 - 1919  MRI OF FARMINGTON AVENUE LLC  Magnetic Resonance Imaging Imaging Services For Profit	
N.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  O.	AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service	MIDSTATE MEDICAL CENTER  HOSPITAL Hospital Not for Profit 435 Lewis Ave Meriden Connecticut 06451 - Lucille Janatka President and CEO Winship Service Corporation Winship Service Corporation One Constitution Plaza Hartford Connecticut 06103 - 1919  MRI OF FARMINGTON AVENUE LLC  Magnetic Resonance Imaging Imaging Services	

### 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	
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 Torm Care	
2	Affiliate Description Affiliate type of service	Long Term Care 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 Name CT Agent Company	The Hospital of Central CT	
12	CT Agent Company Street Address	100 Grand Street	
13	CT Agent Company Street Address CT Agent Town	New Britain	
14	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06050 -	
-10	Trigent Zip Code		
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 06103 - 1919	
15	CT Agent Zip Code	00100 - 1919	
R.	AFFILIATE NAME	NEW BRITAIN MRI LIMITED PARTNERSHIP	
17.	ALLIEGIE NAME	NEW STATE OF THE PROPERTY OF T	
1	Affiliate Description	MRI Testing	
2	Affiliate type of service	Imaging Services	
		Not for Profit	
3	Tax Status	INOUTOUR FIGURE	

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### 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)	
	DESCRIPTION	AFFILIATE INFORMATION	
4	Street Address	100 Grand Street	
5	Town	New Britain	
6	State	Connecticut	
	Zip Code	06050 -	
	CEO Name	Clarence Silvia	
	CEO Title	General Partner  Elliot B. Pollack, Esq.	
	CT Agent Name	Hoberman & Pollack	
	CT Agent Company CT Agent Company Street Address	One State Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06103 -	
15	C i Agent zip Code	00103	
S.	AFFILIATE NAME	PRACTICE CENTRAL, LLC	
	7.1.7.1		
		Facilitate the adoption of electronic health systems by physician practices in CT for effective data sharing	
	Affiliate Description	and clinical integrations resulting in better coordinated care	
	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 06102 -	
	Zip Code CEO Name	Kent Stahl, M	
	CEO Title	Managing Director	
	CT Agent Name	Winship Services Corp	
	CT Agent Name CT Agent Company	Winship Services Corp	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Company Street Address  CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 - 1919	
	3 1		
т.	AFFILIATE NAME	RUSHFORD CENTER, INC.	
		, and the second	
1	Affiliate Description	Montal Hoolth Facility	
2	Affiliate type of service	Mental Health Facility  Mental Health Facility	
3	Tax Status	Not for Profit	
4	Street Address	1250 Silver Street	
5	Town	Middletown	
6	State	Connecticut	
	Zip Code	06457 -	
	CEO Name	Jeffrey Walter	
	CEO Title	President & CEO	
	CT Agent Name	Richard W. Tomc & Associates	
	CT Agent Company	Richard W. Tomc, Esquire	
	CT Agent Company Street Address	49 Main Street	
	CT Agent Town	Middletown	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06457 -	
U.	AFFILIATE NAME	SOUTHINGTON CARE CENTER	
1	Affiliate Description	Long Term Care	
-		-	

