

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Midstate Medical Center

Employer identification number

06-0646715

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 230,245,746
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] Date [] Title VP, Finance

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see Instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only: ERO's signature [Signature], Date 8/12/15, Check if also paid preparer [], Check if self-employed [], ERO's SSN or PTIN 06-0646668, Firm's name (or yours if self-employed), address, and ZIP code: Hartford Hospital, 80 Seymour Street, Hartford, CT 06102, Phone no. []

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only: Print/type preparer's name JEANNE M. SCHUSTER, Preparer's signature [Signature], Date 8/12/15, Check self-employed [], PTIN P00743154, Firm's name Ernst & Young U.S. LLP, Firm's EIN 34-6565596, Firm's address 200 Clarendon Street, 44th Floor, Boston, MA 02216, Phone no. (617) 226-2000

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Midstate Medical Center		D Employer identification number 06-0646715
	Doing Business As		E Telephone number (203) 694-8200
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 435 Lewis Avenue		G Gross receipts \$ 230,245,746.
	City or town, state or province, country, and ZIP or foreign postal code Meriden, CT 06451		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list, (see instructions) H(c) Group exemption number
F Name and address of principal officer: Lucille Janatka 435 Lewis Ave, Meriden, CT 06451			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MIDSTATEMEDICAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1885 M State of legal domicile: CT

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: The Mission of MidState Medical Center is to promote, restore, and maintain the health			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1417
	6 Total number of volunteers (estimate if necessary)	6	298
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-249,891.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-358,932.
			Prior Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	423,136.	618,553.
	9 Program service revenue (Part VIII, line 2g)	223,930,472.	223,796,456.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,787,978.	3,158,071.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,726,510.	2,672,666.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,868,096.	230,245,746.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,793,282.	88,984,007.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 304,876.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,114,886.	119,789,513.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	213,913,168.	208,773,520.
19 Revenue less expenses. Subtract line 18 from line 12	17,954,928.	21,472,226.	
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	273,104,731.	276,677,123.
	21 Total liabilities (Part X, line 26)	159,518,705.	169,235,531.
22 Net assets or fund balances. Subtract line 21 from line 20	113,586,026.	107,441,592.	End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	8/12/11
	Carolyn Freiheit, VP, Finance	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Jeanne Schuster	<i>Jeanne M Schuster</i>	8/12/15
Firm's name Ernst & Young U.S. LLP		Firm's EIN	34-6565596
Firm's address 200 Clarendon Street, 44th Floor Boston, MA 02216		Phone no. (617) 226-2000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: The mission of MidState Medical Center is to promote, restore, and maintain the health and well-being of the people of central Connecticut. That mission comes to life in the various ways hospital staff interacts with people beyond the walls of the institution. More

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30,304,607. including grants of \$) (Revenue \$ 29,594,271.) The Emergency Department (ED) at MidState Medical Center strives to provide compassionate, high-quality care to all of its patients, regardless of their financial ability to pay for services. Fiscal year 2014 was a year of improvement for the Emergency Department. Our focus aimed to improve the patient experience by decreasing our "door to provider time" which is the patient arrival time to the time when a patient is seen by the ED Provider. As a result, 83% of all patient were seen within 30 minutes of arrival during FY14. Our "Physician First" process continues to focus on delivering patient-centered care directly to our patients in a timely and efficient manner. We also were selected by the Emergency Nurse's Association to present a Poster on this innovative model at their annual meeting.

4b (Code:) (Expenses \$ 22,939,278. including grants of \$) (Revenue \$ 28,105,472.) The Digestive Health Center at MidState is a comprehensive resource for the prevention, diagnosis and treatment of a full range of gastrointestinal disorders that affect the esophagus, stomach, small intestine and colon. The staff provides first class care to all of our patients and works well together to provide a seamless transition from pre to post procedure and home care. Our staff ensures that each patient has a visit that is as pleasant and comfortable as possible. The Department cares for inpatients as well as an outpatient population. Along with providing upper endoscopies and colonoscopies, the department provides radiofrequency ablation for patients with high grade Barrett's Esophagus, Manometry and pH testing for patients with chronic motility and reflux problems and ERCP (endoscopic retrograde

