ANNUAL REPORTING

FISCAL YEAR 2016

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 type of service | Parent Corporation | |
| | Tax Status | Not for Profit | |
| | Street Address | 435 LEWIS AVENUE | |
| | Town | MERIDEN Comparting | |
| | State Zip Code | Connecticut 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 | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut 06103 - 1919 | |
| 15 | CT Agent Zip Code | 00100 - 1919 | |
| | | | |
| B. | AFFILIATE NAME | HARTFORD HEALTH CARE CORP | |
| | | | |
| 4 | Affiliate Description | DADENT CORDODATION | |
| | Affiliate Description Affiliate type of service | PARENT CORPORATION Parent Corporation | |
| | Tax Status | Not for Profit | |
| | Street Address | One State Street, Suite 19 | |
| | Town | Hartford | |
| | State | Connecticut | |
| | Zip Code | 06103 - | |
| | CEO Name | Elliot Joseph | |
| | CEO Title CT Agent Name | President and CEO Winship Service Corp. | |
| | CT Agent Name 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 | |
| | | | |
| C. | AFFILIATE NAME | HARTFORD HEALTHCARE AT HOME, INC. | |
| C. | AFFICIATE NAME | HARTFORD HEALTHCARE AT HOME, INC. | |
| | | | |
| | Affiliate Description | Provide, plan and develop a continuum of home care and community health services | |
| | Affiliate type of service | Home Health/VNAs | |
| | Tax Status | Not for Profit | |
| | Street Address Town | 103 Woodland Street | |
| | Town State | Hartford Connecticut | |
| | Zip Code | 06105 - | |
| | CEO Name | Michael Soccio | |
| | CEO Title | President | |
| | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company | Wonship Service Corporation | |
| | CT Agent Company Street Address | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent Zin Code | Connecticut 06103 - 1919 | |
| 15 | CT Agent Zip Code | 00100 - 1919 | |

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| (1) | (2) | (3) | |
|----------|----------------------------------|---|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| D. | AFFILIATE NAME | HARTFORD HEALTHCARE LABORATORIES, LLC. | |
| | | | |
| 1 | Affiliate Description | LAB | |
| | Affiliate type of service | Lab | |
| | Tax Status | For Profit | |
| | Street Address | 129 PATRICIA GENOVA DRIVE | |
| | Town State | Newington Connecticut | |
| | Zip Code | 06111 - | |
| | CEO Name | James Fantus | |
| 9 | CEO Title | PRESIDENT & CEO | |
| | CT Agent Name | Winship Service Corp. | |
| | CT Agent Company | Winship Service Corp. | |
| 12 | CT Agent Town | One Constitution Plaza Hartford | |
| 13 14 | CT Agent Town CT Agent State | Connecticut | |
| | CT Agent State CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| | | | |
| E. | AFFILIATE NAME | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | |
| | | | |
| 1 | Affiliate Description | REHABILITATION SERVICES | |
| | Affiliate type of service | Rehabilitation Services | |
| 3 | 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 | |
| 10 | 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 | |
| 10 | OT Agont Zip Oodo | | |
| | | | |
| F. | 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 | |
| | Street Address | 45 Meriden Avenue | |
| | Town | Southington | |
| | State Zip Code | Connecticut 06489 - | |
| | CEO Name | William Kowalewski | |
| | CEO Title | Executive Director | |
| | CT Agent Name | Central CT Health Alliance | |
| 11 | CT Agent Company | Lucille Janatka | |
| | CT Agent Company Street Address | 100 Grand Street | |
| | CT Agent Town | New Britain | |
| | CT Agent State CT Agent Zip Code | Connecticut 06050 - | |
| 10 | OT Agent Zip Code | 00000 - | |

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

| (1) | (2) | (3) | |
|--------|-------------------------------------|---|--|
| | DESCRIPTION | AFFILIATE INFORMATION | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| G. | AFFILIATE NAME | HARTFORD HOSPITAL | |
| | | | |
| 1 | Affiliate Description | HOSPITAL | |
| | Affiliate type of service | Hospital | |
| 3 | Tax Status | Not for Profit | |
| | Street Address | 80 SEYMOUR ST | |
| | Town | Hartford | |
| 6 7 | State Zip Code | Connecticut 06103 - | |
| | CEO Name | Stuart Markewicz | |
| | CEO Title | President | |
| | 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 Connecticut | |
| | CT Agent State CT Agent Zip Code | 06103 - | |
| | 5. 7.93m Lip 0000 | | |
| | | | |
| H. | AFFILIATE NAME | HHC INDEMNITY SERVICES, LTD | |
| | | | |
| 1 | Affiliate Description | Reinsurance | |
| | Affiliate type of service | Insurance | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | F.B. Perry Building, 40 Church Street | |
| | Town | Hamilton | |
| 6 7 | State Zip Code | Bermuda | |
| | CEO Name | Elliot Joseph | |
| 9 | CEO Title | President and 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 CT Agent State | Hartford Connecticut | |
| | CT Agent State CT Agent Zip Code | 06103 - 1919 | |
| | or rigent zip odde | | |
| | | | |
| I. | 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 | |
| 2 | Affiliate type of service | Foundation | |
| 3 | Tax Status | Not for Profit | |
| | Street Address | 1290 Silas Dean Highway | |
| 5 | Town | Wethersfield | |
| | State Zip Code | Connecticut 06109 - | |
| | CEO Name | James Watkins Jr | |
| | CEO Title | 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 CT Agent Zip Code | Connecticut 06103 - 1919 | |
| 10 | OT Agent Zip Oode | 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 | HHC SOUTHINGTON SURGERY CENTER | |
| <u> </u> | , | | |
| 1 | Affiliate Description | Provides comprehensive orthopedic care | |
| | Affiliate type of service | Ambulatory Services | |
| | Tax Status | Not for Profit | |
| | Street Address | 81 Meriden Ave, Suite C301 | |
| | Town | Southington | |
| | State Zip Code | Connecticut 06489 - | |
| | CEO Name | Kris Mineau | |
| | CEO Title | CEO | |
| | CT Agent Name | John D Newman | |
| | CT Agent Company | | |
| | CT Agent Company Street Address | 100 Avon Meadow Lane | |
| | CT Agent State | Avon Connecticut | |
| | CT Agent State CT Agent Zip Code | 06001 - | |
| 10 | or Agent Zip Gode | 00001 | |
| | | | |
| K. | AFFILIATE NAME | JEFFERSON HOUSE | |
| | | | |
| 1 | Affiliate Description | Care for the Aged | |
| | Affiliate type of service | Care for the Aged | |
| | Tax Status | Not for Profit | |
| | Street Address | 80 Seymour Street | |
| | Town | Hartofrd | |
| | State | Connecticut | |
| | Zip Code CEO Name | 06102 - Stuart Markowitz, MD | |
| | CEO Title | President & 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 | or Agent Zip Gode | 00100 1010 | |
| | | | |
| L. | AFFILIATE NAME | MERIDEN IMAGING CENTER, INC | |
| | | | |
| 1 | Affiliate Description | IMAGING SERVICES | |
| | Affiliate type of service | Imaging Services | |
| | Tax Status | For Profit | |
| | Street Address | 435 LEWIS AVE | |
| | Town | Meriden | |
| | State Zip Code | Connecticut 06451 - | |
| | CEO Name | GARY DEE, MD | |
| | CEO Title | PRESIDENT | |
| | CT Agent Name | Michael Kurs, Esq. | |
| 11 | CT Agent Company | Pullman and Comely | |
| | CT Agent Company Street Address | One Statehouse Sq | |
| | CT Agent Town | Hartford | |
| | CT Agent State CT Agent Zip Code | Connecticut 06103 - | |
| 10 | OT Agent Zip Oute | 00100 | |

