#### ANNUAL REPORTING

#### **FISCAL YEAR 2015**

### 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	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	One State Street, Suite 19	
	Town	Hartford	
	State Zip Code	Connecticut 06103 -	
	CEO Name	Lucille Janatka	
	CEO Title	President & CEO	
	CT Agent Name	Winship Service corporation	
	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
10	OT Agent Zip Code		
В.	AFFILIATE NAME	BRADLEY HEALTH SERVICES, INC.	
1	Affiliate Description	Mammography Services	
	Affiliate type of service	Mammography Services Women's Health Services	
	Tax Status	Not for Profit	
	Street Address	81 Meriden Avenue	
	Town	Southington	
	State	Connecticut	
	Zip Code	06489 -	
	CEO Name CEO Title	Clarence Silvia President/CEO	
	CT Agent Name	Clarence Silvia	
	CT Agent Company	Central CT Health Alliance	
12	CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06050 -	
C.	AFFILIATE NAME	CENCONN SERVICES, INC.	
4	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	
	Tax Status	For Profit	
	Street Address	100 Grand Street	
	Town	New Britain	
	State	Connecticut	
	Zip Code	06050 -	
	CEO Name	Lucille Janatka	
	CEO Title CT Agent Name	President Elizabeth Schlaff, Esq.	
	CT Agent Name CT Agent Company	The Hospital of Central CT	
	CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06050 -	

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
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.	
	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 7	State Zip Code	Connecticut 06050 -	
8	CEO Name	Clarence Silvia	
	CEO Title	President/CEO	
	CT Agent Name	Elizabeth Schlaff, Esq.	
	CT Agent Company	The Hospital of Central CT	
	CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain Connecticut	
	CT Agent State CT Agent Zip Code	06050 -	
15	OT Agent Zip Code		
E.	AFFILIATE NAME	CENTRAL CT SENIOR HEALTH SERVICES	
1	Affiliate Description	Long Term Care	
	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 8	Zip Code CEO Name	06489 - Lucille Janatka	
9	CEO Title	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 06050 -	
15	CT Agent Zip Code	00000 -	
F.	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 -	
	CEO Name CEO Title	James Fantus President & CEO	
	CT Agent Name	Winship Service Corporation	
	CT Agent Name CT Agent Company	Winship Service Corporation	
12	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 1919	

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#### **FISCAL YEAR 2015**

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

(1)	(2)	(3)	
		AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
G.	AFFILIATE NAME	COMMUNITY MENTAL HEALTH AFFILIATES	
1	Affiliate Description	Develop, provide and promote an effective system of service delivery for behavioral health through a network of integrated unified services located in one or more community facilities.	
	Affiliate type of service	Mental Health Facility	
	Tax Status	Not for Profit	
4	Street Address	270 John Downey Drive	
5 6	Town State	New Britain Connecticut	
7	Zip Code	06051 -	
	CEO Name	Raymond Gorman	
	CEO Title	Executive Director	
	CT Agent Name	Guion, Stevens & Rybak, LLP	
	CT Agent Company	Guion, Stevens & Rybak, LLP	
	CT Agent Company Street Address	93 West Street	
	CT Agent Town CT Agent State	Litchfield Connecticut	
	CT Agent State CT Agent Zip Code	06759 -	
	or rigonic Elip Godd		
H.	AFFILIATE NAME	HARTFORD HEALTHCARE AT HOME, INC.	
		PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH	
1	Affiliate Description	SERVICES.	
2	Affiliate type of service	Home Health/VNAs	
3	Tax Status	Not for Profit	
4	Street Address	103 Woodland Street	
	Town	Hartford	
6 7	State Zip Code	Connecticut 06105 -	
	CEO Name	Michael Soccio	
9	CEO Title	President	
10	CT Agent Name	Winship Services Corporation	
	CT Agent Company	Winship Services Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
10	or Agent Zip code	00103 - 1313	
I.	AFFILIATE NAME	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC	
1	Affiliate Description	REHABILITATION SERVICES	
2	Affiliate type of service	Rehabilitation Services	
	Tax Status	For Profit	
4	Street Address	181 PATRICIA GENOVA DRIVE	
5	Town	Newington	
6 7	State Zin Code	Connecticut 06111 -	
	Zip Code CEO Name	Rita Parisi	
	CEO Title	Pres & CEO	
	CT Agent Name	Winship Service Corp.	
11	CT Agent Company	Winship Service Corp.	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent Zin Code	Connecticut 06103 - 1919	
10	CT Agent Zip Code	00100 - 1010	

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

(1)	(2)	(3)	
	, ,		
LINE	DESCRIPTION	AFFILIATE INFORMATION	
J.	AFFILIATE NAME	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER	
4	Affiliate Description	Long Torm Core	
	Affiliate Description Affiliate type of service	Long Term Care Long Term Care	
3	Tax Status	Not for Profit	
	Street Address	45 Meriden Avenue	
5	Town	Southington	
6 7	State Zin Code	Connecticut	
	Zip Code CEO Name	06489 - William Kowalewski	
	CEO Title	Executive Director	
	CT Agent Name	Lucille Janatka	
11	CT Agent Company	Central CT Health Alliance	
	CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain	
	CT Agent State CT Agent Zip Code	Connecticut  06050 -	
15	o i rigorit zip oodo		
K.	AFFILIATE NAME	HARTFORD HOSPITAL	
1	Affiliate Description	HOSPITAL	
	Affiliate type of service	Hospital	
3	Tax Status	Not for Profit	
4	Street Address	80 SEYMOUR ST	
5	Town	Hartford	
6 7	State Zin Code	Connecticut 06103 -	
	Zip Code CEO Name	Jeffrey Flaks	
9	CEO Title	President and CEO	
	CT Agent Name	Winship Service Corp.	
	CT Agent Company	Winship Service Corp.	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut  06103 -	
13	OT Agent Zip Code		
L.	AFFILIATE NAME	HHC INDEMNITY SERVICES, LTD	
1	Affiliate Description	Reinsurance	
2	Affiliate type of service	Insurance	
3	Tax Status	For Profit	
4	Street Address	F.B. Perry Building, 40 Church Street	
5	Town	Hamilton	
6 7	State Zip Code	Bermuda -	
	CEO Name	Elliot Joseph	
	CEO Title	President & CEO	
	CT Agent Name	Winship Service Corporation	
	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town CT Agent State	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
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### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
М.	AFFILIATE NAME	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP	
1	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 7	State Zin Code	Connecticut	
	Zip Code CEO Name	06109 - James Watkins Jr	
	CEO Title	President	
	CT Agent Name	Winship Service Corporation	
11	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
13	CT Agent Zip Code	100103 - 1919	
N.	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	
	Zip Code CEO Name	06103 - 1919 Stuart Markowitz, MD	
9	CEO Title	President & CEO	
	CT Agent Name	Winship Service Corporation	
	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
13	CT Agent Zip Code		
Ο.	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 Land Control of the Control	
6 7	State Zin Code	Connecticut 06451 -	
8	Zip Code CEO Name	Lucille Janatka	
	CEO Title	President and CEO	
	CT Agent Name	Winship Service Corporation	
11	CT Agent Company	Winship Service Corporation	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
10	OT Agent Lip Code	100100 1010	