4c (Code:) (Expenses \$ 30,665,416. including grants of \$) (Revenue \$ 24,779,174.) Oncology Services at MidState Medical Center is a multi-discipline service line consisting of radiation oncology, medical oncology, support services and surgical services. Each patient seeking care for an oncological based health need is treated in a state of the art facility with physicians, nurses and support staff from Midstate Medical Center collaborating with our 4 other Hartford HealthCare partners. This collaboration operates in the form of cancer conferences and disease management teams through which a single standard of care is delivered at the highest quality. The oncology program at Midstate Medical Center strives to provide compassionate, high-quality care to all of its patients, regardless of their financial ability to pay for these services. The department provides a medical

4d Other program services (Describe in Schedule O.) (Expenses \$ 100,349,039. including grants of \$) (Revenue \$ 141,242,129.)

4e Total program service expenses 184,258,340.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 179, 0, 1417). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Carolyn Freiheit - 860-224-5272**
389 John Downey Drive, New Britain, CT 06051

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Christopher W. Beale Director	2.00	X					0.	0.	0.	
(2) Irfan S. Chughtai, M.D. Director	2.00	X					0.	0.	0.	
(3) Lewis Levin, M.D. Director (Thru Oct. 2103)	2.00	X					1,600.	0.	0.	
(4) Lucille A. Janatka President/CEO	20.00 40.00	X		X			670,426.	0.	125,486.	
(5) Bruce C. Eldridge Director	2.00	X					0.	0.	0.	
(6) Joseph E. Mirra Director	2.00	X					0.	0.	0.	
(7) James N. Smith Secretary	2.00	X					0.	0.	0.	
(8) Richard A. Smith, M.D. Dir, Pres. Medical Staff	20.00	X					60,000.	0.	0.	
(9) Marcia B. Proto Vice Chair	3.00	X		X			0.	0.	0.	
(10) James L. Pellegrino Director (Thru Nov. 2013)	2.00	X					0.	0.	0.	
(11) Giovanna T. Weller Director	2.00	X					0.	0.	0.	
(12) Frederick Ulbrich, III Director	2.00	X					0.	0.	0.	
(13) Carl D. Grant Chair	3.00	X		X			0.	0.	0.	
(14) John W. Redmond M.D. Director	2.00	X					0.	0.	0.	
(15) Lawrence S. Lazaroff Director	2.00	X					0.	0.	0.	
(16) Carolyn Freiheit VP, Finance	20.00 40.00			X			0.	212,012.	56,015.	
(17) Ralph W. Becker VP & CFO (Thru Jan. 2014)	60.00			X			0.	333,839.	95,382.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Catherine Stevens VP, Patient Care	60.00			X				216,738.	0.	42,957.
(19) Steven Hanks, M.D. VP, Medical Affairs	5.00 55.00			X				0.	629,647.	161,712.
(20) Mary Morgan VP, Human Resources	5.00 55.00			X				0.	181,420.	65,766.
(21) Cindy L. Russo SVP, Operations	60.00				X			282,749.	0.	13,851.
(22) Robert van Heiningen VP, HR (Thru Oct. 2013)	60.00				X			224,714.	0.	20,859.
(23) Joseph Vaccarelli Director, Lab	5.00 55.00				X			0.	208,221.	9,669.
(24) Elizabeth C. DeSanto In House General Counsel	60.00				X			155,813.	0.	38,381.
(25) Thomas Vaccarelli VP, Facilities & Support	5.00 55.00				X			0.	196,017.	68,051.
(26) Robert Flade Director, Emergency Nursing	5.00 55.00				X			0.	148,514.	33,034.
1b Sub-total								1,612,040.	1,909,670.	731,163.
c Total from continuation sheets to Part VII, Section A								2,204,708.	137,537.	252,991.
d Total (add lines 1b and 1c)								3,816,748.	2,047,207.	984,154.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **139**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Clinical Lab Partners LLC, 129 Patricia M. Genova Dr., Newington, CT 06111	Laboratory Services	1,683,816.
Emergency Medical Physicians 1084 Hartford Tpk, Vernon, CT 06066	Medical Services	1,164,933.
Signal Medical Services Inc. P.O. Box 977, Farmington, CT 06034	Medical Services	1,104,761.
Fuda Construction 6 Bar Will Dr., Meriden, CT 06450	Construction	836,341.
Origin, Incorporated P.O. Box 70870, Saint Paul, MN 55170	Staffing Services	497,929.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **20**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations	46,200.				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	572,353.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		618,553.			
Program Service Revenue	2 a Outpatient Care	621400	129,972,977.	129,972,977.		
	b Inpatient Care	624100	92,001,756.	92,001,756.		
	c Lab Services	621500	508,593.	435,510.	73,083.	
	d Supply Vendor Rebate	900099	371,594.	371,594.		
	e Other Health Programs	621300	55,700.	55,700.		
	f All other program service revenue	900099	885,836.	883,509.	2,327.	
	g Total. Add lines 2a-2f		223,796,456.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,306,665.	367.	1,306,298.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	2,449,272.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	2,449,272.			
	d Net rental income or (loss)		2,449,272.		2,449,272.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,851,406.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	1,851,406.			
	d Net gain or (loss)		1,851,406.		1,851,406.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a Cafeteria Income	722210	549,062.		549,062.		
b Income - Pass Thru Entity	900003	-325,668.	-325,668.			
c						
d All other revenue						
e Total. Add lines 11a-11d		223,394.				
12 Total revenue. See instructions.		230,245,746.	223,721,046.	-249,891.	6,156,038.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,849,173.	474,975.	5,374,198.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	424,648.	424,648.		
7 Other salaries and wages	63,057,370.	60,758,242.	2,099,964.	199,164.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,651,261.	4,497,019.	140,881.	13,361.
9 Other employee benefits	10,265,381.	9,924,965.	310,927.	29,489.
10 Payroll taxes	4,736,174.	4,579,116.	143,453.	13,605.
11 Fees for services (non-employees):				
a Management	73,299.		73,299.	
b Legal	277,664.		277,664.	
c Accounting	40,432.		40,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	151,925.		151,925.	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,681,034.	14,211,668.	2,469,366.	
12 Advertising and promotion	422,810.		422,810.	
13 Office expenses	7,394,757.	6,321,085.	1,059,213.	14,459.
14 Information technology	161,934.	161,934.		
15 Royalties				
16 Occupancy	6,676,310.	6,676,310.		
17 Travel	78,607.	9,935.	68,672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,817.	2,808.	46,875.	134.
20 Interest	4,582,099.	4,582,099.		
21 Payments to affiliates	4,378,866.	3,125,777.	1,253,089.	
22 Depreciation, depletion, and amortization	12,906,996.	12,516,058.	390,938.	
23 Insurance	3,029,485.	2,753,277.	276,208.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	29,231,222.	29,221,512.	9,710.	
b Purchased Services	28,405,119.	19,297,503.	9,081,946.	25,670.
c Repairs & Maintenance	4,453,468.	4,362,094.	82,658.	8,716.
d Dues & Subscriptions	517,498.	115,211.	402,009.	278.
e All other expenses	276,171.	242,104.	34,067.	
25 Total functional expenses. Add lines 1 through 24e	208,773,520.	184,258,340.	24,210,304.	304,876.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	395,005.	1	398,880.
	2	Savings and temporary cash investments	26,628,698.	2	44,581,226.
	3	Pledges and grants receivable, net	64,859.	3	41,986.
	4	Accounts receivable, net	38,544,433.	4	28,352,212.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	50,000.	7	0.
	8	Inventories for sale or use	2,719,853.	8	3,431,508.
	9	Prepaid expenses and deferred charges	2,116,575.	9	2,245,299.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 261,200,832.		
	b	Less: accumulated depreciation	10b 145,547,862.	10c	115,652,970.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	80,569,270.	15	81,973,042.
16	Total assets. Add lines 1 through 15 (must equal line 34)	273,104,731.	16	276,677,123.	
Liabilities	17	Accounts payable and accrued expenses	11,895,780.	17	9,175,414.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	147,622,925.	25	160,060,117.
	26	Total liabilities. Add lines 17 through 25	159,518,705.	26	169,235,531.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	96,806,371.	27	89,763,992.
	28	Temporarily restricted net assets	2,047,687.	28	2,099,252.
	29	Permanently restricted net assets	14,731,968.	29	15,578,348.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	113,586,026.	33	107,441,592.	
34	Total liabilities and net assets/fund balances	273,104,731.	34	276,677,123.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,245,746.
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,773,520.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,472,226.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,586,026.
5	Net unrealized gains (losses) on investments	5	3,264,768.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30,881,428.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	107,441,592.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Midstate Medical Center Employer identification number 06-0646715

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		40,432.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			40,432.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Explanation: Midstate Medical Center (MMC) is a member of both Connecticut Hospital Association (CHA) and American Hospital Association (AHA). Both CHA and AHA engage in lobbying activities on behalf of all their members. Efforts mainly include lobbying activities that are directly related to communications with legislators or actions

Part IV Supplemental Information (continued)

on specific legislative bills on healthcare matters. Both CHA and AHA allocate a portion of their dues as lobbying expenses. The total amount of dues allocated as lobbying expenses for FY14 was \$40,432.

SCCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of an historically important land area
 - Preservation of a certified historic structure
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 - a Revenues included in Form 990, Part VIII, line 1
 - b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,855,675.	14,919,840.	12,501,553.	12,946,811.	11,876,168.
b Contributions			240,834.	258,750.	229,064.
c Net investment earnings, gains, and losses	785,129.	1,155,553.	2,534,968.	-330,623.	1,188,658.
d Grants or scholarships					
e Other expenditures for facilities and programs	54,476.	219,718.	272,520.	287,232.	270,479.
f Administrative expenses			84,995.	86,153.	76,599.
g End of year balance	16,586,328.	15,855,675.	14,919,840.	12,501,553.	12,946,811.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 90.00 %
 - b Permanent endowment 5.00 %
 - c Temporarily restricted endowment 5.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,250,000.		1,250,000.
b Buildings		114,490,931.	41,233,498.	73,257,433.
c Leasehold improvements		8,283,536.	5,606,770.	2,676,766.
d Equipment		136,591,933.	98,707,594.	37,884,339.
e Other		584,432.		584,432.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				115,652,970.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Funds Held In Trust	14,799,538.
(2) Other Assets	270,421.
(3) Security Deposits	9,000.
(4) Other Investments - Partnerships	2,134,257.
(5) Amortizable Bond Issue Costs	1,586,561.
(6) Investment in Endowment LLC	42,123,273.
(7) Funds Designated for Debt Service	6,307,694.
(8) Insurance Receivable	14,742,298.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	81,973,042.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Pension Liability	34,688,717.
(3) Accrued Pension Plan - Other	3,686,074.
(4) IBNR Malpractice Reserve	2,855,735.
(5) Bond Rebate Fund	4,211,094.
(6) Other Liabilities	8,961,414.
(7) Long Term Debt - Intercompany	87,519,905.
(8) Professional Liab. Claims - Long	
(9) Term	14,742,298.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	160,060,117.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

Explanation: Midstate Medical Center (the Medical Center) has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. The Medical Center's spending policy is that investment income and realized gains and losses associated with the endowments are appropriated for spending every year, and unrealized gains and losses are reinvested back in to the endowment as accumulated earnings. Endowment assets include those assets of donor-restricted funds as well as board designated funds that the Medical Center must hold in perpetuity or for donor-specific period(s).

Part XIII Supplemental Information (continued)

The Medical Center's endowment consists of approximately 100 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The income generated by the funds are used mainly for capital purchases.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **Midstate Medical Center** Employer identification number: **06-0646715**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?	X	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2,851,066.	0.	2,851,066.	1.37%
b Medicaid (from Worksheet 3, column a)			49,369,960.	36,595,448.	12,774,512.	6.12%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			52,221,026.	36,595,448.	15,625,578.	7.49%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			542,836.	6,065.	536,771.	.26%
f Health professions education (from Worksheet 5)			244,079.	0.	244,079.	.12%
g Subsidized health services (from Worksheet 6)			526,384.	287,324.	239,060.	.11%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,245.	0.	12,245.	.01%
j Total Other Benefits			1,325,544.	293,389.	1,032,155.	.50%
k Total Add lines 7d and 7j			53,546,570.	36,888,837.	16,657,733.	7.99%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1 Midstate Medical Center
435 Lewis Avenue
Meriden, CT 06451

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 has an 'X' in the 'Licensed hospital' column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group MidState Medical Center

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.midstatemedical.org</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) MidState Medical Center

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) MidState Medical Center

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

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21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		X
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If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

22		X
----	--	---

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

MidState Medical Center:

Part V, Section B, Line 3: Seven focus groups were conducted in Meriden and Wallingford between December 2011 and January 2012. A combination of social service agency workers, chamber of commerce members, and residents were recruited to ensure full representation from the Meriden and Wallingford communities.

The following five groups were identified as having members that could best speak to the basic and healthcare needs in the communities:

- * Meriden Human Service Providers
- * Wallingford Community Forum members
- * United Way Agency Directors
- * Meriden Chamber of Commerce members
- * Quinnipiac Chamber of Commerce members

A MidState representative worked with the leader of each of these groups to schedule a focus group date and distribute recruitment letters to the group members. The MidState representative also worked with key individuals in the Meriden and Wallingford communities to recruit 6-10 residents for two additional focus groups. In Meriden, the Health & Human Services Department social worker talked with her colleagues to identify individuals who could speak to their basic health care needs, or needs they were seeing among their family or friends. In Wallingford, the Executive Director of the YMCA and the Spanish Community of Wallingford were critical in helping to recruit residents. The Meriden resident focus

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

group was held at the Meriden Health Department. The Wallingford resident focus group was held at the Spanish Community of Wallingford. There were a total of 53 focus group participants with a diverse distribution of ages, races and education levels. The focus groups addressed the following topics with agency workers, chamber members and residents:

- * Basic needs, such as housing, food, and transportation
- * Healthcare related needs
- * How these needs have changed in the last three years
- * Social services currently being utilized in the community
- * Community strengths
- * Opportunities for improvement in the community

MidState Medical Center:

Part V, Section B, Line 7: To be the most effective, it is understood that not all needs can be addressed by MidState Medical Center. The key areas being addressed are within the capacity and resources of the hospital: Diabetes, Overweight and Obesity, Prostate and other Cancers awareness for screenings, Cardiac and Stroke. Where possible, the hospital partners with and/or supports the efforts of other agencies better positioned to address needs not within the hospital's scope. These include: Smoking Cessation which the Meriden/Wallingford Substance Abuse Council addresses and Physical Activity which is being addressed by the YMCA with its Activate Wallingford program.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

MidState Medical Center:

Part V, Section B, Line 20d: The Hospital is in process of adopting the final 501R regulations.

Part V Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Explanation: Midstate Medical Center used the Federal Poverty Guidelines to determine eligibility.

Part I, Line 7:

Explanation: The organization utilized the Ratio of Cost to Charges (RCC) derived from the FY 2014 Medicare cost report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). The ratio was further reduced to incorporate the directly identified community expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Line 7g.

Part I, Line 7g:

Part VI Supplemental Information (Continuation)

Explanation: No physician clinic costs were included in the subsidized Health Services cost calculations.

Part II, Community Building Activities:

Explanation: MidState Medical Center has a very robust community benefits program. MidState coordinates a Community Vision group that interacts with the community to address needs and facilitate responses to identified needs. Through Community Vision, MidState has collaborated with the United Way of Meriden and Wallingford to address food collection and distribution for the needy while also conducting semi-annual food collections within the hospital for distribution to those in need. More specifically, MidState is involved in a Family Zone in Meriden that is modeled after the Harlem Children Zone in New York and provides extended services to families who reside in a targeted segment of the community. MidState representatives also serve on a housing coalition that addresses the need for housing and shelter in its primary service area. Since basic needs, such as food and housing, are tied to health status, MidState's participation in these initiatives alongside the United Way has been important and beneficial to the community the hospital serves.

MidState staff is also involved in workforce development activities through a regional board that is focused on training, education, and employment opportunities. This enhances the training of the workforce and also can lead to career opportunities at MidState Medical Center. Furthermore, MidState is proud of the school business partnerships it has in the community, further addressing workforce development efforts among the area's youth and understanding that employment is another factor tied to health status.

Part VI Supplemental Information (Continuation)

Since the mid-1990s, MidState has had a close-knit relationship with nearby John Barry Elementary School which has provided opportunities for staff to adopt classrooms and enrich the academic experience of students through read-a-loud days and other classroom activities, as well as promote tailored education to students on important health topics including the signs and symptoms of stroke. By educating students on disease risk factors at an early age, it is the hope that their knowledge base will increase, they will share information with their families and perhaps recognize a health problem in a loved one.

Over 20 years ago MidState and its community partners, under the Healthy Meriden initiative, established the Multidisciplinary Geriatric Service Provider Team to bring together all the geriatric service providers in the area to address health issues that the elderly face and how the organizations around the table can better address those issues through collaboration, more coordinated service, and networking. The team still continues to meet monthly and participation is strong. MidState assists with organizing these meetings and serves as a meeting location for the group. Through this specialized team, work is being done to improve the healthcare services available to our aging population.

For FY14, the Medical Center expended \$10,371 on community building activities as reported on Part II of schedule H and in the narratives above.

Part III, Line 2:

Explanation: The Hospital has established estimates based on

Part VI Supplemental Information (Continuation)

information presently available of amounts due to or from Medicare, Medicaid, and third-party payers for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying consolidated balance sheets.

Part III, Line 3:

Explanation: In 2012, a pre-bad debt financial assistance screening was put in place to identify patients that may eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2014 is immaterial.

Part III, Line 4:

Explanation: Please see the text of the footnote that describes bad debt expense on pages 16 - 18 of the Audited Financial Statement.

Part III, Line 8:

Explanation: Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. Therefore the Medicare shortfall should be considered to be a community benefit. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b:

Explanation: MidState Medical Center has adopted the Financial Assistance

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

Policy of its Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: For those patients that qualify for financial assistance and for whom in the System's sole determination are cooperating in good faith to resolve the System's outstanding accounts, the Systems' facilities may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

Part VI, Line 2:

Explanation: MidState Medical Center conducts needs assessment every three years. The assessment includes:

1. Primary data, including focus groups, surveys both on paper and on the phone. This data addresses behaviors and perceptions.
2. Secondary data, including morbidity and mortality data, crime statistics, housing and homeless information, substance abuse, alcohol, and tobacco survey results, workforce data, and demographic information.
3. Other available data from various local, state, and national resources. This data is correlated and evaluated and leads to specific issues related to basic needs, health, housing, workforce, and issues related to specific age groups, including seniors and youth. A community group, incorporating MidState Medical Center, United Way, Chamber of Commerce, as well as other health and human service organizations, key opinion leaders, business leaders, clergy, and other volunteers collaborate to address these issues. This group has convened community-based task forces to address identified

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

issues.

The Center continues to use emergency room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

Part VI, Line 3:

Explanation: MidState Medical Center disseminates information about its Financial Assistance Policy as follows: (i) provides signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas; (ii) to directly provide each patient with a written summary information describing the Policy along with financial assistance contact information in all admission, patient registration discharge, billing and collection written communications; (iii) posts the Policy on the Hospital's website; (iv) educates all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

Part VI, Line 4:

Explanation: MidState Medical Center is located in central Connecticut. Its primary service area has a total population of 178,012 people. Of

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

those, 22% are under the age of 18 and 15% are Seniors. The racial makeup is 77% White, 4% Black, 14% Hispanic and 3% Asian. Females make up 51% of the populations and males account for 49%. There are about 5,000 veterans in the service area. 8% of the population lives below the poverty level. Approximately 26% speak a language other than English at home. 32% have a Bachelor's degree or higher.

Part VI, Line 5:

Explanation: The mission of MidState Medical Center is to improve the health and healing of the people and communities we serve. In towns across central Connecticut, MidState is committed and focused on efforts to promote health and wellness. The majority of MidState Medical Center's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

MidState Medical Center extends medical staff privileges to all qualified physicians in its community. The Hospital/Medical Center has partnered with the Community Health Center to provide health services to the underserved in the community. In addition, MidState participates in Community Vision to improve community health and well-being.

MidState has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means tested programs such as Medicare and Medicaid, as well as for the MidState Medical Center Financial Assistance Program. Additionally, the MidState Emergency Department and satellite MediQuick Urgent Care facilities provide medical care regardless of patients' ability to pay for

Part VI Supplemental Information (Continuation)

services.

In towns across central Connecticut, MidState Medical Center is committed and focused on efforts to promote health and wellness in the communities the hospital serves.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff reach out to thousands of individuals every year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents.

MidState and these partners come together on a monthly basis in Community Vision meetings to discuss plans to address community need and determine the best means to promote positive change. Many of the issues address focus on the ongoing work related to the 2012 Community Needs Assessment Project conducted by MidState and the United Way of Meriden and Wallingford.