### **ANNUAL REPORTING**

### **FISCAL YEAR 2014**

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

(1)	(2)	(3)		
	DESCRIPTION	AEEILIATE INFORMATION		
	DESCRIPTION	AFFILIATE INFORMATION		
	Affiliate type of service	Long Term Care		
	Tax Status	Not for Profit		
4	Street Address	45 Meriden Avenue		
	Town	Southington		
	State	Connecticut		
	Zip Code	06489 -		
	CEO Name	Patricia Walden		
	CEO Title	Vice President		
	CT Agent Name	Lucille Janatka		
	CT Agent Company	Central CT Health Alliance		
	CT Agent Company Street Address	100 Grand Street		
	CT Agent Town	New Britain		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06050 -		
٧.	AFFILIATE NAME	THE ORCHARDS AT SOUTHINGTON		
1	Affiliate Description	To initiate develop appared and expirately applies become with applied thing applies		
	Affiliate Description	To initiate, develop, operate and maintain senior housing with assisted living services  Care for the Aged		
	Affiliate type of service Tax Status	Not for Profit		
4	Street Address	34 Hobart Street		
	Town	Southington		
	State	Connecticut		
	Zip Code	06489 -		
	CEO Name	Audrey Vinci		
	CEO Title	Executive Director		
	CT Agent Name	Lucille Janatka		
	CT Agent Company	Central CT Health Alliance		
	CT Agent Company Street Address	100 Grand Street		
	CT Agent Town	New Britain		
	CT Agent State	Connecticut 06050 -		
15	CT Agent Zip Code	00000 -		
W.	AFFILIATE NAME	VNA HEALTH RESOURCES, INC.		
4	Affiliate Depariation	LIOME LIEALTHAMA LIOMEMAKER CERVICES		
	Affiliate Description	HOME HEALTH/VNA, HOMEMAKER SERVICES		
	Affiliate type of service	Home Health/VNAs		
	Tax Status	Not for Profit		
	Street Address	103 Woodland Street, Shipman		
	Town	Hartford		
	State	Connecticut		
	Zip Code	06105 -		
	CEO Name	Michael Soccio		
	CEO Title	President		
	CT Agent Name	Winship Service Corporation		
	CT Agent Company	Winship Service Corporation		
	CT Agent Company Street Address	One Constitution Plaza		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 - 1919		

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

STREET ADDRESS FOR EACH AGENT COMPANY

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
Α.	THE HOSPITAL OF CENTRAL CONNECTICUT		
1	THE HOST TIAL OF CERTIFIAL CONNECTION	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
_	HARTFORD HEALTH CARE CORRORATION		
B. 1	HARTFORD HEALTH CARE CORPORATION	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
<u>C.</u>	BRADLEY HEALTH SERVICES, INC.	I love stricts d	00
1		Unrestricted	\$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Board  Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
<del>ڵ</del>		Total:	\$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	OLIVINAL OF OLIVION FILALITY OLIVIOLO	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
	CHE INCHEANCE LIMITED		
G.	CHS INSURANCE LIMITED	Unroptriated	Φ0
1		Unrestricted Temporarily Restricted by Depar	\$0 \$0
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0

(1)	(2)	(3)	(4)
(',	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
4	,	Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
<u> </u>		Total:	\$0
		Total.	\$0
Н.	CLINICAL LABORATORY PARTNERS, LLC		
1	CLINICAL LABORATORT PARTNERS, LLC	Unrestricted	0.2
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0 \$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		1000	<b>40</b>
1.	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 \$0 \$0
		Total:	\$0
			1.2
J.	HARTFORD HEALTHCARE AT HOME, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Κ.	HARTFORD HEALTHCARE PHYSICIANCARE INC.		
1		Unrestricted	\$0 \$0 \$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
L.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	HADTEOD HOODITAL		
$\overline{}$	HARTFORD HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0 \$0
		Permanently Restricted by Donor	\$0
4		Intercompany Fliminations	411
5		Intercompany Eliminations  Total:	\$0 <b>\$0</b>

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
	AFFILIATE NAME	FUND PURPOSE	9/30/2014
N.	JEFFERSON HOUSE		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
١		Total:	\$0
		Total.	<b>\$</b>
0.	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
	AND OF FARMINGTON AVENUE I. O		
	MRI OF FARMINGTON AVENUE LLC	Loroptriotod	60
1		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
١		Total:	\$0
		Total.	Ψυ
Q.	MULBERRY GARDENS OF SOUTHINGTON, 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
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3			
		Total:	\$0
S.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
1	HEN DIVITARI MINI FIMILED LANTINENOLIIE	Unrestricted	¢0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
			,
Τ.	PRACTICE CENTRAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

(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
٧.	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
<b>W</b> .	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
Χ.	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