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

| LINE DESCRIPTION AFFILIATE INFORMATION M. AFFILIATE NAME MIDSTATE MSO Affiliate Description MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRANAGEMENT SERVICE ORGANIZATION TO SERVICE PHYSICIAN | |
|--|------------------------------|
| 1 Affiliate Description MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRA 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 435 Lewis Avenue 5 Town Meriden 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent Zip Code O6103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President Connecticut 11 CT Agent Company Street Address CEO O6250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO O7 | |
| 1 Affiliate Description MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRA 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 435 Lewis Avenue 5 Town Meriden 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent Zip Code O6103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President Connecticut 11 CT Agent Company Street Address CEO O6250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO O7 | |
| 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 435 Lewis Avenue 5 Town Meriden 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Upse of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Stors Road 5 Town Mansfield Center 6 State Connecticut < | |
| 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 435 Lewis Avenue 5 Town Meriden 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Upse of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Stors Road 5 Town Mansfield Center 6 State Connecticut < | |
| 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 435 Lewis Avenue 5 Town Meriden 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Upse of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Stors Road 5 Town Mansfield Center 6 State Connecticut < | ACTICES |
| 3 Tax Status | ACTIOES. |
| 5 Town Meriden 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - 8 MATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title <t< td=""><td></td></t<> | |
| 6 State Connecticut 7 Zip Code - 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Street Address One Constitution Plaza 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Company Street Address One Constitution Plaza 14 CT Agent Company Street Address One Constitution Plaza 15 CT Agent Company Street Address One Constitution Plaza 16 CT Agent Town Hartford 17 CT Agent Town Hartford 18 CT Agent Town Hartford 19 CT Agent Town Hartford 10 CT Agent Town Hartford 11 CT Agent Town Hartford 11 CT Agent Town Hartford | |
| 7 Zip Code 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Name Winship Service Corporation 12 CT Agent Name Winship Service Corporation 13 CT Agent Company Winship Service Corporation 14 CT Agent Company Winship Service Corporation 15 CT Agent Company Winship Service Corporation 16 CT Agent Company Winship Service Corporation 17 CT Agent Company Street Address One Connecticut 18 CT Agent Town Hartford 19 CT Agent Town Hartford 10 CT Agent Town Hartford 11 CT Agent State Connecticut | |
| 8 CEO Name Lucille Janatka 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Company Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Winship Service Corporation 14 CT Agent Company Winship Service Corporation 15 CT Agent Company Winship Service Corporation 16 CT Agent Company Winship Service Corporation 17 CT Agent Company Winship Service Corporation 18 CT Agent Town Hartford 19 CT Agent Town Hartford 19 CT Agent State Connecticut 10 CT Agent Town Hartford 10 CT Agent State Connecticut | |
| 9 CEO Title President 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Company Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Winship Service Corporation 14 CT Agent Company 15 Connecticut 16 CT Agent Company Winship Service Corporation 17 CT Agent Company Winship Service Corporation 18 CT Agent Company Winship Service Corporation 19 CT Agent Company Winship Service Corporation 10 CT Agent Town Hartford 11 CT Agent Town Hartford 11 CT Agent State Connecticut 18 CT Agent State Connecticut 19 CT Agent Town Hartford 10 CT Agent State Connecticut 10 CT Agent State Connecticut | |
| 10 CT Agent Name Winship Service Corp. 11 CT Agent Company Winship Service Corp. 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code O6103 - | |
| Taylor T | |
| 13 CT Agent Town 14 CT Agent State 15 CT Agent Zip Code 16103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description 2 Affiliate type of service 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 8 CEO Name 9 CEO Title 9 CEO Title 10 CT Agent Company Vinship Service Corporation 11 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut One Constitution Plaza 15 CT Agent Town Hartford 16 Connecticut One Constitution Plaza 17 CT Agent Town Hartford 18 CT Agent Town Hartford Connecticut One Constitution Plaza Hartford Connecticut One Connecticut One Constitution Plaza Hartford CT Agent Town Hartford CT Agent State Connecticut | |
| 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 - N. AFFILIATE NAME NATCHAUG HOSPITAL 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut 16 CT Agent State Connecticut 17 Zip Code Office Corporation Winship Service Corporation CT Agent Company Winship Service Corporation | <u> </u> |
| N. AFFILIATE NAME NATCHAUG HOSPITAL Affiliate Description MENTAL HEALTH FACILITY Affiliate type of service Mental Health Facility Tax Status Not for Profit Street Address Town Mansfield Center State Connecticut Zip Code CEO Name Stephen Larcen, Ph.D. President & CEO CT Agent Name Winship Service Corporation Taken Town CT Agent Company Winship Service Corporation Taken Town Hartford Affiliate Description MENTAL HEALTH FACILITY Street Address 189 Storrs Road Connecticut Connecticut Tip Code Connecticut Connecticut Mental Health Facility Mental Health Facility Mental Health Facility Street Address Mental Health Facility Mental Health Facility Street Address One Constitution Plaza Taken Town Hartford Connecticut Connecticut | |
| N. AFFILIATE NAME NATCHAUG HOSPITAL Affiliate Description MENTAL HEALTH FACILITY Affiliate type of service Mental Health Facility Tax Status Not for Profit Street Address Mansfield Center State Connecticut Zip Code CEO Name Stephen Larcen, Ph.D. CEO Title President & CEO To Agent Name Winship Service Corporation Tax Agent Town Hartford Tax Agent Town Hartford Tax Agent State NATCHAUG HOSPITAL MENTAL HEALTH FACILITY MENTAL HEALTH FAC | |
| 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code O6250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 1 Affiliate Description MENTAL HEALTH FACILITY 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code O6250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
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| 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 2 Affiliate type of service Mental Health Facility 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 3 Tax Status Not for Profit 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 4 Street Address 189 Storrs Road 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 5 Town Mansfield Center 6 State Connecticut 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 7 Zip Code 06250 - 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 8 CEO Name Stephen Larcen, Ph.D. 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 9 CEO Title President & CEO 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 10 CT Agent Name Winship Service Corporation 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 11 CT Agent Company Winship Service Corporation 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 13 CT Agent Town Hartford 14 CT Agent State Connecticut | |
| 14 CT Agent State Connecticut | |
| 45 07 4 47' 0 4 | |
| 15 CT Agent Zip Code 06103 - 1919 | |
| | |
| O. AFFILIATE NAME PRACTICE CENTRAL, LLC | |
| O. AFFILIATE NAME PRACTICE CENTRAL, LLC | |
| Facilitate the adotpion of electronic health systems by physician practices in C | T for effective data sharing |
| 1 Affiliate Description and clinical integration resulting in better coordinated care | |
| 2 Affiliate type of service Affiliate Support Services | |
| 3 Tax Status For Profit 4 Street Address 85 Seymour Street | |
| 4 Street Address 85 Seymour Street 5 Town Hartford | |
| 6 State Connecticut | |
| 7 Zip Code 06102 - | |
| 8 CEO Name Kent Stahl, MD | <u> </u> |
| 9 CEO Title Managing Director | |
| 10 CT Agent Name Wihship Services Corp | |
| 11 CT Agent Company Winship Services Corp | |
| 12 CT Agent Company Street Address One Constitution Plaza 13 CT Agent Town Hartford | |
| 14 CT Agent State Connecticut | |
| 15 CT Agent Zip Code 06103 - 1919 | |

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| (1) | (2) | (3) | |
|----------|----------------------------------|--|--|
| | | AFFILIATE INFORMATION | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| P. | AFFILIATE NAME | RUSHFORD CENTER, INC. | |
| | | | |
| 1 | Affiliate Description | MENTAL HEALTH FACILITY | |
| | Affiliate type of service | Mental Health Facility | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 1250 Silver Street | |
| 5 | Town | Middletown | |
| 6 7 | State | 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 | |
| 14 15 | CT Agent State CT Agent Zip Code | Connecticut 06457 - | |
| 15 | OT Agent Zip Code | 00407 | |
| | | | |
| Q. | AFFILIATE NAME | THE HOSPITAL OF CENTRAL CONNECTICUT | |
| | | | |
| 1 | Affiliate Description | Hospital | |
| 2 | Affiliate type of service | Hospital | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 100 Grand St | |
| 5 | Town | New Britain | |
| 6 7 | State | Connecticut 06050 - | |
| | Zip Code CEO Name | Lucille Janatka | |
| 9 | CEO Title | 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 CT Agent Zip Code | Connecticut 06050 - | |
| 15 | OT Agent Zip Code | | |
| | | | |
| R. | 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 7 | State Zip Code | Connecticut 06489 - | |
| | CEO Name | Audry Vinci | |
| | CEO Title | Executive Director | |
| | CT Agent Name | The Hospital of Central CT | |
| 11 | CT Agent Company | Lucille Janatka | |
| | CT Agent Company Street Address | 100 Grand Street | |
| | CT Agent Ctata | New Britain | |
| | CT Agent State CT Agent Zip Code | Connecticut 06050 - | |
| -13 | OT Agont Zip Code | 00000 | |

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ANNUAL REPORTING FISCAL YEAR 2016

