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	
Α.	AFFILIATE NAME	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES	
1	Affiliate Description	PARENT CORP	
	Affiliate Description Affiliate type of service	Parent Corporation	
3	Tax Status	Not for Profit	
4	Street Address	435 LEWIS AVENUE	
5	Town	MERIDEN	
6	State	Connecticut	
	Zip Code	06451 -	
<u>8</u> 9	CEO Name CEO Title	Lucille Janatka	
	CT Agent Name	President and CEO Winship Service Corp	
	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 - 1919	
В.	AFFILIATE NAME	CLINICAL LAB PARTNERS	
В.	AFFILIATE NAME	CLINICAL LAD PARTNERS	
	Affiliate Description	LAB	
	Affiliate type of service	Lab	
3	Tax Status	For Profit	
<u>4</u> 5	Street Address	129 PATRICIA GENOVA DRIVE	
6	Town State	Newington Connecticut	
7	Zip Code	06111 -	
8	CEO Name	James Fantus	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Winship Service Corp.	
	CT Agent Company	Winship Service Corp.	
	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	
-10	or Agent Zip Gode		
C.	AFFILIATE NAME	HARTFORD HEALTH CARE CORP	
1	Affiliate Description	PARENT CORPORATION	
2	Affiliate type of service	Parent Corporation	
3	Tax Status	Not for Profit	
4	Street Address	One State Street, Suite 19	
5	Town	Hartford	
	State	Connecticut	
	Zip Code	06103 -	
	CEO Name	Elliot Joseph	
9	CEO Title	President and CEO	
	CT Agent Company	Winship Service Corp.	
	CT Agent Company CT Agent Company Street Address	Winship Service Corp. One Constitution Plaza	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 - 1919	
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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	
D.	AFFILIATE NAME	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC	
1	Affiliate Description	REHABILITATION SERVICES	
	Affiliate type of service	Rehabilitation Services	
	Tax Status	Not for Profit	
	Street Address	181 PATRICIA GENOVA DRIVE	
	Town	Newington	
	State Zip Code	Connecticut 06111 -	
	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 Connecticut	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
13	CT Agent Zip Code	00103 - 1818	
E.	AFFILIATE NAME	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER	
1	Affiliate Description	Long Term Care	
	Affiliate type of service	Long Term Care	
	Tax Status	Not for Profit	
4	Street Address	45 Meriden Avenue	
	Town	Southington	
	State	Connecticut	
	Zip Code CEO Name	06489 - William Kowalewski	
	CEO Title	Executive Director	
	CT Agent Name	Central CT Health Alliance	
	CT Agent Company	Lucille Janatka	
	CT Agent Company Street Address	100 Grand Street	
13	CT Agent Town	New Britain	
	CT Agent State CT Agent Zip Code	Connecticut 06050 -	
15	CT Agent zip Code	00000 -	
F.	AFFILIATE NAME	HARTFORD HOSPITAL	
1	Affiliate Description	HOSPITAL	
	Affiliate type of service	Hospital	
	Tax Status	Not for Profit	
4	Street Address	80 SEYMOUR ST	
	Town	Hartford	
	State	Connecticut	
	Zip Code CEO Name	06103 - Stuart Markowicz	
	CEO Name CEO Title	Stuart Markewicz President	
	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	Connecticut	
15	CT Agent Zip Code	06103 -	

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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	
G.	AFFILIATE NAME	HHC INDEMNITY SERVICES, LTD	
1	Affiliate Description	Reinsurance	
	Affiliate type of service	Insurance	
	Tax Status	Not for Profit	
	Street Address	F.B. Perry Building, 40 Church Street	
	Town State	Hamilton Bermuda	
	Zip Code	- Demiluda	
	CEO Name	Elliot Joseph	
	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 - 1919	
	or rigent zip code		
H.	AFFILIATE NAME	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE 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 Dean Highway	
	Town	Wethersfield	
	State	Connecticut	
	Zip Code	06109 -	
	CEO Name CEO Title	James Watkins Jr President	
	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	Connecticut	
15	CT Agent Zip Code	06103 - 1919	
I.	AFFILIATE NAME	MERIDEN IMAGING CENTER, INC	
	Affiliate Description	INACING CEDVICES	
	Affiliate Description Affiliate type of service	IMAGING SERVICES Imaging Services	
	Tax Status	For Profit	
	Street Address	435 LEWIS AVE	
	Town	Meriden	
	State	Connecticut	
	Zip Code	06451 -	
	CEO Name	GARY DEE, MD	
	CEO Title	PRESIDENT Michael Kura, Egg	
	CT Agent Name CT Agent Company	Michael Kurs, Esq. Pullman and Comely	
	CT Agent Company CT Agent Company Street Address	One Statehouse Sq	
	CT Agent Company Street Address CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	