### 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
Α.	HARTFORD HEALTH CARE CORPORATION			
Α.	HARTFORD HEALTH CARE CORFORATION			
		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	0/00/004	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
C.	CENCONN SERVICES, INC.			
			0/00/00/0	***
		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
<u>4</u> 5		Maintenance	09/30/2014 09/30/2014	\$1,500 \$16
5		Postage	09/30/2014 <b>9/30/2014</b>	\$16 \$25,697
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$25,697
	OFNITO AL OT LIFALTIL ALLIANIOS			
D.	CENTRAL CT HEALTH ALLIANCE			

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$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	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 <b>\$0</b>
		Ending enconcendence intercompany Educates.	3/33/2314	<b>43</b>
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			
<u> </u>	CLINICAL LABORATORTT ARTICLES, 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)
				,
Н.	COMMUNITY MENTAL HEALTH AFFILIATES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1)
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$1)
-	HARTFORD HEALTHCARE AT HOME, INC.			
<u> </u>	HARTI OND HEALTHOAKE AT HOWL, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
				·

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
			0/00/0040	(0440.004)
$\vdash$		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$112,384)
1		Supplies Dietary Exp	09/30/2014 09/30/2014	\$595 *00
2		Salary & Wage & Fringe		\$93
3		Reimbursement of Expenses (Phys Practices)	09/30/2014 09/30/2014	(\$322,744) \$9,400
-		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$425,040)
			0,00,2011	(+ 126,6 16)
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
<u> </u>		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)
М.	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			

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$9,168
1		Rent	09/30/2014	
2		Bariatric Program	09/30/2014	\$18,336
3		Dietary Exp 09/30/2014		
4		Diabetes Program 09/30/201		
5		HOCC pt -L.COHEN 09/30/2014		
6		Interpretation Services 09/30/2 Mileage Reimb 09/30/2		\$4,147
7				\$40
8		Render Hall Inv-Amb Surger Ctr	09/30/2014	
9		Salary & Wage & Fringe	09/30/2014	
10		Susan Keane Baker-speaker	09/30/2014	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$688,475
Ο.	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 <b>\$0</b>
				·
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)
			5.00.00	(+)
R.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
	NEW BIGHARY MICH EMILIES FACTIVE COM			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$68,412)
1		Contarct Labor (PR MRI)	09/30/2014	(\$479,398)
<del>- '-</del>		Invoices paid my HOCC on behalf or owed to NB MRILP	03/30/2014	(ψ+1 9,390)
2		(AP invo	09/30/2014	\$514,217
		() ii iii 0	33/30/2014	Ψ514,217
3		Reimbursement of Expenses/services (Payment on Acct)	09/30/2014	(\$220,552)
4		Salary & Wage	09/30/2014	
•		1 J		φο. , σ. το

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
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	0/00/0044	\$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
т.	RUSHFORD CENTER, INC.			
			0/00/00/0	
L .		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Wage & Taxes Ending Unconsolidated Intercompany Balance:	09/30/2014 <b>9/30/2014</b>	(\$229)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$229)
<b></b>	COUTUINOTON CARE CENTER			
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
٧.	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.			
		Desiration Harmonical Latestant Late	0/00/00/0	**
L_		Beginning Unconsolidated Intercompany Balance: Salary & Wage & Taxes	<b>9/30/2013</b> 09/30/2014	\$0 (£4.005)
1		Ending Unconsolidated Intercompany Balance:	9/30/2014 9/30/2014	(\$4,005)
		Ending onconsolidated intercompany balance:	9/30/2014	(\$4,005)
			Grand Total:	\$32,000,217
			Jiuna i Jiun	<b>402,000,211</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TRANSFERRING FUNDS	AFFILIATE DECENTING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER  Beginning Unconsolidated	DATE	AMOUNT
			Intercompany Balance	10/01/2013	\$14,728,730
A.	HARTFORD HEALTH CARE CORPORATION			10/0 // = 0.10	***********
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
В.	BRADLEY HEALTH SERVICES, INC.				
ъ.	BRADELT HEALTH OLIVIOLO, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	CENCONN SERVICES, INC.		Nothing to Report		ФО.
			Total:	9/30/2014	\$0 <b>\$0</b>
			Total.	3/30/2014	<del>\$0</del>
D.	CENTRAL CT HEALTH ALLIANCE				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
E.	CENTRAL CT SENIOR HEALTH SERVICES				
	OLIVINAL OF GLIMON HEALTH GLINVIOLG		Nothing to Report		\$0
			Total:	9/30/2014	\$0
_					
F.	CHS INSURANCE LIMITED		Nothing to Report		\$0
			Total:	9/30/2014	\$0 \$0
				5/66/2611	<del></del>
G.	CLINICAL LABORATORY PARTNERS, LLC				
			Nothing to Report	0/00/0044	\$0
			Total:	9/30/2014	\$0
H.	COMMUNITY MENTAL HEALTH AFFILIATES				
	- -		Nothing to Report		\$0
			Total:	9/30/2014	\$0
	HADTEODD HEALTHOADE AT HOME INC				
I.	HARTFORD HEALTHCARE AT HOME, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0 \$0
				5,55,2571	
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.				
			Nothing to Report	0/00/2016	\$0
			Total:	9/30/2014	\$0
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
14.	THE TENETHORIE REPORTED ATTOMICS FOR		Nothing to Report		\$0