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

| (1) | (2) | (3) | |
|----------|--|---|--|
| | | AFFILLATE INFORMATION | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| S. | AFFILIATE NAME | VNA HEALTH RESOURCES, INC. | |
| | | | |
| 1 | Affiliate Description | HOME HEALTH/VNA, HOMEMAKER SERVICES | |
| 2 | Affiliate type of service | Home Health/VNAs | |
| 3 | Tax Status | Not for Profit | |
| | Street Address | 103 Woodland Street, Shipman | |
| 5 | Town | Hartford | |
| 6 | State | Connecticut | |
| 7 8 | Zip Code CEO Name | 06105 - | |
| | CEO Title | Michael Soccio President | |
| | CT Agent Name | Winship Service Corporation | |
| | 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 | |
| | | | |
| т. | AFFILIATE NAME | WALLINGFORD ENDOSCOPY CENTER, LLC | |
| | | , | |
| | | | |
| | Affiliate Description | To provide the patients with nonsurgical procedures for a person's digestive tract. | |
| | Affiliate type of service Tax Status | Medical Practices | |
| 4 | Street Address | Not for Profit 863 North Main Street | |
| 5 | Town | Wallingford | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06492 - | |
| 8 | CEO Name | Lucille Janatka | |
| | CEO Title | President | |
| | CT Agent Name CT Agent Company | Midstate | |
| | CT Agent Company CT Agent Company Street Address | 863 North Main Street | |
| | CT Agent Town | Wallingford | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06492 - | |
| | | | |
| U. | AFFILIATE NAME | WINDHAM HEALTH SERVICES, INC. | |
| 0. | AFFILIATE NAME | WHINDIAN HEALTH SERVICES, INC. | |
| | | | |
| 1 | Affiliate Description | CORPORATE ENTITY FORMED TO INVEST IN NORTHEAST HOME CARE, INC. | |
| 2 | Affiliate type of service | For Profit Services (Specify) | |
| <u>3</u> | Tax Status | For Profit | |
| 5 | Street Address Town | 112 Mansfield Avenue Willimantic | |
| 6 | State | Villimantic | |
| | Zip Code | 06226 - | |
| 8 | CEO Name | Bimal Patel | |
| 9 | CEO Title | President and CEO | |
| | CT Agent Name | Winship Service Corporation | |
| 11 | CT Agent Company | Winship Service Corporation | |
| | CT Agent Town | One Constitution Plaza | |
| | CT Agent Town CT Agent State | Hartford Connecticut | |
| | CT Agent State CT Agent Zip Code | 06103 - 1919 | |
| | - ט-יי- | | |

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|------|---|---|---------------------------------|
| (') | (2) | FUND DESCRIPTION / | BALANCE AS OF |
| LINE | AFFILIATE NAME | FUND PURPOSE | 9/30/2016 |
| LINE | ALL IELATE NAME | 10121011002 | 3/30/2010 |
| ^ | MIDSTATE MEDICAL CENTER | | |
| Α. | MIDSTATE MEDICAL CENTER | | Φ0 |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 5 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | |
| В. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | |
| 1 | | Unrestricted | \$70,310,373 |
| 2 | | Temporarily Restricted by Donor | \$2,580,173 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$14,970,141 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$87,860,687 |
| | | | |
| С. | HARTFORD HEALTH CARE CORP | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 \$0 |
| | | Total: | \$0 |
| | | Totali | + |
| D. | HARTFORD HEALTHCARE AT HOME, INC. | | |
| 1 | HARTI ORD HEALTICARE AT HOME, INC. | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | | Φ0 |
| 5 | | Permanently Restricted by Donor Intercompany Eliminations | \$0 \$0 |
| | | | \$0 |
| | | Total: | \$ 0 |
| _ | HARTEORR HEALTHCARE LARORATORIES LLC | | |
| Ε. | HARTFORD HEALTHCARE LABORATORIES, LLC. | | |
| 1 | | Unrestricted | \$0 \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor Intercompany Eliminations | \$0 \$0 |
| 5 | | ' ' | |
| | | Total: | \$0 |
| | | | |
| l _ | | | |
| F. | 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 \$0 \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | |
| | HARTFORD HEALTHCARE SENIOR SERVICES D/B/A | | |
| G. | SOUTHINGTON CARE CENTER | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 \$0 \$0 \$0 \$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 | 9/30/2016 |
| | | | |
| Н. | HARTFORD HOSPITAL | | |
| 1 | TIAKTI OKO TIGOTTIAL | 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 | Ų. |
| Ι. | HHC INDEMNITY SERVICES, LTD | | |
| 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 |
| Ť | | Total: | \$0 |
| | | 10441 | φυ |
| | HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE | | |
| | MEDICAL GROUP | | |
| 1 | MIEDIOAE GROOT | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| Ť | | Total: | \$0 |
| | | Total. | \$ 0 |
| Κ. | HHC SOUTHINGTON SURGERY CENTER | | |
| | THE SOUTHINGTON SURGERT CENTER | Honoratelata d | #0 |
| 1 | | Unrestricted | \$0 \$0 |
| 3 | | Temporarily Restricted by Donor | \$0 |
| 4 | | Temporarily Restricted by Board Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | Total. | \$ 0 |
| L. | JEFFERSON HOUSE | | |
| 1 | JEFFERSON HOUSE | Unrestricted | \$0 |
| 2 | | | \$0 |
| 3 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| ٺ | | Total: | \$0 |
| | | i otal. | \$0 |
| М. | MERIDEN IMAGING CENTER, INC | | |
| 1 1 | WIENDER IWAGING CENTER, INC | Unrestricted | \$0 |
| 2 | | Unrestricted Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Board | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| ٣ | | Total: | \$0 |
| | | i Otal. | \$0 |
| Ν. | MIDSTATE MSO | | |
| | INIDOTATE INIOU | Lingatriotod | 00 |
| 1 | | Unrestricted | \$0 \$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 |
| _ 3 | | | |
| | | 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 | 9/30/2016 |
| | | | |
| Ο. | NATCHAUG HOSPITAL | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | |
| Р. | 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 |
| | DUQUEODD OFWED ING | | |
| Q. | 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 |
| | | | |
| R. | THE HOSPITAL OF CENTRAL CONNECTICUT | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| S. | THE ORCHARDS AT SOUTHINGTON | | |
| | THE ORCHARDS AT SOUTHINGTON | Harastelata d | (C) |
| 1 | | Unrestricted | \$0 |
| 3 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$ 0 |
| | | Total: | \$0 |
| Т. | VNA HEALTH RESOURCES, INC. | | |
| | VIVA HEALTH RESOURCES, INC. | Unrostricted | 00 |
| 1 | | Unrestricted Temporarily Restricted by Donor | \$0 \$0 |
| 2 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 \$0 |
| 3 | | Permanently Restricted by Board Permanently Restricted by Donor | \$0 \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 \$0 |
| | | i otai. | \$0 |
| U. | WALLINGFORD ENDOSCOPY CENTER, LLC | | |
| | WALLINGFORD ENDOSCOFT CENTER, LLC | Unrostricted | 00 |
| 2 | | Unrestricted Temporarily Restricted by Donor | \$0 \$0 |
| | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 \$0 |
| 3 | | Permanently Restricted by Board Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| ٣ | | · · · | \$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 9/30/2016 |
| ٧. | 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: | \$87,860,687 |
| | Intercompany Eliminations | | \$0 |
| | Total of all Affiliates | Fund Balance: | \$87.860.687 |

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

| (1) | (2) | (3) | (4) | (5) |
|----------|--|--|------------|--------------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| Α. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | |
| Α. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 3/30/2013 | \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | , , | | |
| В. | HARTFORD HEALTH CARE CORP | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$88,137,159) |
| 1 | | monthly dues to parent | 09/30/2016 | \$7,731,348 |
| 2 | | Hospital pays various invoice allocation to parent | 09/30/2016 | \$56,777,128 |
| 3 | | Hospital buys PA services from HHC | 09/30/2016 | \$9,530,238 |
| 4 | | Hospital buys Data service from HHC | 09/30/2016 | \$12,088,722 |
| 5 | | Payment for Services - supplies and personnel | 09/30/2016 | (\$113,340,353) |
| 6 | | Hospital pays monthly interest to parent | 09/30/2016 | \$4,116,583 |
| 7 | | Hospital pays intercompany loan payment to parent | 09/30/2016 | \$5,585,671 |
| 8 | | Equity Transfer to Parent | 09/30/2016 | \$11,897,520 |
| 9 | | Hospital pays HHC for Pooled Health insurance | 09/30/2016 | \$11,682,848 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$82,067,454) |
| | | | | |
| C. | HARTFORD HEALTHCARE AT HOME, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | ¢o. |
| 1 | | Hospital buys various personel | 09/30/2016 | \$0 \$323 |
| - ' | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$323 |
| | | Ending Officonsolidated intercompany balance. | 3/30/2010 | \$323 |
| D. | HARTFORD HEALTHCARE LABORATORIES, LLC. | | | |
| <u> </u> | TAKTI OND TIERETTOAKE EADONATORIEG, EEG. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$351,901) |
| 1 | | Rental Expense | 09/30/2016 | \$29,750 |
| 2 | | Lab Testing Services - Payments | 09/30/2016 | \$4,546,947 |
| 3 | | CLP testing services | 09/30/2016 | (\$4,411,432) |
| 4 | | Miscellaneous - supplies | 09/30/2016 | (\$3,884) |
| 5 | | Stat testing services | 09/30/2016 | (\$117,197) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$307,717) |
| | | 3 · · · · · · · · · · · · · · · · · · · | | (41314111) |
| | | | | |

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

| (1) | (2) | (3) | (4) | (5) |
|-------------|---|--|--|---|
| | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| E. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | | |
| 1 2 | | Beginning Unconsolidated Intercompany Balance: Hospital buys Rehabilitation services from ERN Payments for Services - salaries Ending Unconsolidated Intercompany Balance: | 9/30/2015 09/30/2016 09/30/2016 9/30/2016 | (\$132,064) (\$813,449) \$877,622 (\$67,891) |
| | HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER | | | |
| 1 2 | | Beginning Unconsolidated Intercompany Balance: Purchase of Services Payments for Services Ending Unconsolidated Intercompany Balance: | 9/30/2015 09/30/2016 09/30/2016 9/30/2016 | \$1,121 \$25,115 (\$24,804) \$1,432 |
| | | | | |
| G. | HARTFORD HOSPITAL | | | |
| 1 | | Beginning Unconsolidated Intercompany Balance: Hospital buys Laundry service from HH | 9/30/2015 09/30/2016 | (\$388,189) (\$538,090) |
| 2 | | Hospital buys Library Service from HH | 09/30/2016 | (\$55,642) |
| 3 4 5 | | Hospital buys Supplies from HH System Support Fee Hospital buys various personel from HH | 09/30/2016 09/30/2016 09/30/2016 | (\$565,756) (\$563,518) (\$207,315) |
| 6 | | Hospital buys Infectious Disease service from HH | 09/30/2016 | \$98,966 |
| 7 | | Payments for Services Ending Unconsolidated Intercompany Balance: | 09/30/2016 9/30/2016 | \$1,992,671 (\$226,873) |
| H. | HHC INDEMNITY SERVICES, LTD | | | |
| | | Beginning Unconsolidated Intercompany Balance: Nothing to Report | 9/30/2015 | \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | UNIO DI IVOIGIANICO ADE LI O DIDIA HADTEODO HEALTHOADE MEDIO | | | |
| | HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | | | |

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

| (1) | (2) | (3) | (4) | (5) |
|----------|--------------------------------|--|------------|--------------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$65,934 |
| 1 | | Rental Expense | 09/30/2016 | \$735,459 |
| 2 | | Payments for Services Supply | 09/30/2016 | (\$544.273) |
| 3 | | Hospital buys directorship services from HHCMG | 09/30/2016 | (\$360,008) |
| 4 | | Payroll Allocation | 09/30/2016 | \$90,830 |
| 5 | | Dietary | 09/30/2016 | \$505 |
| 6 | | Accounts Payable | 09/30/2016 | \$2,107 |
| 7 | | Dues & Subscriptions | 09/30/2016 | \$400 |
| <u> </u> | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$9,046) |
| | | | | |
| J. | HHC SOUTHINGTON SURGERY CENTER | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | | \$0 \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| 14 | | | | |
| K. | JEFFERSON HOUSE | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| 1 | | Accounts Payable | 09/30/2016 | \$90,988 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$90,988 |
| | MEDIDEN IMACINO CENTED INC | | | |
| L. | MERIDEN IMAGING CENTER, INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 0/00/2010 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| М. | MIDSTATE MSO | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | ¢o |
| 1 | | Misc conversion error | 09/30/2016 | \$0 \$983 |
| 2 | | Intercompany AP G/L Conversion Errors | 09/30/2016 | \$6,833 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$7,816 |
| | | Ending officiationated intercompany balance. | 3/30/2010 | \$7,810 |
| | | | | |

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

| (1) | (2) | (3) | (4) | (5) |
|------|-------------------------------------|--|------------|---------------------|
| | | | | |
| l | AFFU LATE MANE | DESCRIPTION OF TRANSFER | D.4.TE | TRANSFER TO / FROM |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | HOSPITAL |
| N. | NATCHAUG HOSPITAL | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$11,039) |
| 1 | | Payments for Accounts Pay & Payroll | 09/30/2016 | \$11,039 |
| 2 | | Accounts Payable | 09/30/2016 | \$1,041 |
| 3 | | Hospital buys various personel | 09/30/2016 | \$1,011 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$2,052 |
| Ο. | DRACTICE CENTRAL LLC | | | |
| 0. | PRACTICE CENTRAL, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| P. | RUSHFORD CENTER, INC. | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$24,636 |
| 1 | | Rent | 09/30/2016 | \$14,436 |
| 2 | | PAYMENTS FOR PAYROLL & ACCOUNTS PAYABLE | 09/30/2016 | \$370,399 |
| | | Hospital buys support staff and Program support from | 09/30/2010 | \$370,399 |
| 3 | | Rushfor | 09/30/2016 | (\$451,113) |
| 4 | | Nutrician Counseling | 09/30/2016 | \$4,690 |
| - | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$36, 952) |
| | | | 3,23,27 | (400,000) |
| Q. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$87,808) |
| 1 | | Allocation of Wages/expenses | 09/30/2016 | (\$336,248) |
| | | | | |
| 2 | | PAYMENTS FOR PAYROLL & ACCOUNTS PAYABLE | 09/30/2016 | \$357,743 |
| 3 | | Services - personnel | 09/30/2016 | |
| 4 | | Reimbursement of services | 09/30/2016 | \$557,527 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$50,536) |
| | THE OPCUARDS AT CONTUNCTON | | | |
| R. | THE ORCHARDS AT SOUTHINGTON | | | |

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

| (1) | (2) | (3) | (4) | (5) |
|------|-----------------------------------|--|--------------|--------------------|
| | | | | TRANSFER TO / FROM |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | HOSPITAL |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| 1 | | Hospital buys various personel | 09/30/2016 | (\$1,731) |
| 2 | | Payments - personnel | 09/30/2016 | \$530 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$1,201) |
| S. | VNA HEALTH RESOURCES, INC. | | | |
| ٥. | VNA HEALTH RESOURCES, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$27,815 |
| 1 | | VNA buys various personel | 09/30/2016 | \$29,070 |
| 2 | | Payments Nighingale sponsorship | 09/30/2016 | \$2,385 |
| 3 | | 401K | 09/30/2016 | \$4,959 |
| 4 | | Nightingale Sponsorship | 09/30/2016 | (\$2,385) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$61,844 |
| Т. | WALLINGFORD ENDOSCOPY CENTER, LLC | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | WINDHAM HEALTH CERVICES INC | | | |
| U. | WINDHAM HEALTH SERVICES, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$19,835 |
| 1 | | Hospital buys/sells various personel | 09/30/2016 | (\$462) |
| 2 | | Payments - supplies and salaries | 09/30/2016 | (\$11,588) |
| 3 | | Accounts Payable | 09/30/2016 | \$4,021 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$11,806 |
| | | | | |
| | | | Grand Total: | (\$82,591,409) |

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|------------------|--|---------------------------|---------------------------|------------|-------------------|
| , , | · · | · · | · · | , , | ` , |
| | | | | | |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated | | |
| | | | Intercompany Balance | 10/01/2015 | \$0 |
| A. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | | |
| | | | Nothing to Report | - / / / - | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| В. | HARTFORD HEALTH CARE CORP | | | | |
| В. | HARTFORD HEALTH CARE CORP | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$ 0 |
| | | | Total | 3/30/2010 | ΨΟ |
| C. | HARTFORD HEALTHCARE AT HOME, INC. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| D. | HARTFORD HEALTHCARE LABORATORIES, LLC. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| E. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | Nothing to Depart | | ** |
| | | | Nothing to Report Total: | 0/00/0040 | \$0 \$0 |
| | | | l otal: | 9/30/2016 | \$0 |
| | HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE | | | | |
| | CENTER | | | | |
| · · | OLIVIER. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | , , |
| G. | HARTFORD HOSPITAL | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| H. | HHC INDEMNITY SERVICES, LTD | | Nothing 5 | | |
| | | | Nothing to Report | 0/00/0010 | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL | | | | |
| | GROUP | | | | |
| - ' - | ONO OI | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | Totali | 5,55,2510 | 40 |
| J. | HHC SOUTHINGTON SURGERY CENTER | | | | |
| | ! | | | | |

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 |
| LINE | ALTIEIATE TRANSFERRING FORDS | ALTIELATE RECEIVING FORDS | Nothing to Report | DAIL | \$0 |
| | | | Total: | 9/30/2016 | \$0 \$0 |
| | | | | 5,55,25 | ** |
| K. | JEFFERSON HOUSE | | | | |
| | | | Nothing to Report | 0/00/00/10 | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| L. | MERIDEN IMAGING CENTER, INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| М. | MIDSTATE MSO | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | Total. | 0/00/2010 | 40 |
| N. | NATCHAUG HOSPITAL | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| 0. | PRACTICE CENTRAL, LLC | | | | |
| <u> </u> | I RACHOL GLATRAL, ELG | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| P. | RUSHFORD CENTER, INC. | | Nothing to Deport | | Φ0 |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | Total. | 9/30/2010 | \$0 |
| Q. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| R. | THE ORCHARDS AT SOUTHINGTON | | | | |
| N. | THE ONOHANDO AT SOUTHINGTON | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| S. | VNA HEALTH RESOURCES, INC. | | Nothing to Depart | | |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | i otai: | 3/30/2016 | \$0 |
| T. | WALLINGFORD ENDOSCOPY CENTER, LLC | | | | |
| | , | | Nothing to Report | | \$0 |

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|-------------------------------|---------------------------|---|-----------|--------|
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| U. | WINDHAM HEALTH SERVICES, INC. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2016 | \$0 |

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

| (1) | (2) | (3) | (4) |
|-----------|--|---------------|-----------|
| | AFFILIATE NAME & | AMOUNT | DATE |
| LINE | DESCRIPTION OF EXPENDITURE | AMOUNT | DATE |
| Α. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | |
| 0 | Nothing to Report | \$0 | |
| | Tota | l: \$0 | 9/30/2016 |
| | | | |
| B. | HARTFORD HEALTH CARE CORP Nothing to Report | \$0 | |
| - | Total | | 9/30/2016 |
| | | | |
| | HARTFORD HEALTHCARE AT HOME, INC. | | |
| 0 | Nothing to Report Tota | \$0 | 0/00/0040 |
| | 1012 | 1: \$0 | 9/30/2016 |
| D. | HARTFORD HEALTHCARE LABORATORIES, LLC. | | |
| 0 | Nothing to Report | \$0 | |
| | Tota | 1: \$0 | 9/30/2016 |
| _ | | | |
| E. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC Nothing to Report | \$0 | |
| - | Total | | 9/30/2016 |
| | | | |
| | HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER | | |
| 0 | Nothing to Report | \$0 | |
| Ť | Tota | | 9/30/2016 |
| | | | |
| G. | HARTFORD HOSPITAL | | |
| 0 | Nothing to Report Tota | \$0 I: \$0 | 9/30/2016 |
| | 100 | υ φυ | 9/30/2010 |
| Н. | HHC INDEMNITY SERVICES, LTD | | |
| 0 | Nothing to Report | \$0 | |
| | Tota | 1: \$0 | 9/30/2016 |
| | | | |
| | HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL GROU | P | |
| 0 | Nothing to Report | \$0 | 0/00/0040 |
| | Tota | 1: \$0 | 9/30/2016 |
| J. | HHC SOUTHINGTON SURGERY CENTER | | |
| 0 | Nothing to Report | \$0 | |
| | Tota | 1: \$0 | 9/30/2016 |
| | | | |
| K. | JEFFERSON HOUSE Nothing to Report | \$0 | |
| - | Total | | 9/30/2016 |
| | | | |
| | MERIDEN IMAGING CENTER, INC | | |
| 0 | Nothing to Report Tota | \$0 I: \$0 | 9/30/2016 |
| | l Tota | \$0 | 9/30/2016 |
| М. | MIDSTATE MSO | | |
| 0 | Nothing to Report | \$0 | |
| | Tota | 1: \$0 | 9/30/2016 |
| . | NATCHALIC LICEDITAL | | |
| N. | NATCHAUG HOSPITAL Nothing to Report | \$0 | |
| Ť | Tota | | 9/30/2016 |
| | | | |
| | PRACTICE CENTRAL, LLC | | |
| 0 | Nothing to Report Tota | \$0 | 0/20/2040 |
| | l Ota | 1: \$0 | 9/30/2016 |
| P. | RUSHFORD CENTER, INC. | | |
| 0 | Nothing to Report | \$0 | |
| | | | |

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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 |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| Q. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| R. | THE ORCHARDS AT SOUTHINGTON | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| S. | VNA HEALTH RESOURCES, INC. | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| _ | WALLINGTON THROUGHY OF LIFE LLO | | | |
| | WALLINGFORD ENDOSCOPY CENTER, LLC | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| U. | WINDHAM HEALTH SERVICES, INC. | | | |
| 0 | Nothing to Report | | \$0 | |
| | 3 3 4 4 | Total: | \$0 | 9/30/2016 |
| | | | | |
| | | Grand Total: | \$0 | 9/30/2016 |

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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 |
| | MIDOTATE MEDICAL CENTER AND CURRIPLANTS | | |
| A. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES Nothing to Report | \$0 | 0 |
| - | Total | | 0 |
| | i Ottali | 40 | |
| B. | HARTFORD HEALTH CARE CORP | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total | \$0 | |
| C. | HARTFORD HEALTHCARE AT HOME, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total | \$0 | |
| | | | |
| | HARTFORD HEALTHCARE LABORATORIES, LLC. | 0.0 | |
| 0 | Nothing to Report Total: | \$0 \$0 | 0 |
| | lotai | \$0 | |
| E. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total | - | |
| | | | |
| F. | HARTFORD HEALTHCARE SENIOR SERVICES D/B/A SOUTHINGTON CARE CENTER | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total | \$0 | |
| G. | HARTFORD HOSPITAL | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | | S |
| | | 1 | |
| H. | HHC INDEMNITY SERVICES, LTD | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total | \$0 | |
| | HILLO DILIVOICIANICCADE, LLO DIDIA HADTFORD HEALTHOADE MEDICAL ORGANIZA | | |
| 1. 0 | HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE MEDICAL GROUP Nothing to Report | \$0 | 0 |
| | Total | | 0 |
| | | | |
| J. | HHC SOUTHINGTON SURGERY CENTER | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total | \$0 | |
| | | | |

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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. | JEFFERSON HOUSE | AWOONT | TERM IN TEARS |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| L. | MERIDEN IMAGING CENTER, INC | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 0 |
| | Total. | \$0 | |
| M. | MIDSTATE MSO | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| N. | NATCHAUG HOSPITAL Nothing to Report | \$0 | 0 |
| | Total: | \$0 | 0 |
| | | ** | |
| 0. | PRACTICE CENTRAL, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | RUSHFORD CENTER, INC. | | |
| P. 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| Q. | THE HOSPITAL OF CENTRAL CONNECTICUT | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 0 |
| | I OTAL: | \$0 | |
| R. | THE ORCHARDS AT SOUTHINGTON | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| S. | VNA HEALTH RESOURCES, INC. Nothing to Report | \$0 | 0 |
| U | Nothing to Report Total: | \$0 \$0 | 0 |
| | Total. | 40 | |
| T. | WALLINGFORD ENDOSCOPY CENTER, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | WANDLAM UF I TH OFFINOTO INC | | |
| U. | WINDHAM HEALTH SERVICES, INC. Nothing to Report | \$0 | 0 |
| - | Total: | \$ 0 | |
| | | - | |
| | Grand Total: | \$0 | |

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MIDSTATE MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|-----------------------------|----------------|----------------|-------------------|--------------|
| | | FY 2015 | FY 2016 | | |
| 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 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| | | | | | |
| В. | Free Beds | | | | |
| | Beginning Balance | \$1,049,726.00 | \$1,674,085.00 | \$624,359.00 | 59% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$108,607.00 | \$114,416.34 | \$5,809.34 | 5% |
| 3 | Expenditures | \$108,607.00 | \$44,644.96 | (\$63,962.04) | -59% |
| 4 | Unrealized Gains and Losses | \$624,359.00 | \$62,244.37 | (\$562,114.63) | -90% |
| | Ending Balance | \$1,674,085.00 | \$1,806,100.75 | \$132,015.75 | 8% |
| 5 | Projected Interest Income | \$80,000.00 | \$100,000.00 | \$20,000.00 | 25% |
| | | | | | |
| 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% |
| 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 2016 | |
| | 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 App | lications for Hospital Bed Funds | 14 |
| 2. A. Number of Patie | ents receiving Hospital Bed Fund Grants | 14 |
| 2. B. The Actual Tota | I Dollar Amount provided to all patients from Hospital Bed Funds: | \$44,644.96 |
| | | • • |
| 01 | FB-Pooled | \$5,014.96 |
| 02 | FB-Henry Stockder | \$3,454.12 |
| 03 | FB-Henry Stockder | \$1,233.40 |
| 04 | FB-Henry Stockder | \$3,099.43 |
| 05 | FB-Henry Stockder | \$1,868.53 |
| 06 | FB-Henry Stockder | \$8,381.56 |
| 07 | FB-Henry Stockder | \$1,725.00 |
| 08 | FB-Henry Stockder | \$2,902.80 |
| 09 | FB-Henry Stockder | \$402.12 |
| 10 | FB-Pooled | \$8,416.34 |
| 11 | FB-Henry Stockder | \$1,583.66 |
| 12 | FB-Henry Stockder | \$1,740.00 |
| 13 | FB-Henry Stockder | \$3,200.00 |
| 14 | FB-Henry Stockder | \$1,623.04 |
| | Grand Total | \$44,644.96 |

| | | MIDSTATE MEDICA | AL CENTER | | | | | |
|-------|--|--------------------------|-------------------------|-------------------------|-------------------|--|--|--|
| | | ANNUAL REPO | RTING | | | | | |
| | | FISCAL YEAR | 2016 | | | | | |
| | REPORT 17B - HOSPITA | AL BED FUNDS HELD (| OR ADMINISTERED BY | THE HOSPITAL | | | | |
| | | | | | | | | |
| 3. BE | ED FUND ACTIVITY | | | | | | | |
| (1) | | | | | | | | |
| Line | Name of Hospital Bed Fund | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Availabl | | | |
| | | | | Romvootou | | | | |
| (3) | Fair Market Value of the Principal of each | individual Hospital Be | ed Fund, or the Princi | nal attributable to eac | ch Hospital Bed | | | |
| (-) | | | | | | | | |
| (4) | Total Actual Earnings for each Hospital E | Red Fund or the Farnin | as attributable to each | h Hospital Bed Fund | | | | |
| (') | Total Actual Earnings for each flospital E | ca i ana oi the Lainni | gs attributable to each | rriospitai Bea i aria. | | | | |
| (5) | Actual Dollar Amount of Earnings reinve | sted as Princinal if any | <i>y</i> | | | | | |
| (0) | Actual Bollar Amount of Eurimigs Terrives | otea ao i imorpai, ii an | y· | | | | | |
| (6) | Actual Dollar Amount of Earnings availab | ole for Patient Care | | | | | | |
| (0) | Trotadi Bondi Timodik di Editinigo dvanda | no for f unone out of | | | | | | |
| | Henry H Stockder(Held by Trustee) | \$0.00 | \$0.00 | \$106,000.00 | \$106,000.0 | | | |
| | Kate A.L. Chapin | \$3,000.00 | \$0.00 | \$211.80 | \$211.8 | | | |
| | Hester A Curtiss | \$20,000.00 | \$0.00 | \$1,412.00 | \$1,412.0 | | | |
| | Martha E Fales | \$5,000.00 | \$0.00 | \$353.00 | \$353.0 | | | |
| | Hospital Endowed Bed Fund | \$5,000.00 | \$0.00 | \$353.00 | \$353.0 | | | |
| | Ladies Endowed Bed Fund | \$5,000.00 | \$0.00 | \$353.00 | \$353.0 | | | |
| | Blance Hixson Smith | \$25,000.00 | \$0.00 | \$1,765.00 | \$1,765.0 | | | |
| | Henry H Stockder | \$10,000.00 | \$0.00 | \$706.00 | \$706.0 | | | |
| | Benjamin W Collins | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Hester A Curtiss | \$10,000,00 | \$0.00 | \$706.00 | \$706.0 | | | |
| | Martha Couch Doolittle | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Fenner | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Mattie P Foote | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Founders Room | \$7,045.00 | \$0.00 | \$497.38 | \$497.3 | | | |
| | Charles F & G Gay Linsley | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Arthur E Miller | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | WR & KS Mosher | \$5,000.00 | \$0.00 | \$353.00 | \$353.0 | | | |
| | Caroline Louise Nagel | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Margaret A Schenck | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Henery H Stockder-Swan Room | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Nettie C Wilcox | \$2,000.00 | \$0.00 | \$141.20 | \$141.2 | | | |
| | Minnie E Zschirpe | * / | \$0.00 | \$294.16 | \$294.1 | | | |
| | Iwinnie E Zschirpe | \$4,167.00 | 30.UU I | 9234.IU | JZJ4. I | | | |

REPORT 17B FUND ACTIVITY 26 OF 44 1/12/2018, 2:34 PM

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 | 5.04% |
| | | |
| 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. | 3.99% |

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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 | MedConn |
| 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 |
| 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. | 6.70% |

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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 |
|------|----------------------------|--------------------|-------------|-----------------|-------------|
| 4 | Llagaitaliat | Museria Advise D | Ф200 04E | #40.000 | ¢440.040 |
| 1. | Hospitalist | Myanin, Adwoa P | \$368,015 | \$42,603 | \$410,618 |
| 2. | Hospitalist | Pratt, Timothy M | \$367,633 | \$44,346 | \$411,979 |
| 3. | Medical Director Mediquick | Kupson, Walter J | \$331,468 | \$47,264 | \$378,732 |
| 4. | Per Diem Hospitalist | Hung, Yin Fei | \$336,561 | \$36,001 | \$372,562 |
| 5. | Hospitalist | Shams, Mohammed | \$276,662 | \$48,292 | \$324,954 |
| 6. | Hospitalist | Schaner, Mark | \$271,608 | \$45,037 | \$316,645 |
| 7. | Hospitalist | Sadiq, Adnan | \$259,706 | \$46,240 | \$305,946 |
| 8. | Hospitalist | Ahmed, Kulsuma | \$270,066 | \$35,009 | \$305,075 |
| 9. | Hospitalist | Akhtar, Joyce | \$261,042 | \$30,744 | \$291,786 |
| 10. | Hospitalist | Brown, Kimberly C. | \$252,747 | \$34,896 | \$287,643 |
| | | Grand Total: | \$2,995,508 | \$410,432 | \$3,405,940 |

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MIDSTATE MEDICAL CENTER AND SUBSIDIARIES ANNUAL REPORTING FISCAL YEAR 2016

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. | President and CEO | Elliot T. Joseph, Hartford HealthCare Corporation | \$2,231,208 | \$423,862 | \$2,655,070 |
| 2. | C00 | Jeffrey Flaks, Hartford HealthCare Corporation | \$1,599,700 | \$258,433 | \$1,858,133 |
| 3. | Vice President | James E. Fantus, Hartford HealthCare Corporation | \$1,247,582 | \$84,560 | \$1,332,142 |
| 4. | Chief Cardiac Surgery | Robert Hagberg, HHC Physicians Care, Inc. | \$1,040,878 | \$108,649 | \$1,149,527 |
| 5. | Plasitc Surgeon | Charles Castiglione, HHC Physicians Care, Inc. | \$1,018,135 | \$107,945 | \$1,126,080 |
| 6. | Chief Medical Officer | Rocco Orlando, Hartford Healthcare Corporation | \$923,028 | \$180,529 | \$1,103,557 |
| 7. | Physician - Nuerosurgery | Robert Brendan Killory, HHC Physicians Care, Inc. | \$960,747 | \$99,781 | \$1,060,528 |
| 8. | Cardiothoracic Surgeon | Gallagher, HHC Pysicians Care, Inc | \$967,408 | \$49,065 | \$1,016,473 |
| 9. | Cardiothoracic Surgeon | Jonathan A. Hammond, HHC Physicians Care, Inc. | \$895,265 | \$101,076 | \$996,341 |
| 10. | Colorectal Surgeon | Paul Vignati, HHC Physicians Care, Inc. | \$878,926 | \$94,956 | \$973,882 |
| | | Grand Total: | \$11,762,877 | \$1,508,856 | \$13,271,733 |

REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------|----------------|---------------|--------|----------------------|-------------------------|-------------------------|---|
| 1. | Not Applicable | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. | | | \$0 | \$0 | | | \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| 3. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 6. | | | \$0 | \$0 | | | \$0 |
| 7. | | | \$0 | \$0 | | | \$0 |
| 8. | | | \$0 | \$0 | | | \$0 |
| 9. | | | \$0 | \$0 | | | \$0 |
| 10. | | | \$0 | \$0 | | | \$0 |
| 11. | | | \$0 | \$0 | | | \$0 |
| 12. | | | \$0 | \$0 | | | \$0 |
| 13. | | | \$0 | \$0 | | | \$0 \$0 |
| 14. | | | \$0 | \$0 | | | \$0 |
| 15. | | | \$0 | \$0 | | | \$0 |
| 16. | | | \$0 | \$0 | | | \$0 \$0 \$0 \$0 |
| 17. | | | \$0 | \$0 | | | \$0 |
| 18. | | | \$0 | \$0 | | | \$0 |
| 19. | | | \$0 | \$0 | | | \$0 |
| 20. | | | \$0 | \$0 | | | \$0 \$0 \$0 \$0 \$0 |
| 21. | | | \$0 | \$0 | | | \$0 |
| 22. | | | \$0 | \$0 | | | \$0 |
| 23. | | | \$0 | \$0 | | | \$0 |
| 24. | | | \$0 | \$0 | | | \$0 |
| 25. | | | \$0 | \$0 | | | \$0 |
| 26. | | | \$0 | \$0 | | | \$0 \$0 |
| 27. | | | \$0 | \$0 | | | \$0 |
| 28. | | | \$0 | \$0 | | | \$0 |
| 29. | | | \$0 | \$0 | | | \$0 |
| 30. | | | \$0 | \$0 | | | \$0 |
| 31. | | | \$0 | \$0 | \$0 | \$0 | \$0 |

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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------|------|---------------|--------|----------------------|-------------------------|-------------------------|------------|
| 32. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 33. | | | \$0 | \$0 \$0 | | | |
| 34. | | | \$0 | \$0 \$0 | | | |
| 35. | | | \$0 | \$0 \$0 | \$0 | | \$0 |
| 36. | | | \$0 | \$0 \$0 | \$0 | | |
| 37. | | | \$0 | \$0 \$0 | | | \$0 |
| 38. | | | \$0 | \$0 | | | \$0 |
| 39. | | | \$0 | \$0 | | | \$0 |
| 40. | | | \$0 | \$0 | | | |
| 41. | | | \$0 | \$0 | | | \$0 |
| 42. | | | \$0 | \$0 | | | \$0 |
| 43. | | | \$0 | \$0 | | | |
| 44. | | | \$0 | \$0 | | | |
| 45. | | | \$0 | \$0 | | | |
| 46. | | | \$0 | \$0 | \$0 | | \$0 |
| 47. | | | \$0 | \$0 | \$0 | | \$0 |
| 48. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 49. | | | \$0 | \$0 | | | \$0 \$0 |
| 50. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | Grand Total: | \$0 | \$0 | \$0 | \$0 | \$0 |

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|------|--|--------------------------|---------------------------------|--|
| | · | SALARIES | FRINGE | |
| | | | BENEFITS ^A (Directly | |
| | | (Directly or | | |
| LINE | DESCRIPTION | Indirectly) ^C | or Indirectly) ^C | TOTAL |
| | | _ | | |
| Α. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | |
| 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 |
| | | | | |
| В. | HARTFORD HEALTH CARE CORP | | | |
| 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 | \$7,004,725 | \$2,525,513 | \$9,530,238 |
| _ | Tala s) the Heephan to Employees of the Emily Elector heers | ψ. ,σσ .,. <u>2</u> σ | ΨΞ,ΘΞΘ,ΘΙΘ | φο ₁ οσο ₁ <u>2</u> σο |
| C . | HARTFORD HEALTHCARE AT HOME, INC. | 7 | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$238 | \$86 | \$324 |
| 2 | Paid by the Entity Listed Above to Hospital Employees(b) | \$0 | \$0 | \$0 |
| | l ald by the Hospital to Employees of the Entity Listed Above | υψυ | ΨΟ | ΨΟ |
| D. | HARTFORD HEALTHCARE LABORATORIES, LLC. | 7 | | |
| | | ФО. | 1 00 | ФО. |
| 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 | | |
| | | | | |
| Ε. | 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 | \$597,885 | \$215,564 | \$813,449 |
| | | | | |
| | HARTFORD HEALTHCARE SENIOR SERVICES D/B/A | | | |
| F. | SOUTHINGTON CARE CENTER | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$18,460 | \$6,655 | \$25,115 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| _ | | *** | | 7.5 |
| G. | HARTFORD HOSPITAL | | | |
| 1 | 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 | \$152,377 | \$54,939 | \$207,316 |
| | Faid by the Hospital to Employees of the Entity Listed Above | \$102,011 | ψ04,909 | \$207,510 |
| | LUI O INDEMNUTY OF DVIOCO LTD | | | |
| Н. | HHC INDEMNITY SERVICES, LTD | 40 | | 00 |
| 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 |
| | | | | |
| | HHC PHYSICIANSCARE, LLC D/B/A HARTFORD HEALTHCARE | | | |
| ١. | MEDICAL GROUP | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$66,760 | \$24,070 | \$90,830 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$264,606 | \$95,402 | \$360,008 |
| | | | | |
| J. | HHC SOUTHINGTON SURGERY CENTER | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| Κ. | JEFFERSON HOUSE | | | |
| 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 |
| | | | | |
| L. | MERIDEN IMAGING 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 | \$0 | \$0 | \$0 |
| _ | and the second s | <u> </u> | +~ | 7.7 |
| Μ. | MIDSTATE MSO | 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 \$0 |
| | and by the Hoopital to Employees of the Entity Listed Above | υ | | ΨΟ |
| N! | NATCHALIC HOSPITAL | 7 | | |
| N . | NATCHAUG HOSPITAL Daid by the Estity Listed Above to Hespital Employees(P) | ФО | 1 00 | \$ C |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 \$1,011 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$743 | \$268 | \$1,011 |
| | | 7 | | |
| 0. | 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 |
| | | | | |
| Ρ. | RUSHFORD CENTER, INC. | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| · | | . +- | | |

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MIDSTATE MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2016 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 (Directly | |
| LINE | DESCRIPTION | indirectly) ^C | or Indirectly) ^C | TOTAL |
| | | | | |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$331,568 | \$119,545 | \$451,113 |
| | | _ | | |
| Q. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$771,163 | \$12,103 | \$783,266 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$1,488,995 | \$2,076 | \$1,491,071 |
| | | _ | | |
| R. | 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 | \$1,272 | \$459 | \$1,731 |
| | | _ | | |
| S. | VNA HEALTH RESOURCES, INC. | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$21,366 | \$7,704 | \$29,070 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | _ | | |
| Τ. | WALLINGFORD ENDOSCOPY CENTER, 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 |
| | | | | |
| U. | WINDHAM 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 | \$340 | \$122 | \$462 |
| | | | | |

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.

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 2016 |
| | | |
| 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 |
| | | |
| 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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| (1) (2) LINE DESCRIPTION A. Hospital Charity Care (see Hospital Number of Applicants 1. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (A) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Charity Care - Outpatient Charges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Outpatient Charity Care - Number of Applicants 11. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Emergency 7. Bed Funds - Number of Discharges 8. Bed Funds - Number of Discharges 10. Bed Funds - Number of Discharges 11. Bed Funds - Number of Outpatient Day 12. Bed Funds - Number of Outpatient Day 13. Bed Funds - Number of Outpatient Day 14. Bed Funds - Number of Outpatient Day 15. Bed Funds - Number of Outpatient Day 16. Bed Funds - Number of Outpatient Day 17. Bed Funds - Number of Outpatient Day 18. Bed Funds - Number of Outpatient Day 19. Bed Funds - Number of Outpatient Day 19. Bed Funds - Number of Outpatient Day 10. Bed Funds - Number of Outpatient Day 11. Day 12. Description Day 13. Description Day 14. Day 14. Day 15. Description Day 16. Description Day 17. Day 18. Description Day 18. Bed Funds - Number of Outpatient Day | ANNUAL | EDICAL CENTER REPORTING AL YEAR 2016 | | | |
|--|---------------------------|--|---------------------------------|----------------------------------|------------------------|
| LINE DESCRIPTION A. Hospital Charity Care (see Hospit 1. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (A) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Number of Patient Dages Charity Care - Number of Discharges 10. Charges (A) 8. Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Emergency 7. Bed Funds - Number of Patient Dages 10. Bed Funds - Number of Discharges 11. Bed Funds - Number of Discharges 12. Discharges (B) 8. Bed Funds - Number of Discharges 13. Bed Funds - Number of Outpatient Dages 14. Bed Funds - Number of Outpatient Dages 15. Bed Funds - Number of Outpatient Dages 16. Bed Funds - Number of Outpatient Dages 17. Bed Funds - Number of Outpatient Dages 18. Bed Funds - Number of Outpatient Dages 19. Bed Funds - Number of Outpatient Dages 10. Bed Funds - Number of Outpatient Dages 10. Bed Funds - Number of Outpatient Dages | | | PROVIDED BY | THE HOSPITAL | |
| 1. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (A) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence Charges Charity Care - Outpatient Charges (Charity Care - Outpatient Charges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharges 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges) 8. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - | | (3) FY 2015 <u>AMOUNT</u> | (4) FY 2016 <u>AMOUNT</u> | (5) AMOUNT DIFFERENCE | (6) % DIFFERENCE |
| 2. Number of Approved Applicants 3. Total Charges (A) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Charity Care - Outpatient Charges (Theority Care - Number of Patient Days) 7. Charges) Total Charges (A) 8. Charity Care - Number of Patient Days 9. Charity Care - Number of Outpatient Charges (B) Average Charges 4. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Emergency 8. Bed Funds - Number of Patient Days 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Ou | spital Audited Financial | Statement Notes) | | | |
| 2. Number of Approved Applicants 3. Total Charges (A) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Charity Care - Outpatient Charges (Theority Care - Number of Patient Days) 7. Charges) Total Charges (A) 8. Charity Care - Number of Patient Days 9. Charity Care - Number of Outpatient Charges (B) Average Charges 4. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Emergency 8. Bed Funds - Number of Patient Days 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Ou | | 0.004 | 5.007 | (047) | 504 |
| 3. Total Charges (A) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Charity Care - Outpatient Charges (Charity Care - Number of Patient Dayses) Total Charges (A) 8. Charity Care - Number of Discharges 10. Charity Care - Number of Outpatient Charity Care - Number of Applicants 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Emergency 9. Bed Funds - Number of Patient Dayses 10. Bed Funds - Number of Outpatient Bed Funds - Number | | 6,304 5,989 | 5,987 5,702 | (317) (287) | -5% -5% |
| Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Tharity Care - Outpatient Charges (Tharity Care - Number of Patient Days) Total Charges (A) 8. Charity Care - Number of Patient Days 9. Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges (B)) 8. Bed Funds - Number of Patient Days 9. Bed Funds - Number of Outpatient Bed Funds - Num | | 0,000 | 0,702 | (201) | , |
| 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Incharges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Out | | \$6,216,157 | \$5,621,530 | (\$594,627) | -10% |
| Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence Charges Charity Care - Outpatient Charges (Incharges) Charity Care - Outpatient Charges (Incharges) Total Charges (Incharges) 8. Charity Care - Number of Patient Days 9. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the Incharges (Incharges) 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (Incharges) 4. Ratio of Cost to Charges (Incharges) 4. Ratio of Cost to Charges (Incharges) 4. Ratio of Cost to Charges (Incharges) 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Incharges) 8. Bed Funds - Number of Patient Days 9. Bed Funds - Number of Outpatient Incharges 10. Bed Funds - Number of Outpatient Incharges 11. Bed Funds - Number of Outpatient Incharges 12. Bed Funds - Number of Outpatient Incharges 13. Bed Funds - Number of Outpatient Incharges 14. Bed Funds - Number of Outpatient Incharges 15. Bed Funds - Number of Outpatient Incharges 16. Bed Funds - Number of Outpatient Incharges 17. Bed Funds - Number of Outpatient Incharges 18. Bed Funds - Number of Outpatient Incharges 19. Bed Funds - Number of Outpatient Incharges 10. Bed Funds - Number of Outpatient Incharges | | \$1,038 | \$986 | (\$52) | -5% |
| Total Cost Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence Charges Charity Care - Outpatient Charges (Incharges) Charity Care - Outpatient Charges (Incharges) Total Charges (Incharges) 8. Charity Care - Number of Patient Days 9. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the Incharges (Incharges) 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (Incharges) 4. Ratio of Cost to Charges (Incharges) 4. Ratio of Cost to Charges (Incharges) 4. Ratio of Cost to Charges (Incharges) 6. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Incharges) 8. Bed Funds - Number of Patient Days 9. Bed Funds - Number of Outpatient Incharges 10. Bed Funds - Number of Outpatient Incharges 11. Bed Funds - Number of Outpatient Incharges 12. Bed Funds - Number of Outpatient Incharges 13. Bed Funds - Number of Outpatient Incharges 14. Bed Funds - Number of Outpatient Incharges 15. Bed Funds - Number of Outpatient Incharges 16. Bed Funds - Number of Outpatient Incharges 17. Bed Funds - Number of Outpatient Incharges 18. Bed Funds - Number of Outpatient Incharges 19. Bed Funds - Number of Outpatient Incharges 10. Bed Funds - Number of Outpatient Incharges | | 0.070000 | 0.004000 | (0.040000) | 40. |
| Average Cost 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (Incharges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharges 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Fun | | 0.378229 \$2,351,131 | 0.364863 \$2,051,088 | (0.013366) (\$300,043) | -4% -13% |
| 5. Charity Care - Inpatient Charges Charity Care - Outpatient Emergence 6. Charges Charity Care - Outpatient Charges (for Charges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of | | \$393 | \$2,031,088 | (\$300,043) | |
| Charity Care - Outpatient Emergence Charges Charity Care - Outpatient Charges (Incharges) Total Charges (A) 8. Charity Care - Number of Patient Days 9. Charity Care - Number of Discharges 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the Days of Applicants 1. Number of Applicants 2. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges (B)) 8. Bed Funds - Number of Patient Days 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Num | | Ţ, | 4555 | (400) | |
| 6. Charges Charity Care - Outpatient Charges (1) 7. Charges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extending Cost) Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds | | \$1,205,338 | \$872,155 | (\$333,183) | -28% |
| Charity Care - Outpatient Charges (17. Charges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended to Extended t | ency Department | | | | |
| 7. Charges) Total Charges (A) 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Outpatient Bed Fu | /F I. I FB | 3,709,848 | 3,098,227 | (611,621) | -16% |
| 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Charity Care - Number of Outpatient Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended to Patient Day 9. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Outpatient Bed | es (Excludes ED | 4 000 074 | 4.054.440 | 050 477 | 070/ |
| 8. Charity Care - Number of Patient Day 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient Usits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed | | 1,300,971 \$6,216,157 | 1,651,148 \$5,621,530 | 350,177 (\$594,627) | 27% -10% |
| 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient B | | \$0,210,137 | ψ5,021,330 | (\$334,021) | -1076 |
| 9. Charity Care - Number of Discharge 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient B | t Davs | 1,781 | 1,978 | 197 | 11% |
| 10. Charity Care - Number of Outpatient Charity Care - Number of Outpatient 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extended Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number | | 448 | 568 | 120 | 27% |
| 11. Visits) (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I Bed Funds - Number of Outpatient I Bed Funds - Number of Outpatient I | | 6,572 | 3,879 | (2,693) | -41% |
| (A) The total amount must agree with the B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Fu | tient Visits (Excludes ED | | | | |
| B. Hospital Bed Funds (see Hospital 1. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Ou | the total amount listed i | 2,209 | 3,915 | 1,706 | 77% |
| 1. Number of Applicants 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I | | | | | |
| 2. Number of Approved Applicants 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I | oital Reporting System - | Report 17) | | | |
| 3. Total Charges (B) Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I | | 16 | 14 | (2) | -13% |
| Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I | | 14 | 14 | - | 0% |
| Average Charges 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I | | | | | |
| 4. Ratio of Cost to Charges (RCC) Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient I | | \$108,607 | \$44,645 | (\$63,962) | -59% |
| Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extraction of Charges (B)) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number | | \$7,758 | \$3,189 | (\$4,569) | -59% |
| Total Cost Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extraction of Charges (B)) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of Outpatien | | 0.378229 | 0.364863 | (0.013366) | -4% |
| Average Cost 5. Bed Funds - Inpatient Charges 6. Bed Funds - Outpatient Emergency 7. Bed Funds - Outpatient Charges (Extra Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of Out | | \$41,078 | \$16,289 | (\$24,789) | -60% |
| Bed Funds - Outpatient Emergency Bed Funds - Outpatient Charges (Example 1) Bed Funds - Number of Patient Day Bed Funds - Number of Discharges Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of | | \$2,934 | \$1,164 | (\$1,771) | -60% |
| Bed Funds - Outpatient Emergency Bed Funds - Outpatient Charges (Example 1) Bed Funds - Number of Patient Day Bed Funds - Number of Discharges Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of | | 0400.007 | ** ** ** ** ** ** ** ** | (#00,000) | 500/ |
| 7. Bed Funds - Outpatient Charges (Ex Total Charges (B) 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient N | | \$108,607 | \$44,645 | (\$63,962) | -59% |
| 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of Out | ncy Department Charges | 0 | 0 | 0 | 0% |
| 8. Bed Funds - Number of Patient Day 9. Bed Funds - Number of Discharges 10. Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of Out | (Excludes ED Charges) | 0 | 0 | 0 | 0% |
| Bed Funds - Number of Patient Day Bed Funds - Number of Discharges Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient Number of | (Likelades LD Charges) | \$108,607 | \$44,645 | (\$63,962) | -59% |
| Bed Funds - Number of Discharges Bed Funds - Number of Outpatient Bed Funds - Number of Outpatient \(\) | | Ţ, | ψ··,σ· | (400,002) | 3070 |
| Bed Funds - Number of Discharges Bed Funds - Number of Outpatient I Bed Funds - Number of Outpatient I | Days | 71 | 50 | (21) | -30% |
| Bed Funds - Number of Outpatient \ | ges | 13 | 15 | 2 | 15% |
| - | | 0 | 0 | 0 | 0% |
| 11 \/inito\ | ent Visits(Excludes ED | | | | |
| 11. Visits) | | 0 | 0 | 0 | 0% |
| (B) The total amount must agree with the | the total amount lists -1 | n Hoonite! Der | ting Custom D | nort 17 | |