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#### **FISCAL YEAR 2015**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
P.	AFFILIATE NAME	MRI OF FARMINGTON AVENUE LLC	
1	Affiliate Description	Magnetic Resonance Imaging	
	Affiliate type of service	Imaging Services	
	Tax Status	For Profit	
	Street Address	15 Quail Ridge Road	
	Town	Farmington	
	State	Connecticut	
	Zip Code CEO Name	06032 - Lucille Janatka	
	CEO Title	Partner	
	CT Agent Name	Mark Krober, Ecq.	
11	CT Agent Company	Murtha, Cullina, Richter & Pinney LLP	
	CT Agent Company Street Address	15 Quail Ridge Road	
	CT Agent Town	Farmington	
	CT Agent State CT Agent Zip Code	Connecticut 06032 -	
10	O I Ageill Zip Code	V0002	
Q.	AFFILIATE NAME	MULBERRY GARDENS OF SOUTHINGTON, LLC	
1	Affiliate Description	Long Term Care	
	Affiliate type of service	Long Term Care	
	Tax Status	Not for Profit	
4	Street Address	58 Mulberry Street	
	Town	Southington	
	State	Connecticut	
	Zip Code CEO Name	06489 -	
	CEO Title	Perry Phillips Executive Director	
	CT Agent Name	Lucille Janatka	
	CT Agent Company	The Hospital of Central CT	
	CT Agent Company Street Address	100 Grand Street	
13	CT Agent Town	New Britain	
	CT Agent State CT Agent Zip Code	Connecticut	
15	CT Agent Zip Code	06050 -	
R.	AFFILIATE NAME	NATCHAUG HOSPITAL	
1	Affiliate Description	Mental Health Facility	
	Affiliate type of service	Mental Health Facility	
	Tax Status	Not for Profit	
4	Street Address	189 Storrs Road	
	Town	Mansfield Center	
	State	Connecticut	
	Zip Code CEO Name	06250 -	
	CEO Title	Stephen Larcen, Ph.D. President & CEO	
	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	

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

(1)	(2)	(3)	
	, ,		
LINE	DESCRIPTION	AFFILIATE INFORMATION	
S.	AFFILIATE NAME	NEW BRITAIN MRI LIMITED PARTNERSHIP	
· ·	, <u>_</u>	·	
_	ACCUMAN DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE	MDIT (	
	Affiliate Description Affiliate type of service	MRI Testing Imaging Services	
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	Lucille Janatka	
	CEO Title CT Agent Name	General Partner Elliot B. Pollack, Esq.	
	CT Agent Name CT Agent Company	Hoberman & Pollack	
	CT Agent Company CT Agent Company Street Address	100 Grand Street	
	CT Agent Town	New Britain	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06050 -	
l_	A = = 1	DDACTICE CENTRAL LLC	
T.	AFFILIATE NAME	PRACTICE CENTRAL, LLC	
		Facilitate the adoption of electronic health systems by physician practices in CT for effective data sharing	
1	Affiliate Description	and clinical integrations resulting in better coordinated care	
2	Affiliate type of service	For Profit Services (Specify)	
3	Tax Status	For Profit	
4	Street Address	85 Seymour Street	
5 6	Town State	Hartford	
7	Zip Code	Connecticut 06102 -	
	CEO Name	Kent Stahl, M	
9	CEO Title	Managing Director	
	CT Agent Name	Winship Services Corp	
	CT Agent Company	Winship Services Corp	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
15	OT Agent Zip Code	00100 - 1919	
U.	AFFILIATE NAME	RUSHFORD CENTER, INC.	
1	Affiliate Description	Mental Health Facility	
2	Affiliate Description 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	Stephen Larcen, PhD.	
	CEO Title	President & CEO	
	CT Agent Name CT Agent Company	Richard W. Tomc & Associates Richard W. Tomc, Esquire	
	CT Agent Company CT Agent Company Street Address	49 Main Street	
	CT Agent Company Street Address CT Agent Town	Middletown	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06457 -	

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# ANNUAL REPORTING FISCAL YEAR 2015 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
٧.	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 -	

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

(1)	(2)	(3)	(4)
(-/	( <del>-</del> )	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Α.	THE HOSPITAL OF CENTRAL CONNECTICUT		
1		Unrestricted	\$187.369
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$23,883
4		Permanently Restricted by Donor	\$21,631
5		Intercompany Eliminations	\$0
		Total:	\$232,883
		Total.	Ψ202,000
В.	HARTFORD HEALTH CARE CORPORATION		
1	TIAKTI OKO TIERETTI OAKE OOKI OKATION	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
	CENCONN SERVICES INC		
	CENCONN SERVICES, INC.	I lava stricts d	^^
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.	CENTRAL CT HEALTH ALLIANCE		
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
E.	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
			ΨΟ
F.	HARTFORD HEALTHCARE AT HOME, INC.		
1	HAKTI OND HEALTHOAKE AT HOME, MO.	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Donor  Temporarily Restricted by Board	\$0
4		Permanently Restricted by Board  Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		· · ·	
		Total:	\$0
	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
J			\$0

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

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A		
Н.	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
1.	HARTFORD HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3		Total:	\$0 \$0
		i otal.	\$0
J.	HHC INDEMNITY SERVICES, LTD		
1	THIO MADERIANT OCKNICES, CID	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
		Totali	+-
ĸ.	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP		
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.	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
	MIDSTATE MEDICAL CENTER		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
		Total:	\$0
		i otal.	\$0
Ν.	MRI OF FARMINGTON AVENUE LLC		
1	INITION AND AND AND AND AND AND AND AND AND AN	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
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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