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

LINE AFFILIATE TRANSFERRING FUNDS AFFILIATE RECEIVING FUNDS DESCRIPTION	ION OF TRANSFER Total:	DATE	AMOUNT
LINE AFFILIATE TRANSFERRING FUNDS AFFILIATE RECEIVING FUNDS DESCRIPTION			AMOUNT
LINE   AFFILIATE TRANSFERRING FUNDS   AFFILIATE RECEIVING FUNDS   DESCRIPTA			AMOUNI I
	ı otai:	0/00/004 4	
		9/30/2014	\$0
L. HARTFORD HOSPITAL			
Noth	ning to Report		\$0
	Total:	9/30/2014	\$0
M. JEFFERSON HOUSE			
	ning to Report		\$0
	Total:	9/30/2014	\$0
AL MIDOTATE MEDICAL OFFITED			
N. MIDSTATE MEDICAL CENTER  Noth	ning to Report		\$0
The state of the s	Total:	9/30/2014	\$0
O. MRI OF FARMINGTON AVENUE LLC	in a to Donost		Φ0
Noth	ning to Report  Total:	9/30/2014	\$0 <b>\$0</b>
	Total.	3/30/2014	Ψ0
P. MULBERRY GARDENS OF SOUTHINGTON, LLC			
Noth	ning to Report		\$0
	Total:	9/30/2014	\$0
Q. NATCHAUG HOSPITAL			
	ning to Report		\$0
	Total:	9/30/2014	\$0
R. NEW BRITAIN MRI LIMITED PARTNERSHIP			
	ning to Report		\$0
	Total:	9/30/2014	\$0
S. PRACTICE CENTRAL, LLC	ning to Report		\$0
Noti	Total:	9/30/2014	\$0
		5,55,257	**
T. RUSHFORD CENTER, INC.			
Noth	ning to Report	0/20/2044	\$0 <b>\$0</b>
	Total:	9/30/2014	\$0
U. SOUTHINGTON CARE CENTER			
Noth Noth	ning to Report		\$0
	Total:	9/30/2014	\$0
V. THE ORCHARDS AT SOUTHINGTON			
	ning to Report		\$0

#### 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

### 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
	DESCRIPTION OF EAR ENDITIONE			27112
A.	HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	<b>-</b>	\$0	
		Total:	\$0	9/30/2014
В.	BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
<b>C</b> .	CENCONN SERVICES, INC.  Nothing to Report		\$0	
	Nothing to Neport	Total:		9/30/2014
			**	0,001=011
D.	CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report	Total	\$0	0/00/0044
		Total:	\$0	9/30/2014
E.	CENTRAL CT SENIOR HEALTH SERVICES			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
_				
<b>F</b> .	CHS INSURANCE LIMITED  Nothing to Report		\$0	
	Nothing to Neport	Total:		9/30/2014
			**	0,001=011
G.	CLINICAL LABORATORY PARTNERS, LLC			
0	Nothing to Report	Tatal	\$0	2/22/22/
		Total:	\$0	9/30/2014
Н.	COMMUNITY MENTAL HEALTH AFFILIATES			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
1. 0	HARTFORD HEALTHCARE AT HOME, INC.  Nothing to Report		\$0	
	Housing to Report	Total:	\$0 \$0	9/30/2014
	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
0	Nothing to Report	Total:	\$0	0/20/2044
		Total.	\$0	9/30/2014
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	HARTEORN HOSPITAL			
<u>L.</u>	HARTFORD HOSPITAL  Nothing to Report		\$0	
Ť	g to Nopon	Total:	\$0 \$0	9/30/2014
			,	
М.	JEFFERSON HOUSE			
0	Nothing to Report	Total:	\$0	0/00/004.4
		i Otai.	\$0	9/30/2014
N.	MIDSTATE MEDICAL CENTER			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
Ο.	MRI OF FARMINGTON AVENUE LLC			