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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	
J.	AFFILIATE NAME	MIDSTATE MSO, LLC	
1	Affiliate Description	MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRACTICES.	
	Affiliate type of service	Managed Services Org. (MSO)	
	Tax Status	For Profit	
	Street Address	435 Lewis Avenue	
	Town State	Meriden Connecticut	
	Zip Code	06451 -	
	CEO Name	Lucille Janatka	
	CEO Title	President and CEO	
	CT Agent Name	Winship Service Corp.	
	CT Agent Company	Winship Service Corp.	
	CT Agent Company Street Address CT Agent Town	One Constitution Plaza Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06103 - 1919	
K.	AFFILIATE NAME	NATCHAUG HOSPITAL	
1	Affiliate Description	MENTAL HEALTH FACILITY	
	Affiliate type of service	Mental Health Facility	
	Tax Status	Not for Profit	
	Street Address	189 Storrs Road	
	Town	Mansfield Center	
	State	Connecticut 06250 -	
	Zip Code CEO Name	Stephen Larcen, Ph.D.	
	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	Hartford	
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 1919	
10	OT Agent Zip Gode		
L.	AFFILIATE NAME	PRACTICE CENTRAL, LLC	
	·	Equilitate the adetaion of electronic health systems by abusicion assetions in CT for effective data about	
1	Affiliate Description	Facilitate the adotpion of electronic health systems by physician practices in CT for effective data sharing and clinical integration resulting in better coordinated care	
	Affiliate type of service	Affilate Support Services	
	Tax Status	For Profit	
	Street Address	85 Seymour Street	
	Town	Hartford	
	State Zip Code	Connecticut 06102 -	
	CEO Name	Kent Stahl, MD	
	CEO Title	Managing Director	
	CT Agent Name	Wihship Services Corp	
11	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	
13	CT Agent Zip Code	00100 - 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
М.	AFFILIATE NAME	RUSHFORD CENTER, INC.
1	Affiliate Description	MENTAL HEALTH FACILITY
	Affiliate type of service	Mental Health Facility
	Tax Status	Not for Profit
	Street Address	1250 Silver Street
	Town	Middletown
	State Zin Code	Connecticut 06457 -
	Zip Code CEO Name	Stephen Larcen, PHD
	CEO Title	President & CEO
_	CT Agent Name	Richard W Tomc, Esq.
11	CT Agent Company	Richard W Tomc and Associates
	CT Agent Company Street Address	49 Main Street
	CT Agent Town	Middletown
	CT Agent State CT Agent Zip Code	Connecticut 06457 -
15	CT Agent Zip Code	00437 -
N.	AFFILIATE NAME	THE HOSPITAL OF CENTRAL CONNECTICUT
1	Affiliate Description	Hoopital
	Affiliate Description Affiliate type of service	Hospital Hospital
	Tax Status	Not for Profit
	Street Address	100 Grand St
5	Town	New Britain
	State	Connecticut
	Zip Code	06050 -
	CEO Name CEO Title	Lucille Janatka President/CEO
	CT Agent Name	The Hospital of Central CT
	CT Agent Company	Elizabeth Sclaff, Esq.
	CT Agent Company Street Address	100 Grand St
	CT Agent Town	New Britain
	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
Ο.	AFFILIATE NAME	VNA HEALTH RESOURCES, INC.
	Affiliate Description	HOME LIENT THANK HOMEMAKED SERVICES
	Affiliate Description Affiliate type of service	HOME HEALTH/VNA, HOMEMAKER SERVICES 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 CT Agent Name	President Winship Service Corporation
	CT Agent Name CT Agent Company	Winship Service Corporation Winship Service Corporation
	CT Agent Company Street Address	One Constitution Plaza
	CT Agent Town	Hartford
14	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
	DEGINI HON	