California   Cal	
LINE AFFILIATE NAME FUND PURPOSE 9/30/20  O. MULBERRY GARDENS OF SOUTHINGTON, LLC  I Unrestricted 2 Temporarily Restricted by Donor 1 Emporarily Restricted by Donor 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 5 Intercompany Eliminations Total:  P. NATCHAUG HOSPITAL  I Unrestricted 1 Emporarily Restricted by Donor 1 Intercompany Eliminations Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP  I Unrestricted 2 Temporarily Restricted by Donor 2 Temporarily Restricted by Donor 3 Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 1 Unrestricted 1 Emporarily Restricted by Donor 1 Intercompany Eliminations Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 1 Emporarily Restricted by Donor 2 Emporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted 1 Permanently Restricted by Donor 1 Emporarily Restricted by Donor 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON	OF
O . MULBERRY GARDENS OF SOUTHINGTON, LLC  1	
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  P. NATCHAUG HOSPITAL 1 Unrestricted 2 Temporarily Restricted by Donor 1 Temporarily Restricted by Donor 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP 1 Unrestricted 2 Temporarily Restricted by Donor 1 Intercompany Eliminations Total:  8. PRACTICE CENTRAL, LLC 1 Unrestricted 1 Unrestricted 2 Temporarily Restricted by Donor 1 Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  P. NATCHAUG HOSPITAL 1 Unrestricted 2 Temporarily Restricted by Donor 1 Temporarily Restricted by Donor 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP 1 Unrestricted 2 Temporarily Restricted by Donor 1 Intercompany Eliminations Total:  8. PRACTICE CENTRAL, LLC 1 Unrestricted 1 Unrestricted 2 Temporarily Restricted by Donor 1 Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	
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Temporarily Restricted by Board	\$0 \$0
4 Permanently Restricted by Donor Intercompany Eliminations Total:  P. NATCHAUG HOSPITAL  1 Unrestricted 2 Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP  1 Unrestricted 2 Temporarily Restricted by Donor Intercompany Eliminations Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP  1 Unrestricted 2 Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total:  R. PRACTICE CENTRAL, LLC  Unrestricted 1 Unrestricted 2 Temporarily Restricted by Donor Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC.  Unrestricted 1 Unrestricted 1 Temporarily Restricted by Donor Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC.  Unrestricted 1 Permanently Restricted by Donor Intercompany Eliminations Total:  Total:  Total:  Total:  Title ORCHARDS AT SOUTHINGTON 1 Unrestricted Unrestricted Unrestricted Unrestricted Dy Donor Intercompany Eliminations Total:  Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	\$0
Intercompany Eliminations   Total:	\$0
P. NATCHAUG HOSPITAL  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations 5 Unrestricted 7 Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP 1 Unrestricted 2 Temporarily Restricted by Donor Intercompany Eliminations 3 Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations 5 Unrestricted 5 Unrestricted 6 Unrestricted 7 Temporarily Restricted by Donor Intercompany Eliminations 7 Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board 4 Permanently Restricted by Board 5 Intercompany Eliminations 7 Total:  S. RUSHFORD CENTER, INC. 1 Unrestricted 7 Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations 7 Total:  Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted 1 Unrestricted 1 Temporarily Restricted by Donor Intercompany Eliminations 7 Total:	\$0
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1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations  Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 5 Intercompany Eliminations  Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 5 Intercompany Eliminations  Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 5 Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC. 1 Unrestricted 1 Temporarily Restricted by Donor 1 Temporarily Restricted by Board 2 Temporarily Restricted by Board 3 Temporarily Restricted by Board 4 Permanently Restricted by Board 5 Intercompany Eliminations 1 Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	ψU
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations  Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 5 Intercompany Eliminations  Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 5 Intercompany Eliminations  Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 5 Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC. 1 Unrestricted 1 Temporarily Restricted by Donor 1 Temporarily Restricted by Board 2 Temporarily Restricted by Board 3 Temporarily Restricted by Board 4 Permanently Restricted by Board 5 Intercompany Eliminations 1 Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	
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Temporarily Restricted by Board   Permanently Restricted by Donor	\$0
4 Permanently Restricted by Donor Intercompany Eliminations  Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP  1 Unrestricted 2 Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations  Total:  R. PRACTICE CENTRAL, LLC  1 Unrestricted 2 Temporarily Restricted by Donor Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor Intercompany Eliminations  Total:	\$0
Intercompany Eliminations   Total:	\$0
Total:  Q. NEW BRITAIN MRI LIMITED PARTNERSHIP  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations  Total:  R. PRACTICE CENTRAL, LLC  Unrestricted 1 Unrestricted 2 Temporarily Restricted by Donor 1 Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC.  Unrestricted 1 Unrestricted 2 Temporarily Restricted by Donor 1 Temporarily Restricted by Donor	\$0
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1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 1 Intercompany Eliminations Total:  Temporarily Restricted by Donor 1 Temporarily Restricted by Donor 1 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	Ψυ
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  R. PRACTICE CENTRAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 1 Intercompany Eliminations Total:  Temporarily Restricted by Donor 1 Temporarily Restricted by Donor 1 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	
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Permanently Restricted by Donor Intercompany Eliminations   Total:	\$0
Intercompany Eliminations   Total:	\$0
Total:  R . PRACTICE CENTRAL, LLC  1	\$0
R. PRACTICE CENTRAL, LLC  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Temporarily Restricted by Donor 5 Temporarily Restricted by Donor 6 Temporarily Restricted by Donor 7 Temporarily Restricted by Donor 8 Temporarily Restricted by Donor 9 Temporarily Restricted by Donor 1 Intercompany Eliminations 1 Total:  T. THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	\$0
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Temporarily Restricted by Donor 5 Temporarily Restricted by Donor 6 Permanently Restricted by Donor 7 Intercompany Eliminations 7 Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	Ψ
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Temporarily Restricted by Donor 5 Temporarily Restricted by Donor 6 Permanently Restricted by Donor 7 Intercompany Eliminations 7 Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	
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Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	\$0
4 Permanently Restricted by Donor Intercompany Eliminations  Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations 5 Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	\$0
5 Intercompany Eliminations Total:  S. RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON  Unrestricted Unrestricted	\$0
Total:  S. RUSHFORD CENTER, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	\$0
S . RUSHFORD CENTER, INC.  1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations Total:  T . THE ORCHARDS AT SOUTHINGTON Unrestricted	\$0
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	7 -
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted	
Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted Unrestricted	\$0
Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  T. THE ORCHARDS AT SOUTHINGTON Unrestricted Unrestricted	\$0
4 Permanently Restricted by Donor   Intercompany Eliminations	\$0
5 Intercompany Eliminations Total:  T . THE ORCHARDS AT SOUTHINGTON 1 Unrestricted	\$0
T. THE ORCHARDS AT SOUTHINGTON  Unrestricted	\$0
T . THE ORCHARDS AT SOUTHINGTON  Unrestricted	\$0
1 Unrestricted	, ,
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
U. THE WILLIAM BACKUS 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

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
٧.	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
w.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		
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:	\$232,883
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$232,883

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	HARTFORD HEALTH CARE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$2,120,357)
1		Salary & Wage and Taxes	09/30/2015	(\$2,584,911)
2		CHEFA Series A&C	09/30/2015	(\$219,178)
3		Memorial Sloan-Kettering Trademark	09/30/2015	\$77,543
4		Audit fees	09/30/2015	(\$87,817)
5		Consulting (Huron)	09/30/2015	\$2,629,169
6		rebates	09/30/2015	(\$14,375)
7		Premier	09/30/2015	(\$111,747)
8		Towers Watson	09/30/2015	\$280,724
9		Careconnect	09/30/2015	(\$147,305)
10		HHC AP invoice processed	09/30/2015	(\$22,237)
11		403 Prudential	09/30/2015	\$1,408
12		Render Hall inv - Amb Surgical Center	09/30/2015	\$1,883
13		Monthly Fees (Conifer, Fisher)	09/30/2015	(\$2,726)
14		Licensing/Dues/Subscription Renewals	09/30/2015	\$29,164
15		Workers Compensation	09/30/2015	(\$23,487)
16		Dietary Exp	09/30/2015	(\$632)
17		Management Fees	09/30/2015	(\$1,010,727)
18		CennConn Consolidated	09/30/2015	(\$5,715)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$3,331,323)
В.	BRADLEY HEALTH SERVICES, INC.			
<u> </u>	BRADELT HEALTH GERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
C.	CENCONN SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$25,697
1		Maintenance	09/30/2015	\$125
2		Supplies	09/30/2015	(\$3,808)
3		Postage	09/30/2015	<del>(\$3,800)</del> \$1
4		Rent	09/30/2015	(\$500)
5		CennConn Consolidated	09/30/2015	\$4,385
٣		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$25,900
		-namy enconcentation intercompany bullines.	0.00.2010	<b>\$20,000</b>