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

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	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	
Ť	Training to Hoper	Total:	\$ <b>0</b>	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	
Ľ	Trouming to Report	Total:	\$0	9/30/2014
			40	0/00/2014
U.	SOUTHINGTON CARE CENTER			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
.,				
<b>V</b> .	THE ORCHARDS AT SOUTHINGTON		00	
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2014
			<del>40</del>	5,03,2014
W.	VNA HEALTH RESOURCES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
		Grand Total:	\$0	9/30/2014

#### 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
	WARTED DUE ALTH OADE OODDOORATION		
<b>A.</b>	HARTFORD HEALTH CARE CORPORATION  Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	U U
	Total	<del>+0</del>	
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	<b>#</b> 0	0
0	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	i Otal:	\$0	
E.	CENTRAL CT SENIOR HEALTH SERVICES		
0	CENTRAL CT SENIOR HEALTH SERVICES  Nothing to Report	\$0	0
	Total:	\$0	J
	·	**	
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	
<b>H.</b>	COMMUNITY MENTAL HEALTH AFFILIATES  Nothing to Report	<b>C</b> O	0
U	Notifing to Report  Total:	\$0 <b>\$0</b>	0
	Total.	<del>30</del>	
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

#### 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	
М.	JEFFERSON HOUSE		
0	Nothing to Report	\$0	0
	Total:	\$0	
	MIDSTATE MEDICAL CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	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	
	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	PRACTICE CENTRAL, LLC		
<u> </u>	Nothing to Report	\$0	0
	Total:	\$0	
	RUSHFORD CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	SOUTHINGTON CARE CENTER		
0.	Nothing to Report	\$0	0
	Total:	\$0	

#### 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
٧.	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)
		FY 2013	FY 2014		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	•	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$1,015,278.76	\$1,137,391.05		12%
1	Donations	\$3,171.01	\$3,017.00		-5%
2	Income	\$88,027.17	\$80,504.05		-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		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%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	THE HOSPITAL OF CENTRAL CONNECTICU	JT				
	ANNUAL REPORTING					
DEDO	FISCAL YEAR 2014	PD DV THE HOODITAL				
REPO	RT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL				
A. Patient Activity						
(1)	(2)	(3)				
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount				
<ol> <li>Number of Applications t</li> </ol>	or Hospital Bed Funds	1,982				
	Grand Total \$0.00					

	IHE	HOSPITAL OF CENTR			
		ANNUAL REPO	RTING		
		FISCAL YEAR	2014		
	REPORT 17B - HOSPITA	AL BED FUNDS HELD (	OR ADMINISTERED E	BY THE HOSPITAL	
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund. or the Princi	pal attributable to each	n Hospital Bed
(-/					
(4)	Total Actual Earnings for each Hospital B	Bed Fund or the Earning	as attributable to eac	h Hospital Bed Fund.	
( - /			90 4111 115 414 415 10 10 10 1		
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any	1		
(-,	7gogo		•		
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care.			
(-)	3				
	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

### 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
В.	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
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	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
	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%
В	Collection Agent	
	Collection Agent	

### 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
	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
	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.	10.96%