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

A. MIDSTATE MEDICAL CENTER Unrestricted Unr	(1)	(2)	(3)	(4)
A. MIDSTATE MEDICAL CENTER	(-)	(-)		
Unrestricted So So So So So So So S	LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Unrestricted So So So So So So So S				
Temporarily Restricted by Board S0	Α.	MIDSTATE MEDICAL CENTER		
1				
Permanently Restricted by Donor So Intercompany Eliminations So So Intercompany Eliminations So So Intercompany Eliminations So So So So So So So S				
Intercompany Eliminations Signature				
Section			Permanently Restricted by Donor	
Section Sect	5			
1			lotal:	\$0
1	В	MIDSTATE MEDICAL CENTED AND SURSIDIADIES		
Temporarily Restricted by Donor \$2,488		MIDSTATE MEDICAL CENTER AND SUBSIDIARIES	Unrestricted	¢72.202
Section Sect				
Permanently Restricted by Donor				
C. CLINICAL LAB PARTNERS				
C. CLINICAL LAB PARTNERS			Intercompany Eliminations	
C				·
Unrestricted S0				400,100
Unrestricted S0	C.	CLINICAL LAB PARTNERS		
Temporarily Restricted by Donor \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$			Unrestricted	\$0
Temporarily Restricted by Board So				
Permanently Restricted by Donor \$0				
Intercompany Eliminations \$0				
D. HARTFORD HEALTH CARE CORP	5			
1			Total:	\$0
1				
Temporarily Restricted by Donor \$0	D.	HARTFORD HEALTH CARE CORP		
Temporarily Restricted by Donor \$0	1		Unrestricted	\$0
Permanently Restricted by Donor \$0	2		Temporarily Restricted by Donor	\$0
Intercompany Eliminations \$0	3		Temporarily Restricted by Board	\$0
HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			Permanently Restricted by Donor	\$0
E. 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 6 Total: \$0 7 Total: \$0 8 HARTFORD HEALTHCARE SENIOR SERVICES D/B/A \$0 9 Temporarily Restricted by Donor \$0 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 6 HARTFORD HOSPITAL \$0 9 Unrestricted by Donor \$0 9 Unrestricted \$0 9 Un	5		Intercompany Eliminations	
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 6 Total: \$0 7 Total: \$0 8 Temporarily Restricted by Donor \$0 8 Unrestricted by Donor \$0 8 Unrestricted by Donor \$0 8 Unrestricted by Donor \$0 8 Untercompany Eliminations \$0 8 Untercompany Eliminations \$0 8 Unrestricted \$0 8 Unrest			Total:	\$0
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 6 Total: \$0 7 Total: \$0 8 Temporarily Restricted by Donor \$0 8 Unrestricted by Donor \$0 8 Unrestricted by Donor \$0 8 Unrestricted by Donor \$0 8 Untercompany Eliminations \$0 8 Untercompany Eliminations \$0 8 Unrestricted \$0 8 Unrest				
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 6 Total: \$0 7 Total: \$0 8 Temporarily Restricted by Donor \$0 8 Unrestricted by Donor \$0 8 Unrestricted by Donor \$0 8 Unrestricted by Donor \$0 8 Untercompany Eliminations \$0 8 Untercompany Eliminations \$0 8 Unrestricted \$0 8 Unrest				
Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor So Intercompany Eliminations Total: So HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER Unrestricted Temporarily Restricted by Donor So Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Total: So Total: So HARTFORD HOSPITAL Unrestricted So Temporarily Restricted by Donor Total: So Total: So Temporarily Restricted by Donor So Intercompany Eliminations Total: So Temporarily Restricted by Donor So Intercompany Eliminations So Temporarily Restricted by Donor So Temporarily Restricted by Board		HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
Temporarily Restricted by Board \$0 Permanently Restricted by Donor \$0 Intercompany Eliminations \$0 Total: \$0 HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER Unrestricted \$0 Demandable Board \$0 Temporarily Restricted by Donor \$0 Temporarily Restricted by Board \$0 Permanently Restricted by Donor \$0 Intercompany Eliminations \$0 Total: \$0 Total: \$0 Unrestricted \$0 Temporarily Restricted by Board \$0 Temporarily Restricted by Donor \$0 Unrestricted \$0 Total: \$0 Total: \$0 Formal Board \$0				
4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 Total: \$0 HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted by Donor \$0 Intercompany Eliminations \$0 G . HARTFORD HOSPITAL 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted by Donor \$0 5 Total: \$0 5 Total: \$0 5 Temporarily Restricted by Donor \$0 7 Temporarily Restricted by Donor \$0 8 Temporari				
Intercompany Eliminations \$0				
Total: \$0 HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER Unrestricted \$0 Temporarily Restricted by Donor \$0 Temporarily Restricted by Board \$0 Permanently Restricted by Donor \$0 Intercompany Eliminations \$0 HARTFORD HOSPITAL Unrestricted \$0 Total: \$0 Total: \$0 Femporarily Restricted by Donor \$0 Total: \$0 Total: \$0 Femporarily Restricted by Donor \$0 Total: \$0 Femporarily Restricted by Donor \$0 Femporarily Restricted by Donor \$0 Temporarily Restricted by Donor \$0 Temporarily Restricted by Board \$0 Femporarily Restricted by Board \$0 Femporarily Restricted by Donor \$0 Intercompany Eliminations \$0 Temporarily Restricted by Donor \$0 Temporarily Restricted \$0 Temporarily Restricted by Donor \$0 Temporarily Restricted \$0 Temporarily Restricted \$0 Temporarily Restricted \$0			Intercompany Eliminations	
HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: HARTFORD HOSPITAL Unrestricted Temporarily Restricted by Donor Total: Unrestricted Temporarily Restricted by Donor Total: Permanently Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Temporarily Restricted by Board Temporarily Restricted by Donor	Ü			
F. SOUTHINGTON CARE CENTER Unrestricted Femporarily Restricted by Donor Femporarily Restricted by Board Femporarily Restricted by Board Fermanently Restricted by Donor Femporarily Restricted by Donor Femporarily Restricted by Donor Fomporarily Restricted by Donor Fomporarily Restricted Femporarily Restricted Femporarily Restricted by Donor Femporarily Restricted by Donor Femporarily Restricted by Board Femporarily Restricted by Donor			TOTAL:	\$0
F. SOUTHINGTON CARE CENTER Unrestricted Femporarily Restricted by Donor Femporarily Restricted by Board Femporarily Restricted by Board Fermanently Restricted by Donor Femporarily Restricted by Donor Femporarily Restricted by Donor Fomporarily Restricted by Donor Fomporarily Restricted Femporarily Restricted Femporarily Restricted by Donor Femporarily Restricted by Donor Femporarily Restricted by Board Femporarily Restricted by Donor		HARTEORN HEALTHCARE SENIOR SERVICES DIRIA		
Unrestricted \$0	_E			
2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 Total: \$0 G. HARTFORD HOSPITAL Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0		OCCURRENCE OF CALL OF LEIK	Unrestricted	¢Λ
Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: G. HARTFORD HOSPITAL Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Permanently Restricted by Donor Intercompany Eliminations				φn
4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 Total: \$0 G. HARTFORD HOSPITAL Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0				
5 Intercompany Eliminations \$0 Total: \$0 G . HARTFORD HOSPITAL 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 Intercompany Eliminations \$0				\$0 \$0
G. HARTFORD HOSPITAL 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
G . HARTFORD HOSPITAL 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0				
1Unrestricted\$02Temporarily Restricted by Donor\$03Temporarily Restricted by Board\$04Permanently Restricted by Donor\$05Intercompany Eliminations\$0				ŢŪ
1Unrestricted\$02Temporarily Restricted by Donor\$03Temporarily Restricted by Board\$04Permanently Restricted by Donor\$05Intercompany Eliminations\$0	G.	HARTFORD HOSPITAL		
2Temporarily Restricted by Donor\$03Temporarily Restricted by Board\$04Permanently Restricted by Donor\$05Intercompany Eliminations\$0			Unrestricted	\$0
Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0				
4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0				\$0
5 Intercompany Eliminations \$0	4		Permanently Restricted by Donor	\$0
Total: \$0	5		Intercompany Eliminations	\$0
			Total:	\$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
Н.	HHC INDEMNITY SERVICES, LTD		
	THE INDEMINITY SERVICES, LID	I love stricts d	CO
2		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0 \$0
		Total:	\$0
1	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE		
Ι.	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
J.	MERIDEN IMAGING 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
		Total.	ΨÜ
Κ.	NATCHAUG HOSPITAL		
1	INATOTIAGO TIGOT TIAL	Unrestricted	0.0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Board	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
L.	PRACTICE CENTRAL, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
М.	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
			\$
N.	THE HOSPITAL OF CENTRAL CONNECTICUT		
1	THE HOST TIAL OF CERTIFIC CONNECTION	Unrestricted	\$0
			\$0
3		Temporarily Restricted by Donor	
		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
Ο.	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
Ρ.	WINDHAM HEALTH SERVICES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$89,188
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$89,188

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		(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
Α.	WIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0,00,2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
				, -
В.	CLINICAL LAB PARTNERS			
		Posinning Unconsolidated Intercompany Palance:	9/30/2014	(\$282,512)
1		Beginning Unconsolidated Intercompany Balance: Rental Of Space	09/30/2015	\$70,014
2		Payments	09/30/2015	\$70,014 \$4,636,099
3		CLP testing services	09/30/2015	(\$1,328,218)
4		support staff	09/30/2015	(\$3,376,131)
5		Stat testing services	09/30/2015	(\$71,153)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$351,901)
C.	HARTFORD HEALTH CARE CORP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$89,159,114)
1		monthly dues to parent	09/30/2015	(\$5,015,247)
2		Hospital pays various invoice allocation to parent	09/30/2015	(\$2,651,067)
3		Hospital buys PA services from HHC	09/30/2015	(\$6,366,072)
4		Hospital buys Data service from HHC	09/30/2015	(\$8,208,441)
5		Payment for Services	09/30/2015	\$58,216,561
6		Hospital pays monthly interest to parent	09/30/2015	(\$4,205,682)
7		Hospital pays intercompany loan payment to parent	09/30/2015	\$1,059,964
8		Equity Transfer to Parent	09/30/2015	(\$19,854,897)
9		Hospital pays HHC for mapractice Insurance	09/30/2015	(\$2,513,620)
10		Hospital pays HHC for Pooled Health insurance Ending Unconsolidated Intercompany Balance:	09/30/2015 9/30/2015	(\$9,439,544)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$88,137,159)
	HARTFORD HEALTHCARE REHARM STATION NETWORK 11.0			
D.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$211,106)
1		Hospital buys Rehabilitation services from ERN	09/30/2015	(\$825,425)
2		Payments	09/30/2015	\$904,467
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$132,064)

(1)	(2)	(3)	(4)	(5)
	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$6,188
1		Senior Care buys various personel	09/30/2015	\$8,265
2		Payments	09/30/2015	(\$13,332)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,121
F.	HARTFORD HOSPITAL			
<u> </u>	HAKTI OKO HOGFITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$459,251)
1		Hospital buys Laundry service from HH	09/30/2015	(\$571,985)
2		Hospital buys Library Service from HH	09/30/2015	(\$52,260)
3		Hospital buys Supplies from HH	09/30/2015	(\$2,632,247)
4		Hospital buys Data services from HH	09/30/2015	(\$381,420)
5		Hospital buys various personel from HH	09/30/2015	(\$973,515)
6		Hospital buys Infectious Disease service from HH	09/30/2015	(\$206,658)
7		Payments for Services	09/30/2015	\$4,889,147
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$388,189)
G.	HHC INDEMNITY SERVICES, LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL GROUP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$13,189
1		Rent	09/30/2015	\$727,233
2		Payments	09/30/2015	(\$88,579)
3		Hospital buys directorship services from HHCMG	09/30/2015	(\$585,909)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$65,934
I.	MERIDEN IMAGING CENTER, INC			
 ''-	INICIDEN INIAGING CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0

(1)	(2)	(3)	(4)	(5)
	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFILIATE NAME		DATE	HOSPITAL
		Nothing to Report	0/00/0045	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
J.	MIDSTATE MSO, LLC			
J.	MIDSTATE MISO, LEG			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Intercompany AP G/L Conversion Errors	09/30/2015	\$983
•		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$983
K.	NATCHAUG HOSPITAL			
		Paringing Unconcelled to distance many Polymers	9/30/2014	(6707)
		Beginning Unconsolidated Intercompany Balance:		(\$707)
1		Payments	09/30/2015	(\$20,106)
3		Intercompany Accounts Payable Hospital buys various personel	09/30/2015 09/30/2015	(\$16,413) \$26,187
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$11,039)
		Ending Onconsolidated Intercompany Balance.	9/30/2013	(\$11,033)
L.	PRACTICE CENTRAL, LLC			
	·			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
M.	DUQUEODD CENTED INC			
IVI.	RUSHFORD CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$15,618
1		IS Data Services	09/30/2015	\$6,048
2		Payments	09/30/2015	\$450,540
		Hospital buys support staff and Program support from		+ 100,010
3		Rushfor	09/30/2015	(\$447,570)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$24,636
	THE HOODITAL OF SENTRAL CONNECTION.			
N.	THE HOSPITAL OF CENTRAL CONNECTICUT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$688,475)
1		Allocation of Wages/expenses	09/30/2015	(\$261,629)
2		Payments	09/30/2015	\$261,629
3		Services	09/30/2015	(\$399,865)

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
4		Reimbursement of services	09/30/2015	\$1,000,532
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$87,808)
0.	VNA HEALTH RESOURCES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$53,794
1		VNA buys various personel	09/30/2015	\$74,582
2		Payments	09/30/2015	(\$100,561)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$27,815
P.	WINDHAM HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$3,102)
1		Hospital buys/sells various personel	09/30/2015	\$18,868
2		Payments	09/30/2015	\$4,069
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$19,835
			Grand Total:	(\$88,967,836)

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated	10/04/004	
	MIDOTATE MEDICAL CENTED AND CUIDOIDIADIES		Intercompany Balance	10/01/2014	\$0
Α.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Total.	9/30/2013	φυ
В.	CLINICAL LAB PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	HARTFORD HEALTH CARE CORP				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE				
E.	CENTER		Nothing to Report		\$0
-			Total:	9/30/2015	\$0
			Total.	9/30/2015	ΨU
F.	HARTFORD HOSPITAL				
<u> </u>	ITAKTI OKO TIOGITTAE		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					70
G.	HHC INDEMNITY SERVICES, LTD				
	,		Nothing to Report		\$0
			Total:	9/30/2015	\$0
	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL				
H.	GROUP				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	MEDIDEN IMA CINO CENTED INC				
l.	MERIDEN IMAGING CENTER, INC		Nothing to Depart		60
			Nothing to Report Total:	9/30/2015	\$0 \$0
			I Otal:	9/30/2015	\$0
J.	MIDSTATE MSO, LLC				
	middiate mod, eed				

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TRANSFERRING FUNDS	AFFILIATE DECENTING FUNDS	DESCRIPTION OF TRANSFER	5475	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report	0/00/00/15	\$0
			Total:	9/30/2015	\$0
K.	NATCHAUG HOSPITAL				
- 1	INATOTIAGO TIGOTTAL		Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
L.	PRACTICE CENTRAL, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	DUQUEODD OFFITED INC				
M.	RUSHFORD CENTER, INC.		Nothing to Poport		60
			Nothing to Report Total:	9/30/2015	\$0 \$0
			Total.	3/30/2013	40
N.	THE HOSPITAL OF CENTRAL CONNECTICUT				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
О.	VNA HEALTH RESOURCES, INC.				
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2015	\$0
P.	WINDHAM HEALTH SERVICES, INC.				
- ' ' -	THE PROPERTY OF TAILORD IN C.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					, -
			Ending Unconsolidated		
			Intercompany Balance	9/30/2015	\$0

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
A .	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2015
B .	CLINICAL LAB PARTNERS Nothing to Report	00	
	Total:	\$0 \$0	9/30/2015
C.	HARTFORD HEALTH CARE CORP		
0	Nothing to Report Total:	\$0 \$0	9/30/2015
		40	0,00,2010
D.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
0	Nothing to Report Total:	\$0	0/20/0045
	i otai:	\$0	9/30/2015
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE		
E.	CENTER Nothing to Depart	00	
0	Nothing to Report Total:	\$0 \$0	9/30/2015
F.	HARTFORD HOSPITAL		
0	Nothing to Report Total:	\$0 \$0	9/30/2015
	Total.	φυ	9/30/2013
G.	HHC INDEMNITY SERVICES, LTD		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
H.	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL GROUP		
0	Nothing to Report Total:	\$0 \$0	9/30/2015
		•	0.00.2010
I.	MERIDEN IMAGING CENTER, INC		
0	Nothing to Report Total:	\$0 \$0	9/30/2015
	Total.	φυ	9/30/2013
J.	MIDSTATE MSO, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
K.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	DRACTICE CENTRAL LLC		
L .	PRACTICE CENTRAL, LLC Nothing to Report	\$0	
	Total:	\$0	9/30/2015
M .	RUSHFORD CENTER, INC. Nothing to Report	60	
	Total:	\$0 \$0	9/30/2015
N.	THE HOSPITAL OF CENTRAL CONNECTICUT		
0	Nothing to Report Total:	\$0 \$0	9/30/2015
	i otal.	φ υ	3/30/2013
0.	VNA HEALTH RESOURCES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
Р.	WINDHAM HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	Grand Total:	\$0	9/30/2015
	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		

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
	MIDOTATE MEDICAL CENTED AND CURCIDIADIES		
A .	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES Nothing to Report	\$0	0
	Total		Ü
	Total	υ.	
В.	CLINICAL LAB PARTNERS		
0	Nothing to Report	\$0	0
	Tota	1: \$0	
C.	HARTFORD HEALTH CARE CORP		
0	Nothing to Report	\$0	0
	Tota	1: \$0	
	HARTEONR LIEAL THOARE REHARM ITATION NETWORK 11.0		
D .	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC Nothing to Report	\$0	0
	Notifing to Report		0
	TOLE	1. 50	
_	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER		
E .	Nothing to Report	\$0	0
_	Total		Ü
	Total	Ψ0	
F.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Tota		
G.	HHC INDEMNITY SERVICES, LTD		
0	Nothing to Report	\$0	0
	Tota	l: \$0	
H.	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL GROUP		
0	Nothing to Report	\$0	0
	Tota	1: \$0	
I.	MERIDEN IMAGING CENTER, INC	0.0	
0	Nothing to Report	\$0	0
	Tota	1: \$0	
J.	MIDSTATE MSO, LLC		
0	Nothing to Report	\$0	0
⊢ <u> </u>	Total	-	
	Total	Ψ0	

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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.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	
L.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	RUSHFORD CENTER, INC.	40	
0	Nothing to Report	\$0	U
	Total:	\$0	
N .	THE HOSPITAL OF CENTRAL CONNECTICUT	¢0	0
U	Nothing to Report Total:	\$0 \$0	Ü
	Total:	\$ 0	
	NAME OF A THE PROPERTY AND		
O .	VNA HEALTH RESOURCES, INC. Nothing to Report	\$0	0
•	Total:		Ü
	Totali	40	
P.	WINDHAM HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	-
		**	
	Grand Total:	\$0	

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MIDSTATE MEDICAL CENTER 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%
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%
В.	Free Beds				
	Beginning Balance	\$1,096,762.00	\$1,049,726.00	(\$47,036.00)	-4%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$97,225.00	\$108,607.00		12%
3	Expenditures	\$97,225.00	\$108,607.00		12%
4	Unrealized Gains and Losses	(\$47,036.00)	\$624,359.00		-1427%
	Ending Balance	\$1,049,726.00	\$1,674,085.00	\$624,359.00	59%
5	Projected Interest Income	\$100,000.00	\$80,000.00	(\$20,000.00)	-20%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	MIDSTATE MEDICAL CENTER	
	ANNUAL REPORTING	
	FISCAL YEAR 2015	
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY TH	E HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applica	ations for Hospital Bed Funds	16
2. A. Number of Patients	s receiving Hospital Bed Fund Grants	14
2. B. The Actual Total D	ollar Amount provided to all patients from Hospital Bed Funds:	\$108,607.00
		. ,
001	FB-Pooled	\$1,444.81
002	FB-Henry Stockder	\$8,922.48
003	FB-Henry Stockder	\$7,796.43
004	FB-Henry Stockder	\$1,200.00
005	FB-Pooled	\$7,162.19
006	FB-Henry Stockder	\$28,306.94
007	FB-Henry Stockder	\$9,253.98
008	FB-Henry Stockder	\$1,593.66
009	FB-Henry Stockder	\$1,180.00
010 FB-Henry Stockder		\$9,738.18
011	FB-Henry Stockder	\$4,473.85
012	FB-Henry Stockder	\$24,427.99
013	FB-Henry Stockder	\$1,330.40
014	FB-Henry Stockder	\$1,776.09
	Grand Total	\$108,607.00

	MIDSTATE MEDICAL CENTER				
		ANNUAL REPO	RTING		
		FISCAL YEAR	2015		
	REPORT 17B - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED BY	THE HOSPITAL	
B. BE	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(2)	Fair Market Value of the Principal of each	individual Hamital Br	ad Eurad or the Drineir	al attributable to oc	h Hospital Bod
(3)	Fair Market value of the Principal of each	i individuai nospitai Be	ea runa, or the Princip	oai attributable to ead	n nospitai Bed
(4)	Total Actual Farnings for each Hassital B	and Fund or the Ferris	ao attributable to cast	Hospital Bad Eurad	
(4)	Total Actual Earnings for each Hospital B	bed rund or the Earnin	ys auributable to eacr	i nospitai bed rund.	
(E)	Actual Dallay Amount of Familians values	stad as Deinsinal if an			
(5)	Actual Dollar Amount of Earnings reinves	steu as Principal, if any	у.		
(C)	Actual Dollar Amount of Fornings sysilah	le for Detient Core			
(6)	Actual Dollar Amount of Earnings availab	ne for Patient Care.			
	Harris II Ota alada (II ald bu Turrata a)	40.00	2400 000 00	40.00	*400.000.00
	Henry H Stockder(Held by Trustee)	\$0.00	\$100,000.00	\$0.00	\$100,000.00
	Kate A.L. Chapin	\$3,000.00	\$217.00	\$0.00	\$217.00
	Hester A Curtiss	\$20,000.00	\$1,444.00	\$0.00	\$1,444.00
	Martha E Fales	\$5,000.00	\$361.00	\$0.00	\$361.00
	Hospital Endowed Bed Fund	\$5,000.00	\$361.00	\$0.00	\$361.00
	Ladies Endowed Bed Fund	\$5,000.00	\$361.00	\$0.00	\$361.00
	Blance Hixson Smith	\$25,000.00	\$1,805.00	\$0.00	\$1,805.00
	Henry H Stockder	\$10,000.00	\$722.00	\$0.00	\$722.00
	Benjamin W Collins	\$2,000.00	\$144.00	\$0.00	\$144.00
	Hester A Curtiss	\$10,000.00	\$722.00	\$0.00	\$722.00
	Martha Couch Doolittle	\$2,000.00	\$144.00	\$0.00	\$144.00
	Fenner	\$2,000.00	\$144.00	\$0.00	\$144.00
	Mattie P Foote	\$2,000.00	\$145.00	\$0.00	\$145.00
	Founders Room	\$7,045.00	\$509.00	\$0.00	\$509.00
	Charles F & G Gay Linsley	\$2,000.00	\$144.00	\$0.00	\$144.00
	Arthur E Miller	\$2,000.00	\$207.00	\$0.00	\$207.00
	WR & KS Mosher	\$5,000.00	\$300.00	\$0.00	\$300.00
	Caroline Louise Nagel	\$2,000.00	\$144.00	\$0.00	\$144.00
	Margaret A Schenck	\$2,000.00	\$144.00	\$0.00	\$144.00
	Henery H Stockder-Swan Room	\$2,000.00	\$144.00	\$0.00	\$144.00
	Nettie C Wilcox	\$2,000.00	\$144.00	\$0.00	\$144.00
	Minnie E Zschirpe	\$4,167.00	\$301.00	\$0.00	\$301.00
	Total Bed Funds :	\$119,212.00	\$108,607.00	\$0.00	\$108,607.00

REPORT 17B FUND ACTIVITY 21 OF 30 7/20/2016, 11:34 AM

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	2.78%
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 to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.43%

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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
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.17%
С	Collection Agent	
1	Collection Agent Name	Sherlog Solutions
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.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	"Same as General Processes and Policies" Otherwise Provide	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.10%

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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.	Hospitalist	Adwoa Nyanin, Midstate Medical Center	\$341,577	\$39,820	\$381,397
2.	Hospitalist	Timothy Pratt, Midstate Medical Center	\$320,056	\$37,654	\$357,710
3.	Vice President Operations	Cindy Russo, Midstate Medical Center	\$306,375	\$36,879	\$343,254
4.	Medical Director Mediquick	Walter Kupson, Midstate Medical Center	\$298,979	\$36,204	\$335,183
5.	Per Diem Hospitalist	Yin Fei Hung, Midstate Medical Center	\$294,486	\$35,176	\$329,662
6.	Hospitalist	Joyce Akhtar, Midstate Medical Center	\$284,495	\$34,104	\$318,599
7.	Hospitalist	Mohammed Shams, Midstate Medical Center	\$276,002	\$33,825	\$309,827
8.	Hospitalist	Mark Schaner, Midstate Medical Center	\$268,399	\$33,328	\$301,727
9.	Hospitalist	Kulsuma Ahmed, Midstate Medical Center	\$258,010	\$32,162	\$290,172
10.	Hospitalist	Adnan Sadiq, Midstate Medical Center	\$250,873	\$36,111	\$286,984
		Grand Total:	\$2,899,252	\$355,263	\$3,254,515

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MIDSTATE MEDICAL CENTER AND SUBSIDIARIES 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 SVP East Region President	Steven Hanks, Hartford HealthCare Corp.Med Group	\$2,486,680	\$94,057	\$2,580,737
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.	Plasitc 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

MIDSTATE MEDICAL CENTER 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 ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
LINE	DESCRIFTION	munectry)	y or manechy)	TOTAL
Α.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES	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	\$0	\$0	\$0
		_	<u>. </u>	
В.	CLINICAL LAB PARTNERS			
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
	HARTFORD HEALTH CARE CORP	٦		
<u>C.</u> 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,773	\$0	\$1,773
2	Paid by the Entity Listed Above to Hospital Employees(b)	\$171,279	\$0	\$171.279
_		+ + + + + + + + + + + + + + + + + + + +	1.	+)=
D.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	HARTFORD HEALTHOADE OFNICE OFNICES BYDY	7		
	HARTFORD HEALTHCARE SENIOR SERVICES D/B/A			
E.	SOUTHINGTON CARE CENTER Paid by the Entity Listed Above to Hospital Employees(B)	\$298	\$0	\$298
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$298	\$0 \$0	\$298 \$20,736
	. a.a a., a.a ricopital to Employees of the Emity Eleted 7.0046	Ψ=0,100	ΨΟ	Ψ20,700
F.	HARTFORD HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$101,507	\$0	\$101,507
2	Paid by the Hospital to Employees of the Entity Listed Above	\$66,386	\$0	\$66,386
G.	HHC INDEMNITY SERVICES, LTD	Φ0	Φ0	# 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	\$0 \$0
	and by the mospital to Employees of the Entity Listed Above	ψ	ΨΟ	ΨΟ
	HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE	7		
Н.	MEDICAL GROUP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$147,396	\$0	\$147,396
2	Paid by the Hospital to Employees of the Entity Listed Above	\$38,614	\$0	\$38,614
	MEDIDEN IMACING CENTED INC	7		
1.	MERIDEN IMAGING CENTER, INC 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
	Tala by the Hoopital to Employees of the Entity Elected Above	Ψ	ΨΟ	ΨΟ
J.	MIDSTATE MSO, LLC	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
17	NATCHALIC HOODITAL	7		
K .	NATCHAUG HOSPITAL Paid by the Entity Listed Above to Hospital Employees(B)	\$889	\$0	\$889
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$889 \$25,077	\$0 \$0	\$889 \$25,077
	. a.a. 27 a.o ricopital to Employoco of the Emity Eleted 7,0046	Ψ=0,011	ΨΟ	Ψ20,011
L.	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
		7		
М.	RUSHFORD CENTER, INC.	0404	Φ0	0404
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$134 \$43,444	\$0 \$0	\$134 \$43,444
2	raid by the nospital to Employees of the Entity Listed Above	φ43,444	\$0	\$43,444
Ν.	THE HOSPITAL OF CENTRAL CONNECTICUT	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$348	\$0	\$348
2	Paid by the Hospital to Employees of the Entity Listed Above	\$151,077	\$0	\$151,077
0.	VNA HEALTH RESOURCES, INC.	* **		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$18,813	\$0	\$18,813
2	Paid by the Hospital to Employees of the Entity Listed Above	\$81,466	\$0	\$81,466
Ρ.	WINDHAM HEALTH SERVICES, INC.	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,548	\$0	\$1,548
	in and by the Entity Eleted Above to Hospital Employees(b)	ψ1,070	ΨΟ	ψ1,070