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
D.	CENTRAL CT HEALTH ALLIANCE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$41,750
1		CMHA ck payable to CCHA for HOCC (RENT)	09/30/2015	\$12,846
2		Payment on Account	09/30/2015	(\$54,596)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
_	CLINICAL LABORATORY PARTNERS 11.0			
E.	CLINICAL LABORATORY PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$54,496)
1		Salary & Wage & Taxes	09/30/2015	\$50,865
2		Rent	09/30/2015	\$37,818
3		Prudential 403B	09/30/2015	(\$485)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$33,702
F.	HARTFORD HEALTHCARE AT HOME, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	*0
		Nothing to Report	9/30/2014	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$ <b>0</b>
G.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$65,170
1		Management Fee	09/30/2015	\$1.200
2		Administrator Salay & Fringe	09/30/2015	\$1,200
3		Physical Therapist Salary & Fringe	09/30/2015	\$4,252
4		Occupational Therapist Salary & Fringe	09/30/2015	(\$23,159)
5		Physician Liasion Salary & Fringe	09/30/2015	\$4,825
6		Cell Phone Expenses	09/30/2015	\$372
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$63,973
	HARTEORR HEALTHOARE OF MOR OF DVIOCO DVD/A CONTUNCTION OADS			
Н.	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER			
<del>  ""</del>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$24,745
1		Salary & Wage and Taxes	09/30/2015	\$33,900
2		Dietary	09/30/2015	(\$2,809)

(1)	(2)	(3)	(4)	(5)
	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
3		Supplies	09/30/2015	(\$1,537)
4		Insurance	09/30/2015	(\$5,180)
5		Prudential 403B	09/30/2015	(\$69,841)
6		Tax - Property	09/30/2015	(\$2,353)
7		Patient Billing	09/30/2015	(\$79)
8		Payment on Account	09/30/2015	\$13,130
9		Miscellaneous	09/30/2015	(\$10,297)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$20,321)
I.	HARTFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$2,910,854)
1		Laundry Expense	09/30/2015	\$1,451,049
2		FSA	09/30/2015	\$74,539
3		Dietary Exp	09/30/2015	\$593,701
4		Health Science Library	09/30/2015	\$500
5		Cable	09/30/2015	\$92,132
6		IT Alloc for Dep adj HH	09/30/2015	\$435
7		Miscellaneous	09/30/2015	\$471,720
8		Dues & Subscriptions	09/30/2015	(\$29,240)
9		prudential	09/30/2015	\$20
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$255,998)
J.	HHC INDEMNITY SERVICES, LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$434,867
1		Medical Plan	09/30/2015	(\$1,567,805)
2		Dental Plan	09/30/2015	\$387,957
3		LTD	09/30/2015	\$39,142
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$705,839)
K.	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$425,040)
1		Reimbursement of Expenses (Phys Practices)	09/30/2015	(\$42,953)
2		Salary & Wage & Fringe	09/30/2015	
3		Dietary Exp	09/30/2015	(\$94)
4		Rent	09/30/2015	\$79,024
5		Supplies	09/30/2015	(\$45)

LINE AFFILIATE NAM		DESCRIPTION OF TRANSFER Ending Unconsolidated Intercompany Balance:	DATE 9/30/2015	TRANSFER TO / FROM HOSPITAL (\$64,511)
	DUSE	Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$64,511)
	DUSE			
	DUSE			
L. JEFFERSON HO				
			0/00/0044	(22.22)
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$2,353)
1		Salary & Wage & Taxes	09/30/2015	\$2,099
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$254)
M. MIDSTATE MED	NCAL CENTER			
WI. WIIDSTATE WEL	JICAL CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$688,475
1		Salary & Wage & Fringe	09/30/2015	(\$544,493)
2		Diabeties Program	09/30/2015	(\$653)
3		Bariatric Program	09/30/2015	(\$27,504)
4		Diabeties Program	09/30/2015	(\$1,156)
5		Mileage Reimb	09/30/2015	(\$41)
6		Interpretation Services	09/30/2015	(\$4,147)
7		Susan Keane Baker-speaker	09/30/2015	(\$4,500)
8		Render Hall inv - Amb Surgical Center	09/30/2015	(\$941)
9		HOCC pt -L.COHEN	09/30/2015	(\$13,615)
10		Rent	09/30/2015	(\$60)
11		Prudential 403B	09/30/2015	(\$3,557)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$87,808
N. MRI OF FARMIN	IGTON AVENUE LLC			
N. WIKI OF FARMIN	IGION AVENUE LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
O. MULBERRY GA	RDENS OF SOUTHINGTON, LLC			
	·			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
P. NATCHAUG HO	SPITAL			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$722)
1		Salary & Wage & Taxes	09/30/2015	\$722
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
Q.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$4,959)
1		Services provided by HHC for NB MRI	09/30/2015	\$224,175
2		Salaries & Wages	09/30/2015	\$2,914
3		Reimbursement of Expenses/services (Payment on Acct)	09/30/2015	(\$42,298)
4		Invoices paid my HOCC on behalf or owed to NB MRILP (AP invo	09/30/2015	\$96,330
5		Contarct Labor (PR MRI)	09/30/2015	(\$384,353)
6		CennConn Consolidated	09/30/2015	\$108,191
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
R.	PRACTICE CENTRAL, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
S.	RUSHFORD CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$229)
1		Salary & Wage & Taxes	09/30/2015	\$785
2		Prudential 403B	09/30/2015	(\$2,874)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$2,318)
T.	THE ORCHARDS AT SOUTHINGTON			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Salary & Wage & Taxes	09/30/2015	\$1,905
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,905
U.	THE WILLIAM BACKUS HOSPITAL			
J U.	THE WILLIAM DACKUS HUSTHAL			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Uncomposidated Intercommunic Belonce.	0/20/2044	¢o.
- 1		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0 (\$02.740)
<u> </u>		Payment - Domestic Claims	09/30/2015	(\$93,718)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$93,718)
	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER			
V.	VNA HEALTH RESOURCES, INC.			
		Designing Unconcelled to dilutere empery Belonce.	9/30/2014	(\$4.005)
		Beginning Unconsolidated Intercompany Balance:		(\$4,005)
1		Nightingale Sponsorship	09/30/2015 09/30/2015	\$5,120 \$2,634
2		Salary & Wage & Taxes  Ending Unconsolidated Intercompany Balance:	9/30/2015	\$2,631
		Ending Officonsolidated Intercompany Balance.	9/30/2015	\$3,746
W.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Prudential 403B	09/30/2015	(\$1,865)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$1,865)
			Grand Total:	(\$4,259,113)

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated	10/04/00/4	
_	HARTFORD HEALTH CARE CORPORATION		Intercompany Balance	10/01/2014	\$14,728,730
Α.	HARTFORD HEALTH CARE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Total.	3/30/2013	ΨΟ
В.	BRADLEY HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	CENCONN SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	CENTRAL CT HEALTH ALLIANCE		Nothing to December		
			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			l otal:	9/30/2015	\$0
E.	CENTRAL CT SENIOR HEALTH SERVICES				
<u> </u>	CENTRAL CT SENIOR REALTH SERVICES		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Totali	0/00/2010	<b>4</b> 0
F.	CLINICAL LABORATORY PARTNERS, LLC				
	,		Nothing to Report		\$0
			Total:	9/30/2015	\$0
G.	COMMUNITY MENTAL HEALTH AFFILIATES				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	HARTFORD HEALTHCARE AT HOME, INC.		Nothing to Donort		00
			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			I Otal:	9/30/2015	\$0
ı.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
<del>  '</del>	HARTI OND HEALTHOAKE KEHABILITATION NETWORK, LEC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Totali	3,33,23,10	40
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE				
J.	CENTER				
			Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2015	\$0
	HARTFORD HOSPITAL				
K.	HARTFORD HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
			Total	3/00/2010	Ψ
L.	HHC INDEMNITY SERVICES, LTD				
	,		Nothing to Report		\$0
			Total:	9/30/2015	\$0
M.	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
N.	IFFFFFOON HOUSE				
N.	JEFFERSON HOUSE		Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
			Total	3/00/2010	Ψυ
0.	MIDSTATE MEDICAL CENTER				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
P.	MRI OF FARMINGTON AVENUE LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
Q.	MULBERRY GARDENS OF SOUTHINGTON, LLC		Nothing to Donort		0.0
			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			Total.	3/30/2013	\$0
R.	NATCHAUG HOSPITAL				
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2015	\$0
S.	NEW BRITAIN MRI LIMITED PARTNERSHIP				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
T.	PRACTICE CENTRAL, LLC				
			Nothing to Report	0/06/2015	\$0
			Total:	9/30/2015	\$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
U.	RUSHFORD CENTER, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
V.	THE ORCHARDS AT SOUTHINGTON				
	THE ORCHARDS AT SOUTHINGTON		Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
			101411	0/00/2010	
W.	THE WILLIAM BACKUS HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
X.	VNA HEALTH RESOURCES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	MINDUAN COMMUNITY MEMORIAL HOORITAL INCORPORATED				
Y.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		Nothing to Donort		<b>CO</b>
-			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			Total:	9/30/2015	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2015	\$14,728,730

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#### 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
<b>.</b>	WARTERD UEAUTH CARE CORROBATION			
<b>A.</b>	HARTFORD HEALTH CARE CORPORATION  Nothing to Report		\$0	
<del>ٽ</del>	Nothing to Report	Total:	\$0 \$0	9/30/2015
В.	BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
C.	CENCONN SERVICES, INC.			
0	Nothing to Report		\$0	
	3. 3.	Total:	\$0	9/30/2015
D.	CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report	Total	\$0	0/00/00/-
		Total:	\$0	9/30/2015
E.	CENTRAL CT SENIOR HEALTH SERVICES			
0	Nothing to Report		\$0	
	3.0 34.0	Total:	\$0	9/30/2015
F.	CLINICAL LABORATORY PARTNERS, LLC			
0	Nothing to Report	Tati	\$0	
		Total:	\$0	9/30/2015
c	COMMINITY MENTAL HEALTH AFEILIATES			
<b>G</b> .	COMMUNITY MENTAL HEALTH AFFILIATES  Nothing to Report		\$0	
		Total:	\$0	9/30/2015
Н.	HARTFORD HEALTHCARE AT HOME, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
I.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report		\$0	
Ť	Troduing to Property	Total:	\$0	9/30/2015
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CA	ARE .		
<b>J</b> .	CENTER Nothing to Report		\$0	
Ů	rouning to respon	Total:	\$0	9/30/2015
			, i	
K.	HARTFORD HOSPITAL			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
_	HHC INDEMNITY SERVICES, LTD			
L. 0	Nothing to Report		\$0	
Ť	Troduing to Propert	Total:	\$0	9/30/2015
			**	
М.	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP			
0	Nothing to Report	<b>T</b> -/:1	\$0	
		Total:	\$0	9/30/2015
N.	JEFFERSON HOUSE			
N. 0	Nothing to Report		\$0	
Ė		Total:	\$0	9/30/2015
0.	MIDSTATE MEDICAL CENTER			
0	Nothing to Report	Tatal	\$0	2/22/2
		Total:	\$0	9/30/2015
Р.	MPLOE EARMINGTON AVENUE LLC			
<u>Р.</u>	MRI OF FARMINGTON AVENUE LLC  Nothing to Report		\$0	
Ť		Total:	\$0	9/30/2015
Q.	MULBERRY GARDENS OF SOUTHINGTON, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
Р	NATCHALIC HOSPITAL			
R.	NATCHAUG HOSPITAL			

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

(1)	(2)	(3)	(4)
l	AFFILIATE NAME &	AMOUNT	DATE
	DESCRIPTION OF EXPENDITURE		DATE
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	NEW PRITAIN MRI LIMITED DARTNERGUID		
<b>S</b> .	NEW BRITAIN MRI LIMITED PARTNERSHIP  Nothing to Report	***	
	Total:	\$0 \$0	9/30/2015
	1000	<b>\$</b> 0	3/30/2013
Т.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
U.	RUSHFORD CENTER, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
٧.	THE ORCHARDS AT SOUTHINGTON		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
W.	THE WILLIAM BACKUS HOSPITAL		
0	Nothing to Report  Total:	\$0	2/22/22/2
	i otal:	\$0	9/30/2015
-	VALA LIEALTH RECOURCES INC		
<b>X</b> .	VNA HEALTH RESOURCES, INC.  Nothing to Report	\$0	
	Total:	\$0 \$0	9/30/2015
	Total.	\$0	9/30/2015
Υ.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		
0	Nothing to Report	\$0	
H	Total:	\$0	9/30/2015
	Grand Total:	\$0	9/30/2015

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

LINE   DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(1)	(2)	(3)	(4)
Nothing to Report   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
Nothing to Report   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	_	HARTEORR HEALTH CARE CORROBATION		
B. BRADLEY HEALTH SERVICES, INC.   S0	<b>A</b> .	HARTFORD HEALTH CARE CORPORATION  Nothing to Report	0.2	0
B. BRADLEY HEALTH SERVICES, INC.  O Nothing to Report  Total:  \$0  C. CENCONN SERVICES, INC.  Nothing to Report  Total:  \$0  D. CENTRAL CT HEALTH ALLIANCE  Nothing to Report  Total:  \$0  CENTRAL CT SENIOR HEALTH SERVICES  Nothing to Report  F. CLINICAL LABORATORY PARTNERS, LLC  Nothing to Report  Total:  \$0  COMMUNITY MENTAL HEALTH AFFILIATES  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE AT HOME, INC.  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DISIA SOUTHINGTON CARE CENTER  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DISIA SOUTHINGTON CARE CENTER  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DISIA SOUTHINGTON CARE CENTER  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DISIA SOUTHINGTON CARE CENTER  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DISIA SOUTHINGTON CARE CENTER  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DISIA SOUTHINGTON CARE CENTER  Nothing to Report  S0  S0  S0  S0  S0  S0  S0  S0  S0  S				Ü
Nothing to Report   \$0		1000		
Nothing to Report   \$0	В	BRADI FY HEALTH SERVICES INC		
C. CENCONN SERVICES, INC.  O Nothing to Report  D. CENTRAL CT HEALTH ALLIANCE  Nothing to Report  Total:  SO  CENTRAL CT SENIOR HEALTH SERVICES  Nothing to Report  Total:  SO  E. CENTRAL CT SENIOR HEALTH SERVICES  Nothing to Report  Total:  SO  F. CLINICAL LABORATORY PARTNERS, LLC  Nothing to Report  Total:  SO  COMMUNITY MENTAL HEALTH AFFILIATES  Nothing to Report  Total:  SO  H. HARTFORD HEALTHCARE AT HOME, INC.  Nothing to Report  Total:  SO  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  Nothing to Report  Total:  SO  Total:  SO  Total:  SO  Total:  SO  Anothing to Report  Total:  SO  Nothing to Report  Total:  SO  Total:  SO  Anothing to Report  Total:  SO  Anothing to Report  Total:  SO  Total:  SO  Anothing to Report  Total:  SO  Total:  SO  Anothing to Report  Total:  SO  Nothing to Report  Total:	0	Nothing to Report	\$0	0
O Nothing to Report S0  D. CENTRAL CT HEALTH ALLIANCE S0  Nothing to Report S0  Nothing to Report S0  E. CENTRAL CT SENIOR HEALTH SERVICES S0  Nothing to Report S0  Nothing to Report S0  F. CLINICAL LABORATORY PARTNERS, LLC S0  O Nothing to Report S0  G. COMMUNITY MENTAL HEALTH AFFILIATES S0  H. HARTFORD HEALTHCARE AT HOME, INC. S0  Nothing to Report S0  Nothing to Report S0  Nothing to Report S0  Total: S0  I HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC S0  Nothing to Report S0  Nothing to Report S0  Total: S0  I HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC S0  Nothing to Report S0  Nothing to Report S0  I HARTFORD HEALTHCARE SENIOR SERVICES DIBIA SOUTHINGTON CARE CENTER S0  Nothing to Report S0			: \$0	
O Nothing to Report S0  D. CENTRAL CT HEALTH ALLIANCE S0  Nothing to Report S0  Nothing to Report S0  E. CENTRAL CT SENIOR HEALTH SERVICES S0  Nothing to Report S0  Nothing to Report S0  F. CLINICAL LABORATORY PARTNERS, LLC S0  O Nothing to Report S0  G. COMMUNITY MENTAL HEALTH AFFILIATES S0  H. HARTFORD HEALTHCARE AT HOME, INC. S0  Nothing to Report S0  Nothing to Report S0  Nothing to Report S0  Total: S0  I HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC S0  Nothing to Report S0  Nothing to Report S0  Total: S0  I HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC S0  Nothing to Report S0  Nothing to Report S0  I HARTFORD HEALTHCARE SENIOR SERVICES DIBIA SOUTHINGTON CARE CENTER S0  Nothing to Report S0				
D.   CENTRAL CT HEALTH ALLIANCE   S0	C.	CENCONN SERVICES, INC.		
D. CENTRAL CT HEALTH ALLIANCE  0 Nothing to Report  50  E. CENTRAL CT SENIOR HEALTH SERVICES  0 Nothing to Report  Total:  \$0  F. CLINICAL LABORATORY PARTNERS, LLC  0 Nothing to Report  Total:  \$0  G. COMMUNITY MENTAL HEALTH AFFILIATES  1 Nothing to Report  Total:  \$0  H. HARTFORD HEALTHCARE AT HOME, INC.  0 Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  Nothing to Report  Total:  \$0  L. HARTFORD HEALTHCARE SENIOR SERVICES DIBIA SOUTHINGTON CARE CENTER  0 Nothing to Report  50  L. HARTFORD HEALTHCARE SENIOR SERVICES DIBIA SOUTHINGTON CARE CENTER  0 Nothing to Report  50  S0  L. HARTFORD HEALTHCARE SENIOR SERVICES DIBIA SOUTHINGTON CARE CENTER  0 Nothing to Report  50  S0  S0  S0  S0  S0  S0  S0  S0  S0	0			0
So		Total	: \$0	
So				
E. CENTRAL CT SENIOR HEALTH SERVICES  0 Nothing to Report  50  F. CLINICAL LABORATORY PARTNERS, LLC  Nothing to Report  Total:  \$0  COMMUNITY MENTAL HEALTH AFFILIATES  Nothing to Report  Nothing to Report  Total:  \$0  H. HARTFORD HEALTHCARE AT HOME, INC.  Nothing to Report  1 So  Nothing to Report  Total:  \$0  H. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  Nothing to Report  Total:  \$0  Nothing to Report  Total:  \$0  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  Nothing to Report  Total:  \$0  Nothing to Report  \$0  S0  Total:  \$0		CENTRAL CT HEALTH ALLIANCE	<b>#</b> 0	0
E. CENTRAL CT SENIOR HEALTH SERVICES  0 Nothing to Report  50  F. CLINICAL LABORATORY PARTNERS, LLC  0 Nothing to Report  50  G. COMMUNITY MENTAL HEALTH AFFILIATES  0 Nothing to Report  50  H. HARTFORD HEALTHCARE AT HOME, INC.  0 Nothing to Report  50  1 Total:  50  HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  0 Nothing to Report  50  1 HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  Nothing to Report  50  1 HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  Nothing to Report  50  50  50  60  60  60  60  60  60  60	U			U
Nothing to Report   S0		lotai	. 50	
Nothing to Report   S0	_	CENTRAL CT SENIOR HEALTH SERVICES		
F. CLINICAL LABORATORY PARTNERS, LLC  0 Nothing to Report  50  G. COMMUNITY MENTAL HEALTH AFFILIATES 0 Nothing to Report  Total:  90  H. HARTFORD HEALTHCARE AT HOME, INC. 0 Nothing to Report  50  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC 0 Nothing to Report  50  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER 0 Nothing to Report  50  50  50  50  50  60  60  60  60  60		Nothing to Report	\$0	0
F. CLINICAL LABORATORY PARTNERS, LLC  0 Nothing to Report  50  G. COMMUNITY MENTAL HEALTH AFFILIATES  0 Nothing to Report  50  H. HARTFORD HEALTHCARE AT HOME, INC.  0 Nothing to Report  50  Total:  \$0  1. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  0 Nothing to Report  50  1. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  1. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  1. Nothing to Report  50  S0  S0  S0  S0  S0  S0  S0  S0  S0				S
Nothing to Report   \$0			,	
Nothing to Report   \$0	F.	CLINICAL LABORATORY PARTNERS. LLC		
G. COMMUNITY MENTAL HEALTH AFFILIATES  0 Nothing to Report \$0  H. HARTFORD HEALTHCARE AT HOME, INC.  0 Nothing to Report \$0  Total: \$0  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  0 Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  0 Nothing to Report \$0  SO  Total: \$0	0	Nothing to Report		0
Nothing to Report   \$0		Total	\$0	
Nothing to Report   \$0				
H. HARTFORD HEALTHCARE AT HOME, INC.  O Nothing to Report \$0  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  O Nothing to Report \$0  I Total: \$0  I HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  O Nothing to Report \$0  I Nothing to Report \$0  I Nothing to Report \$0  I Nothing to Report \$0		COMMUNITY MENTAL HEALTH AFFILIATES		
H. HARTFORD HEALTHCARE AT HOME, INC.  O Nothing to Report \$0  Total: \$0  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  O Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  O Nothing to Report \$0	0			0
0 Nothing to Report \$0  Total: \$0  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC 0 Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER 0 Nothing to Report \$0		Total	: \$0	
0 Nothing to Report \$0  Total: \$0  I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC 0 Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER 0 Nothing to Report \$0				
I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  0 Nothing to Report  Total:  50  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  0 Nothing to Report  \$0  \$0		HARTFORD HEALTHCARE AT HOME, INC.	¢∩.	0
I. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC  0 Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  0 Nothing to Report \$0	-			0
0 Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER 0 Nothing to Report \$0		i Otal	. 30	
0 Nothing to Report \$0  Total: \$0  J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER 0 Nothing to Report \$0	ı	HARTEORD HEALTHCARE REHABILITATION NETWORK LLC		
J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  0 Nothing to Report \$0	0	Nothing to Report	\$0	0
J. HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER  0 Nothing to Report \$0				
0 Nothing to Report \$0				
0 Nothing to Report \$0	J.	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER		
Total: \$0	0	Nothing to Report	· ·	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
K.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	HHC INDEMNITY SERVICES, LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	JEFFERSON HOUSE		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	MIDSTATE MEDICAL CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	MRI OF FARMINGTON AVENUE LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	MULBERRY GARDENS OF SOUTHINGTON, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	RUSHFORD CENTER, INC.		

#### 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
0	Nothing to Report	\$0	0
	Total:	\$0	
٧.	THE ORCHARDS AT SOUTHINGTON		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	THE WILLIAM BACKUS HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
X.	VNA HEALTH RESOURCES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Y.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

# THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
	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%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$1,137,391.05	\$1,242,518.64	\$105,127.59	9%
1	Donations	\$3,017.00	\$0.00		-100%
2	Income	\$80,504.05	\$105,783.58		31%
	Expenditures	\$0.00	\$0.00		0%
	Unrealized Gains and Losses	\$21,606.54	(\$146,268.98)	(\$167,875.52)	-777%
	Ending Balance	\$1,242,518.64	\$1,202,033.24		-3%
5	Projected Interest Income	\$20,000.00	\$20,000.00	\$0.00	0%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
	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	\$0.00	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 CONNECTION	IT.			
	THE HOSPITAL OF CENTRAL CONNECTICU	И			
ANNUAL REPORTING					
	FISCAL YEAR 2015				
REPORT 1	7A - 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 for H</li> </ol>	ospital Bed Funds	906			
	Grand Total	\$0.00			

REPORT 17A PATIENT ACTIVITY 28 OF 37 7/20/2016, 11:16 AM

#### THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING **FISCAL YEAR 2015** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (5) FMV of Principal Earnings Earnings Available **Actual Earnings** Name of Hospital Bed Fund Line Reinvested (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 \$836,532.72 \$73,618.12 \$0.00 \$73,618.12 Childrens Free Bed Fund \$15,811.98 \$15,811.98 \$0.00 \$179,673.63 Quigley Memorial Fund \$10,615.12 \$120,621.10 \$10,615.12 \$0.00 Rosahn Memorial \$65,205.79 \$573,836.00 \$0.00 \$5,738.36 Total Bed Funds : \$1,202,033.24 \$673,881.22 \$0.00 \$105,783.58

#### 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	12.71%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	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.	12.63%

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#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
В	Collection Agent	
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.	12.73%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Chief Emergency Room Physician	Jeff Finkelstein, Hospital of Central Connecticut	\$806,726	\$98,546	\$905,272
		T			
2.	Hospitalist	Haklai Lau, Hospital of Central Connecticut	\$789,220	\$47,643	\$836,863
3.	Director Surgical Oncology	James Flaherty, Hospital of Central Connecticut	\$567,163	\$137,801	\$704,964
4.	Hospitalist	Elizabeth Tillman, Hospital of Central Connecticut	\$501,406	\$31,484	\$532,890
5.	Chief of Cardiology	Justin Lundbye, Hospital of Central Connecticut	\$468,788	\$59,863	\$528,651
6.	Medical Director NBG ED	David Buono, Hospital of Central Connecticut	\$437,233	\$67,839	\$505,072
7.	Gynecologic Oncologist	James Hoffman, Hospital of Central Connecticut	\$413,256	\$75,940	\$489,196
8.	Medical Director BMH ED	Eric Hobert, Hospital of Central Connecticut	\$442,729	\$43,384	\$486,113
9.	Director Hospitalist Medicine	Daniel Kombert, Hospital of Central Connecticut	\$410,832	\$42,591	\$453,423
10.	Chief of Surgery	Rekhinder Singh, Hospital of Central Connecticut	\$390,785	\$60,072	\$450,857
		Grand Total:	\$5,228,138	\$665,163	\$5,893,301

#### HARTFORD HEALTH CARE CORPORATION ANNUAL REPORTING FISCAL YEAR 2015

#### REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	HHC Regional VP Medical Affairs Central Region	Steven Hanks, Hartford HealthCare Corp.Med Group	\$2,486,680	\$94,057	\$2,580,737
				<del>_</del>	
2.	President and CEO	Elliot Joseph, Hartford HealthCare Corp.	\$2,027,131	\$341,675	\$2,368,806
3.	Exec VP CFO	Thomas Marchozzi, Hartford HealthCare Corp	\$1,523,554	\$50,536	\$1,574,090
4.	Cardiothoracic Surgeon	Robert Gallagher, Hartford HealthCare Medical Group	\$1,338,450	\$136,671	\$1,475,121
5.	EVP COO	Jeffrey Flaks, Hartford HealthCare Corp.	\$1,198,123	\$211,786	\$1,409,909
6.	Chair Dept of Cardiac Surgery	Robert Hagberg, Hartford HealthCare Medical Group	\$1,086,717	\$112,060	\$1,198,777
7.	Plastic Surgeon	Charles Castiglione, Hartford HealthCare Medical Group	\$1,002,736	\$103,588	\$1,106,324
8.	Colorectal Surgeon	Paul Vignati, Hartford HealthCare Medical Group	\$928,709	\$103,102	\$1,031,811
9.	Transplant Physician	Patricia Sheiner, Hartford HealthCare Medical Group	\$880,187	\$95,061	\$975,248
10.	HHC SVP East Region President	David Whitehead, Hartford HealthCare Corp	\$860,274	\$101,537	\$961,811
		Grand Total:	\$13,332,561	\$1,350,073	\$14,682,634

# THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2015 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> (Directl	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>c</sup>	TOTAL
•		1		
Α.	HARTFORD HEALTH CARE CORPORATION	<b>COE4 774</b>	£402.422	£452.004
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$351,771 \$21,942,041	\$102,133 \$2,986,397	\$453,904 \$24,928,438
	Take by the Frospital to Employees of the Emity Elected Floore	Ψ21,012,011	ΨΣ,000,001	Ψ2 1,020,100
В.	BRADLEY HEALTH SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C .	CENCONN SERVICES, INC.	1		
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		
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
		,		
Ε.	CLINICAL LABORATORY PARTNERS, LLC	60	40	40
2	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$121,055	\$0 \$7,815	\$0 \$128,870
_	in the state of th	,	Ţ., <del>,</del> ,,,,	Ţ. <u>_</u> ,
F.	HARTFORD HEALTHCARE AT HOME, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$7,432	\$552	\$7,984
		]		
G.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$65,877	\$17,864	\$83,741
2	Paid by the Hospital to Employees of the Entity Listed Above	\$177,574	\$0	\$177,574
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A	l		
Н.	SOUTHINGTON CARE CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$40,286	\$11,280	\$51,566
2	Paid by the Hospital to Employees of the Entity Listed Above	\$489	\$37	\$526
Ι.	HARTFORD HOSPITAL	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$825,457	\$121,061	\$946,518
2	Paid by the Hospital to Employees of the Entity Listed Above	\$1,799,228	\$40,475	\$1,839,703
		1		
J .	HHC INDEMNITY SERVICES, LTD	<b>\$</b> 0	<b>CO</b>	<b>C</b> O
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
_		7.	7-	7.5
Κ.	HHC PHYSICIANCARE INC. D/B/A HARTFORD MEDICAL GROUP	0.45.000		0.15.000
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$15,000 \$645,862	\$0 \$2,141	\$15,000 \$648,003
	1. 3.3 2) the Hoopital to Employees of the Entity Listed Above	ψ0-10,002	Ψ=, ι τ ι	ψυ τυ,υυυ
L.	JEFFERSON HOUSE			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$7,464	\$0 \$472	\$0 \$7,027
2	Paid by the Hospital to Employees of the Entity Listed Above	\$7,164	\$473	\$7,637
М.	MIDSTATE MEDICAL CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,564,455	\$2,076	\$1,566,531
2	Paid by the Hospital to Employees of the Entity Listed Above	\$831,430	\$8,125	\$839,555
N1	MRI OF FARMINGTON AVENUE LLC	1		
N .	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
0.	MULBERRY GARDENS OF SOUTHINGTON, LLC	-	1 00	0.0
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
	i did by the Hospital to Employees of the Emily Listed Above	μ φυ		ΨΟ
Ρ.	NATCHAUG HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0

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# THE HOSPITAL OF CENTRAL CONNECTICUT ANNUAL REPORTING FISCAL YEAR 2015 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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
LINE	DESCRIPTION	munectly)	y or manechy)	TOTAL
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	and by the Hospital to Employees of the Emity Elsted Above	μ ψο	ΨΟ	ΨΟ
Q.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$27,988	\$8,956	\$36,944
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R.	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	\$0	\$0	\$0
		-		
S.	RUSHFORD CENTER, 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	\$1,103	\$84	\$1,187
		7		
Τ.	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	\$5,876	\$449	\$6,325
		7		
U.	THE WILLIAM BACKUS HOSPITAL	•	T	•
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
٧.	VNA HEALTH RESOURCES, INC.	7		
V .	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
	That by the Hoopital to Employees of the Emity Listed Above	ΨΟ	ΨΟ	ΨΟ
		1		
W.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED			
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.

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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.

### 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 2015
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
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
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

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		REPORTING	-		
		AL YEAR 2015	DD0\//DED.D\/	THE HOODITAL	
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(.,	(-)	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	1,982	906	(1,076)	-54%
2.	Number of Approved Applicants	1,094	671	(423)	-39%
		,	-	( - /	
3.	Total Charges (A)	\$17,256,889	\$9,706,868	(\$7,550,021)	-44%
	Average Charges	\$15,774	\$14,466	(\$1,308)	-8%
4.	Ratio of Cost to Charges (RCC)	0.41218	0.409651	(0.002529)	-1%
4.	Total Cost	\$7,112,945	\$3,976,428	(\$3,136,516)	-1/0 -44%
	Average Cost	\$6,502	\$5,926	(\$576)	-9%
			•		
5.	Charity Care - Inpatient Charges	\$3,542,918	\$2,122,076	(\$1,420,842)	-40%
0	Charity Care - Outpatient Emergency Department	40 540 007	5 404 040	(5.000.040)	400/
6.	Charges Charity Care - Outpatient Charges (Excludes ED	10,513,667	5,421,348	(5,092,319)	-48%
7.	Charges)	3,200,304	2,163,444	(1,036,860)	-32%
	Total Charges (A)	\$17,256,889	\$9,706,868	(\$7,550,021)	-44%
8.	Charity Care - Number of Patient Days	3,192	3,317	125	4%
9.	Charity Care - Number of Discharges	635	577	(58)	-9%
10.	Charity Care - Number of Outpatient ED Visits	9,613	6,673	(2,940)	-31%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,935	3,673	(1,262)	-26%
	Violity	4,000	0,070	(1,202)	2070
(A) Th	e total amount must agree with the total amount listed ir	the Heenitel Aug	dited Financial	Statement Notes	
\' · · / · · · ·		i ille nospital Aut	aiteu i illaliciai (	statement Notes.	
\- · · · · · · · · · · · · · · · · · · ·		Tille Hospital Aut	anteu i manciai	Statement Notes.	
	Hospital Bed Funds (see Hospital Reporting System - F		aiteu i manciai (	Statement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F		inted i manciai v	Statement Notes.	
	Number of Applicants		906	(1,076)	-54%
<u>B.</u>		Report 17)			
1. 2.	Number of Applicants Number of Approved Applicants	1,982	906	(1,076)	0%
<u>B.</u>	Number of Applicants Number of Approved Applicants  Total Charges (B)	1,982 - \$0	906	(1,076)	<b>0</b> %
1. 2.	Number of Applicants Number of Approved Applicants	1,982	906	(1,076)	-54% <b>0%</b> 0%
1. 2.	Number of Applicants Number of Approved Applicants  Total Charges (B)	1,982 - \$0	906	(1,076)	<b>0</b> %
1. 2.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	1,982 - \$0 \$0	906 - \$0 <b>\$0</b>	(1,076) - \$0 \$0	0% 0% 0% -1%
1. 2.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	\$0 \$0 \$0 \$0	906 - \$0 <b>\$0</b> 0.409651	(1,076) - \$0 \$0 (0.002529)	0% 0% 0% -1%
B. 1. 2. 3. 4.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC)  Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	906 - \$0 \$0 0.409651 \$0 \$0	(1,076) - \$0 \$0 (0.002529) \$0 \$0	0% 0% 0% -1% 0%
1. 2.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0 \$0 \$0 \$0 \$0	906 - \$0 \$0 0.409651 \$0	(1,076) - \$0 \$0 (0.002529) \$0	0% 0% 0% -1% 0%
1. 2. 3. 4. 5.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	906 - \$0 \$0 0.409651 \$0 \$0	(1,076) - \$0 \$0 (0.002529) \$0 \$0	0% 0% -1% 0% 0%
B. 1. 2. 3. 4.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC)  Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	906 - \$0 \$0 0.409651 \$0 \$0	(1,076) - \$0 \$0 (0.002529) \$0 \$0	0% 0% -1% 0% 0%
1. 2. 3. 4. 5.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	906 - \$0 \$0 0.409651 \$0 \$0	(1,076) - \$0 \$0 (0.002529) \$0 \$0	0% 0% 0% -1% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0.41218 \$0 \$0	906 - \$0 \$0 0.409651 \$0 \$0	(1,076) - \$0 \$0 (0.002529) \$0 \$0	0% 0% 0% -1% 0% 0% 0%
5. 6. 7.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	906 - \$0 \$0 0.409651 \$0 \$0 0 \$0	(1,076) \$0 \$0 (0.002529) \$0 \$0 \$0	0% 0% 0% -1% 0% 0% 0% 0%
8. B.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	906 - \$0 \$0 0.409651 \$0 \$0 0 \$0	(1,076) \$0 \$0 (0.002529) \$0 \$0 0 \$0	0% 0% 0% 0% -1% 0% 0% 0% 0% 0%
5. 6. 7.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	906 - \$0 \$0 0.409651 \$0 \$0 0 \$0	(1,076) \$0 \$0 \$0 (0.002529) \$0 \$0 0 0 0	0% 0% -1% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
8. B.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	906 - \$0 \$0 0.409651 \$0 \$0 0 \$0	(1,076) \$0 \$0 (0.002529) \$0 \$0 0 \$0	0% 0% -1% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
5. 6. 7.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	906 - \$0 \$0 0.409651 \$0 \$0 0 \$0	(1,076) \$0 \$0 \$0 (0.002529) \$0 \$0 0 0 0	0% 0% 0% -1% 0% 0% 0% 0% 0% 0% 0%
5. 6. 7.	Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	906 - \$0 \$0 0.409651 \$0 \$0 0 \$0	(1,076) \$0 \$0 (0.002529) \$0 \$0 0 0 0	0% 0% 0%