### 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

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# 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)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	indirectly) <sup>c</sup>	y or Indirectly) <sup>C</sup>	TOTAL
		,		
Α.	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
В.	BRADLEY HEALTH SERVICES, INC.	$\neg$		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<u>C.</u>	CENCONN SERVICES, INC.	Φ0	Δ.	Φ0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	Φυ	φυ	Φ0
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
	CENTRAL CT SENIOR HEALTH SERVICES	7		
E.	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(b)  Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the recognition in the project of the interpretation	, <del>, , , , , , , , , , , , , , , , , , </del>	<b>4</b> 0	Ψ-
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	٦		
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
		_		
Н.	COMMUNITY MENTAL HEALTH AFFILIATES	•		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	<u>\$0</u>
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ι.	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.	7		
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
			·	. ,
Κ.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC	Φ.2		<b>A</b> 2
1	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$4,663	\$0 \$1,814	\$0 \$6,477
2	T ald by the Hospital to Employees of the Entity Listed Above	μ φ4,003	γ1,014	φυ,411
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
N 4	IEEEEDCON HOUSE	7		
M .	JEFFERSON HOUSE  Doid by the Entity Listed Above to Hospital Employees(P)	<b>0440</b>	C42	¢1FF
2	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$112 \$0	\$43 \$0	\$155 \$0
	1. ald by the Hoopital to Employees of the Entity Eleted Above	ΨΟ		ΨΟ

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## 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)
		SALARIES (Directly or	FRINGE BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
Ν.	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
0.	MRI OF FARMINGTON AVENUE LLC	$\neg$		
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
Ρ.	MULBERRY GARDENS OF SOUTHINGTON, LLC	$\neg$		
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			
<u> </u>	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
Т.	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			
v . 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
		***	, , , , , , , , , , , , , , , , , , ,	T =
W .	VNA HEALTH RESOURCES, INC.	0.0		<b>A</b> 2
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	<u>\$0</u>
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
Α	Transfer of Assets or Operations	
	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	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

Visits)

11.

#### OFFICE OF HEALTH CARE ACCESS ANNUAL REPORTING THE HOSPITAL OF CENTRAL CONNECTICUT 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)FY 2013 FY 2014 **AMOUNT** % LINE DESCRIPTION **AMOUNT AMOUNT DIFFERENCE** DIFFERENCE A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) 1. Number of Applicants 1,982 9 0% 1.973 Number of Approved Applicants 2. 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% 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 -2% \$6,618 \$6,502 (\$117) 5. Charity Care - Inpatient Charges \$3,019,515 \$3,542,918 \$523,403 17% Charity Care - Outpatient Emergency Department Charges 4% 6. 10,144,199 10,513,667 369,468 Charity Care - Outpatient Charges (Excludes ED 7. Charges) 2% 3,146,988 3,200,304 53,316 Total Charges (A) \$16,310,702 6% \$17,256,889 \$946,187 Charity Care - Number of Patient Days 8. 2,684 3,192 508 19% Charity Care - Number of Discharges 132 26% 9. 503 635 10. Charity Care - Number of Outpatient ED Visits 9,192 9,613 421 5% Charity Care - Number of Outpatient Visits (Excludes ED Visits) 11. 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% Ratio of Cost to Charges (RCC) 0.438225 0.41218 (0.026045)-6% 4. **Total Cost** 0% \$0 \$0 \$0 Average Cost 0% \$0 \$0 \$0 5. Bed Funds - Inpatient Charges \$0 \$0 \$0 0% Bed Funds - Outpatient Emergency Department Charges 0 0% 6. 0 0 Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 0 0% 7. Total Charges (B) \$0 \$0 \$0 0% Bed Funds - Number of Patient Days 8. 0 0 0 0% Bed Funds - Number of Discharges 9. 0 0 0 0% 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 0% Bed Funds - Number of Outpatient Visits(Excludes ED

(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.

0

0

0

0%

	THE HOSPITAL OF CENTRAL CONNECTICUT							
	ANNUAL REPORTING							
	FISC	CAL YEAR 2014						
	REPORT 23 - CHARITY CARE AND REDUCE	COST SERVICE	S PROVIDED BY	THE HOSPITAL				
(1)	(2)	(3)	(4)	(5)	(6)			
		FY 2013	FY 2014	AMOUNT	%			
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE			