

MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
MIDSTATE MEDICAL CENTER AND SUBSIDIARIES		
1	Affiliate Description	PARENT CORP
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	435 LEWIS AVENUE
5	Town	MERIDEN
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	LUCILLE JANATKA
9	CEO Title	CEO
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
B. AFFILIATE NAME		
CHS INSURANCE LIMITED		
1	Affiliate Description	Reinsurance
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	F.B. Perry Building, 40 Church Street
5	Town	Hamilton
6	State	Bermuda
7	Zip Code	-
8	CEO Name	Elliot Joseph
9	CEO Title	President and CEO
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
C. AFFILIATE NAME		
CLINICAL LAB PARTNERS		
1	Affiliate Description	LAB
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	129 PATRICIA GENOVA DRIVE
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	James Fantus
9	CEO Title	PRESIDENT
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
D. AFFILIATE NAME		
EASTERN REHABILITATION NETWORK		
1	Affiliate Description	REHABILITATION SERVICES
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	Not for Profit
4	Street Address	181 PATRICIA GENOVA DRIVE
5	Town	Newington

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	RITA PARISI
9	CEO Title	PRESIDENT
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
E.	AFFILIATE NAME	HARTFORD HEALTH CARE CORP
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Elliot Joseph
9	CEO Title	President
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
F.	AFFILIATE NAME	HARTFORD HOSPITAL
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Elliot Joseph
9	CEO Title	C.E.O.
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
G.	AFFILIATE NAME	MERIDEN IMAGING CENTER, INC
1	Affiliate Description	IMAGING SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	435 LEWIS AVE
5	Town	Meriden
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	GARY DEE, MD
9	CEO Title	PRESIDENT
10	CT Agent Name	Michael Kurs, Esq.
11	CT Agent Company	Pullman and Comely
12	CT Agent Company Street Address	One Statehouse Sq
13	CT Agent Town	Hartford

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
H. AFFILIATE NAME		
		MIDSTATE MSO, LLC
1	Affiliate Description	MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS
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	06451 -
8	CEO Name	Ralph Becker
9	CEO Title	President
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
I. AFFILIATE NAME		
		MIDSTATE VNA AND HOSPICE INC.
1	Affiliate Description	COMPREHENSIVE HOME HEALTH RELATED SERVICES
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	476 MURDOCK AVE
5	Town	Meriden
6	State	Connecticut
7	Zip Code	06450 -
8	CEO Name	Ellen Rothberg
9	CEO Title	CHIEF EXECUTIVE OFFICER
10	CT Agent Name	Joan Feldman, Esq.
11	CT Agent Company	Shipman and Goodwin
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 -
J. AFFILIATE NAME		
		RUSHFORD CENTER, INC.
1	Affiliate Description	MENTAL HEALTH FACILITY
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	1250 Silver Street
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Jeffrey Walter
9	CEO Title	President
10	CT Agent Name	Richard W Tomc, Esq.
11	CT Agent Company	Richard W Tomc and Associates
12	CT Agent Company Street Address	49 Main Street
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -

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

**MIDSTATE MEDICAL CENTER
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
A. MIDSTATE MEDICAL CENTER			
1		Unrestricted	\$48,490,546
2		Temporarily Restricted by Donor	\$1,630,516
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$4,786,335
5		Intercompany Eliminations	(\$3,073,290)
		Total:	\$51,834,107
B. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
C. CHS INSURANCE LIMITED			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D. CLINICAL LAB PARTNERS			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. EASTERN REHABILITATION NETWORK			
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
F. 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
		Total:	\$0
G. HARTFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	H. MERIDEN IMAGING CENTER, INC		
1		Unrestricted	\$2,445,165
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,445,165
	I. MIDSTATE MSO, LLC		
1		Unrestricted	\$3,088,526
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,088,526
	J. MIDSTATE VNA AND HOSPICE INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	K. 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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$60,441,088
	Intercompany Eliminations		(\$3,073,290)
	Total of all Affiliates	Fund Balance:	\$57,367,798

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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
A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Nothing to report	09/30/2009	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
B. CHS INSURANCE LIMITED				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital buys malpractice insurance premiums	09/30/2009	(\$4,663,297)
2		Payments	09/30/2009	\$4,663,297
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C. CLINICAL LAB PARTNERS				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		CLP provides testing services	09/30/2009	\$1,345,017
2		Payments	09/30/2009	(\$1,345,017)
3		Hospital buys support staff	09/30/2009	(\$3,082,620)
4		Payments	09/30/2009	\$3,082,620
5		CLP buys Stat testing services	09/30/2009	(\$49,876)
6		Payments	09/30/2009	\$49,876
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D. EASTERN REHABILITATION NETWORK				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital buys Rehabilitation services from ERN	09/30/2009	(\$618,262)
2		Payments	09/30/2009	\$618,262
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E. HARTFORD HEALTH CARE CORP				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital pays monthly dues to parent	09/30/2009	\$1,445,192
2		Payments	09/30/2009	(\$1,445,192)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
F. HARTFORD HOSPITAL				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$882,178)
1		Hospital buys Laundry service from HH	09/30/2009	(\$560,253)
2		Hospital buys Library services from HH	09/30/2009	(\$144,866)

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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
3		Hospital buys PA service from HH	09/30/2009	(\$1,949,052)
4		Hospital buys Supplies from HH	09/30/2009	(\$2,430,055)
5		Hospital buys Data services from HH	09/30/2009	(\$4,802,096)
6		Hospital buys various personel from HH	09/30/2009	(\$2,292,448)
7		Hospital buys Infectious Disease from HH	09/30/2009	(\$260,400)
8		Hospital buys Laboratory service from HH	09/30/2009	(\$50,183)
9		Payments	09/30/2009	\$12,337,405
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$1,034,126)
G.	MERIDEN IMAGING CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Nothing to report	09/30/2009	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
H.	MIDSTATE MSO, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital Invests in MidState MSO LLC	09/30/2009	\$850,000
2		Equity in MidState MSO LLC	09/30/2009	(\$850,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
I.	MIDSTATE VNA AND HOSPICE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,467
1		Hospital sells IT service to VNA	09/30/2009	\$12,059
2		Payments	09/30/2009	(\$23,526)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
J.	RUSHFORD CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Hospital buys support staff and Program support from R	09/30/2009	(\$971,642)
2		Payments	09/30/2009	\$971,642
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	(\$1,034,126)

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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	10/01/2008	\$0
A.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	CHS INSURANCE LIMITED				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	CLINICAL LAB PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	EASTERN REHABILITATION NETWORK				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	HARTFORD HEALTH CARE CORP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	HARTFORD HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	MERIDEN IMAGING CENTER, INC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
H.	MIDSTATE MSO, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
I.	MIDSTATE VNA AND HOSPICE INC.				
			Nothing to Report		\$0

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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
			Total:	9/30/2009	\$0
J.	RUSHFORD CENTER, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B. CHS INSURANCE LIMITED			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C. CLINICAL LAB PARTNERS			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D. EASTERN REHABILITATION NETWORK			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
E. HARTFORD HEALTH CARE CORP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G. MERIDEN IMAGING CENTER, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
H. MIDSTATE MSO, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
I. MIDSTATE VNA AND HOSPICE INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
J. RUSHFORD CENTER, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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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
A.	MIDSTATE MEDICAL CENTER AND SUBSIDIARIES		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	CHS INSURANCE LIMITED		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CLINICAL LAB PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	EASTERN REHABILITATION NETWORK		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	HARTFORD HEALTH CARE CORP		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	MERIDEN IMAGING CENTER, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	MIDSTATE MSO, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	MIDSTATE VNA AND HOSPICE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	RUSHFORD CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**MIDSTATE MEDICAL CENTER
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$1,130,620.00	\$1,086,100.00	(\$44,520.00)	-4%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$134,135.00	\$96,856.00	(\$37,279.00)	-28%
3	Expenditures	\$134,135.00	\$96,856.00	(\$37,279.00)	-28%
4	Unrealized Gains and Losses	(\$44,520.00)	(\$100,132.00)	(\$55,612.00)	125%
	Ending Balance	\$1,086,100.00	\$985,968.00	(\$100,132.00)	-9%
5	Projected Interest Income	\$100,000.00	\$100,000.00	\$0.00	0%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		25
2. A. Number of Patients receiving Hospital Bed Fund Grants		17
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$96,856.00
1	FB-Henry Stockder	\$361.00
2	FB-Henry Stockder	\$500.00
3	FB-Henry Stockder	\$8,594.00
4	FB-Henry Stockder	\$10,410.00
5	FB-Henry Stockder	\$13,299.00
6	FB-Henry Stockder	\$7,214.00
7	FB-Henry Stockder	\$992.00
8	FB-Henry Stockder	\$989.00
9	FB-Henry Stockder	\$1,024.00
10	FB-Henry Stockder	\$1,080.00
11	FB-Henry Stockder	\$2,203.00
12	FB-Henry Stockder	\$9,371.00
13	FB-Henry Stockder	\$6,583.00
14	FB-Henry Stockder	\$11,211.00
15	FB-Henry Stockder	\$1,169.00
16	FB-Henry Stockder	\$15,000.00
17	FB-Pooled	\$6,856.00
Grand Total		\$96,856.00

MIDSTATE MEDICAL CENTER					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Henry H Stockder(Held by Trustee)	\$985,968.00	\$90,000.00	\$0.00	\$90,000.00
	Kate A.L. Chapin	\$3,000.00	\$173.00	\$0.00	\$173.00
	Hester A Curtiss	\$20,000.00	\$1,150.00	\$0.00	\$1,150.00
	Martha E Fales	\$5,000.00	\$288.00	\$0.00	\$288.00
	Hospital Endowed Bed Fund	\$5,000.00	\$288.00	\$0.00	\$288.00
	Ladies Endowed Bed Fund	\$5,000.00	\$288.00	\$0.00	\$288.00
	Blance Hixson Smith	\$25,000.00	\$1,438.00	\$0.00	\$1,438.00
	Henry H Stockder	\$10,000.00	\$575.00	\$0.00	\$575.00
	Benjamin W Collins	\$2,000.00	\$115.00	\$0.00	\$115.00
	Hester A Curtiss	\$10,000.00	\$575.00	\$0.00	\$575.00
	Martha Couch Doolittle	\$2,000.00	\$115.00	\$0.00	\$115.00
	Fenner	\$2,000.00	\$115.00	\$0.00	\$115.00
	Mattie P Foote	\$2,000.00	\$115.00	\$0.00	\$115.00
	Founders Room	\$7,045.00	\$405.00	\$0.00	\$405.00
	Charles F & G Gay Linsley	\$2,000.00	\$115.00	\$0.00	\$115.00
	Arthur E Miller	\$2,000.00	\$115.00	\$0.00	\$115.00
	WR & KS Mosher	\$5,000.00	\$287.00	\$0.00	\$287.00
	Caroline Louise Nagel	\$2,000.00	\$115.00	\$0.00	\$115.00
	Margaret A Schenck	\$2,000.00	\$115.00	\$0.00	\$115.00
	Henry H Stockder-Swan Room	\$2,000.00	\$115.00	\$0.00	\$115.00
	Nettie C Wilcox	\$2,000.00	\$115.00	\$0.00	\$115.00
	Minnie E Zschirpe	\$4,167.00	\$239.00	\$0.00	\$239.00
	Total Bed Funds :	\$1,105,180.00	\$96,856.00	\$0.00	\$96,856.00

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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	Accounts are sent by an alpha split weekly. Transfers to agency/law firm is done electronically. Accounts are sent when the dunning cycle has been unsuccessful and/or when all internal collection efforts have not resulted in resolution of the account.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Billing to the hospital occurs the month after the payments are received. Payment to the agency/law firm is based upon the percentage of the amount collected. Legal fees are billed to the hospital monthly as they occur.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	12.30%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Nair & Levin
2	Collection Agent Type	Attorney
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.	Accounts are sent by an alpha split weekly. Transfers to agency/law firm is done electronically. Accounts are sent when the dunning cycle has been unsuccessful and/or when all internal collection efforts have not resulted in resolution of the account.
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.	Billing to the hospital occurs the month after the payments are received. Payment to the agency/law firm is based upon the percentage of the amount collected. Legal fees are billed to the hospital monthly as they occur.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.60%
	Collection Agent	
1	Collection Agent Name	Century Collection
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	
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.	Accounts are sent by an alpha split weekly. Transfers to agency/law firm is done electronically. Accounts are sent when the dunning cycle has been unsuccessful and/or when all internal collection efforts have not resulted in resolution of the account.
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.	Billing to the hospital occurs the month after the payments are received. Payment to the agency/law firm is based upon the percentage of the amount collected. Legal fees are billed to the hospital monthly as they occur.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	17.00%

**MIDSTATE MEDICAL CENTER
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Pres / CEO	\$593,882	\$262,412	\$856,294
2.	ED Physician	\$396,263	\$119,275	\$515,538
3.	ED Physician	\$327,529	\$98,586	\$426,115
4.	CFO	\$335,557	\$82,322	\$417,879
5.	ED Physician	\$281,490	\$84,728	\$366,218
6.	Hospitalist Physician Director	\$278,983	\$83,974	\$362,957
7.	ED Physician	\$270,844	\$81,524	\$352,368
8.	ED Physician	\$264,362	\$79,573	\$343,935
9.	ED Physician	\$258,533	\$77,818	\$336,351
10.	ED Physician	\$254,779	\$76,688	\$331,467
	Grand Total:	\$3,262,222	\$1,046,900	\$4,309,122

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . 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
B . CHS INSURANCE LIMITED				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . CLINICAL LAB PARTNERS				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . EASTERN REHABILITATION NETWORK				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . 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	\$0	\$0	\$0
F . HARTFORD HOSPITAL				
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
G . 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
H . MIDSTATE MSO, 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
I . MIDSTATE VNA AND HOSPICE 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
J . RUSHFORD CENTER, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**MIDSTATE MEDICAL CENTER
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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 2009
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

MIDSTATE MEDICAL CENTER					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	5,932	5,649	(283)	-5%
2.	Number of Approved Applicants	5,635	5,367	(268)	-5%
3.	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10%
	Average Charges	\$546	\$628	\$82	15%
4.	Ratio of Cost to Charges (RCC)	0.472328	0.476456	0.004128	1%
	Total Cost	\$1,453,430	\$1,605,936	\$152,506	10%
	Average Cost	\$258	\$299	\$41	16%
5.	Charity Care - Inpatient Charges	\$1,412,615	\$1,633,562	\$220,947	16%
6.	Charity Care - Outpatient Emergency Department Charges	1,225,371	1,250,050	24,679	2%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	439,177	486,975	47,798	11%
	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10%
8.	Charity Care - Number of Patient Days	759	610	(149)	-20%
9.	Charity Care - Number of Discharges	425	363	(62)	-15%
10.	Charity Care - Number of Outpatient ED Visits	7,733	7,166	(567)	-7%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	943	998	55	6%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	25	25	-	0%
2.	Number of Approved Applicants	18	17	(1)	-6%
3.	Total Charges (B)	\$134,135	\$96,856	(\$37,279)	-28%
	Average Charges	\$7,452	\$5,697	(\$1,755)	-24%
4.	Ratio of Cost to Charges (RCC)	0.472328	0.476456	0.004128	1%
	Total Cost	\$63,356	\$46,148	(\$17,208)	-27%
	Average Cost	\$3,520	\$2,715	(\$805)	-23%
5.	Bed Funds - Inpatient Charges	\$134,135	\$96,856	(\$37,279)	-28%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$134,135	\$96,856	(\$37,279)	-28%
8.	Bed Funds - Number of Patient Days	36	29	(7)	-19%
9.	Bed Funds - Number of Discharges	18	17	(1)	-6%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					