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MIDSTATE MEDICAL CENTER 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) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
2	Paid by the Hospital to Employees of the Entity Listed Above	\$19,140	\$0	\$19,140
			<u> </u>	

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.

MIDSTATE MEDICAL CENTER ANNUAL REPORTING

FISCAL YEAR 2015 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	
1	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
1.	Functions.	IV/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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		EPORTING L YEAR 2015			
	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)			
	N	7.000	0.004	(700)	400
1. 2.	Number of Applicants Number of Approved Applicants	7,006 6,656	6,304 5,989	(702) (667)	-10% -10 %
۷.	Number of Approved Applicants	0,000	3,303	(007)	-10
3.	Total Charges (A)	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
	Average Charges	\$1,221	\$1,038	(\$183)	-159
	Patter (Oct to Observe (POO)	0.400440	0.070000	(0.004040)	0.0
4.	Ratio of Cost to Charges (RCC) Total Cost	0.409442 \$3,326,720	0.378229 \$2,351,131	(0.031213) (\$975,589)	-89 -29 9
	Average Cost	\$500	\$393	(\$107)	-219
	Attorago coot	4000	4000	(4.0.)	
5.	Charity Care - Inpatient Charges	\$1,646,964	\$1,205,338	(\$441,626)	-279
	Charity Care - Outpatient Emergency Department				
6.	Charges	4,789,712	3,709,848	(1,079,864)	-239
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,688,334	1,300,971	(387,363)	-239
<u> </u>	Total Charges (A)	\$8,125,010	\$6,216,157	(\$1,908,853)	-23°
	rotal grade (r.)	40,120,010	40,210,101	(+1,000,000)	
8.	Charity Care - Number of Patient Days	2,039	1,781	(258)	-139
9.	Charity Care - Number of Discharges	500	448	(52)	-109
10.	Charity Care - Number of Outpatient ED Visits	7,893	6,572	(1,321)	-179
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,235	2,209	(26)	-19
(A) Th	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R		lited Financial S	Statement Notes.	
<u>D.</u>	nospital bed Fullus (see nospital Reporting System - R	eport 17)			
1.	Number of Applicants	8	16	8	1009
2.	Number of Approved Applicants	7	14	7	100
3.	Total Charges (B) Average Charges	\$97,225	\$108,607	\$11,382	12
	Average Charges	\$13,889	\$7,758	(\$6,132)	-44
4.	Ratio of Cost to Charges (RCC)	0.409442	0.378229	(0.031213)	-80
4.	Ratio of Cost to Charges (RCC) Total Cost	0.409442 \$39,808	0.378229 \$41,078	(0.031213) \$1,270	-8°
4.					3'
	Total Cost Average Cost	\$39,808 \$5,687	\$41,078 \$2,934	\$1,270 (\$2,753)	3° -48°
 4. 5. 	Total Cost	\$39,808	\$41,078	\$1,270	3' -48'
	Total Cost Average Cost	\$39,808 \$5,687	\$41,078 \$2,934	\$1,270 (\$2,753)	3 -48 12
5. 6.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$39,808 \$5,687 \$97,225	\$41,078 \$2,934 \$108,607	\$1,270 (\$2,753) \$11,382	12°
5.	Total Cost Average Cost Bed Funds - Inpatient Charges	\$39,808 \$5,687 \$97,225	\$41,078 \$2,934 \$108,607	\$1,270 (\$2,753) \$11,382	3° -48° 12° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0°
5. 6. 7.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$39,808 \$5,687 \$97,225 0 0 \$97,225	\$41,078 \$2,934 \$108,607 0 \$108,607	\$1,270 (\$2,753) \$11,382 0 0 \$11,382	3° -48° 12° 0° 12°
5. 6. 7.	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	\$39,808 \$5,687 \$97,225 0	\$41,078 \$2,934 \$108,607 0 \$108,607	\$1,270 (\$2,753) \$11,382 0	3 -48 12 0 0 12 129
5. 6. 7.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$39,808 \$5,687 \$97,225 0 0 \$97,225	\$41,078 \$2,934 \$108,607 0 \$108,607	\$1,270 (\$2,753) \$11,382 0 0 \$11,382	3 -48 12 0 0 12 129 86
5. 6. 7. 8. 9.	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	\$39,808 \$5,687 \$97,225 0 \$97,225	\$41,078 \$2,934 \$108,607 0 \$108,607	\$1,270 (\$2,753) \$11,382 0 \$11,382 40 6	3° -48° 12° 0° 12° 129° 86° 0°
5. 6. 7. 8. 9.	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	\$39,808 \$5,687 \$97,225 0 \$97,225	\$41,078 \$2,934 \$108,607 0 \$108,607	\$1,270 (\$2,753) \$11,382 0 \$11,382 40 6	33 -48 12' 0' 12' 129 86'