Financial Assistance - MidState Medical Center is the leading safety net provider of acute medical care for the communities it serves. MidState routinely provides services to uninsured patients and to people covered under government programs for which it does not receive full payment. Eligibility for the financial assistance programs is dependent on income and other personal circumstances.

Lung Cancer Screening Program - For years lung cancer survival rates have fallen far below that of other cancers, typically, because lung cancer is

Part VI Supplemental Information (Continuation)

often found at a later stage when treatment is less effective. However, a study that was published by the New England Journal of Medicine offered new hope in the early detection of lung cancer, suggesting that individuals who are high-risk and undergo a low dose screening CT scan can increase their chances of survival by 20 percent.

In the summer of 2013, MidState Medical Center took a giant step forward in the efforts of early detection by launching its Lung Cancer Screening Program, which makes low-dose CT scans available at no charge to patients who qualify. In order to qualify for a free screening, a patient must be a current or former smoker (having quit within the last 15 years), be between the ages of 55 and 74 and healthy enough to undergo treatment, have a smoking history of at least 30 pack-years, and have no previous history of lung cancer. Younger patients between the ages of 50 and 54 may also fit the criteria if they have had a second exposure to their lungs, such as radon or another occupational hazard or a family history of lung cancer.

To date, MidState has screened close to 200 individuals, at no charge, in the communities it serves. Doctors estimate that for every 100 people screened, 1 lung cancer will be found. To date, two lung cancers have been detected at early stages, allowing for critical treatment to begin. The program has provided free screenings in the amount of nearly \$150,000.

Senior Emergency Care Services - In May 2013, with an eye on the health needs of our aging population, MidState began offering a newer, innovative approach to caring for seniors in its Emergency Department. When a patient 65+ comes to our Emergency Department, they are not just treated for the

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

ailment that brought them to the hospital. A multi-disciplinary team also performs a special assessment to gauge the patient's status and whether they may have medication issues, be a fall risk or suffer from ailments like dementia and depression. The hope is to identify follow-up care before the condition worsens. When patients leave our Emergency Department, we make sure they are transitioning home or to another care setting smoothly by developing individualized care plans following discharge, making follow-up appointments with physicians, and referring patients to a reputable, high-quality physician if they do not have a primary care doctor.

Connecticut Center for Healthy Aging - Since its inception in 2004, more than 2,500 seniors and their families have benefited from the educational resources, consultation and referral services available through the Connecticut Center for Healthy Aging. The Center has three locations: the New Britain General and Bradley Memorial campuses of The Hospital of Central Connecticut, and most recently, at MidState Medical Center. With the partnership of Central Connecticut Senior Health Services, the center offers assessments and referral services based on identified needs; helps seniors and caregivers with access to medical care, social services, community resources, financial planning and elder law advisors, holistic care and wellness programs; education and training for caregivers, elders and family members.

Health Fairs, Support Groups, Programs & Screenings - MidState has coordinated and participated in nearly 65 different program categories, including health fairs, countless educational seminars and dozens of free health screenings. The hospital also offers a number of support groups for

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

cancer patients, new moms, diabetes patients and bereavement support.

Through the combination of these programs, MidState has served tens of thousands of people.

The LaPlanche Clinic & Geriatric Outreach - MidState's LaPlanche Clinic was established in 1979 to meet the growing needs of the senior population in town. Working collaboratively with the Meriden Senior Center, the clinic is staffed by a registered nurse who provides education and care to seniors. Screenings offered include blood pressure, cholesterol and glucose, as well as regular programming on health topics such as nutrition, heart health, cancer prevention, healthy lifestyles and more. The clinic sees approximately 2,000 patient visits each year. A similar clinic operates out of the Cheshire Senior Center once per week, where another several dozen seniors in MidState's core community receive outstanding clinical care and free blood pressure screenings. MidState also runs an 8-week program called Diet Watch that focuses on nutrition basics to help seniors live healthy lifestyles.

Speakers' Bureau - Our MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered free of charge for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups. Together the Central Region participates in a Healthy Family FunFest held at the Aqua Turf annually and open to the public free of charge. Last year nearly 2,500 participates attended and took advantage of the numerous screenings, health oriented programs, literature and

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

personnel.

Community Partners -MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year, MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAS, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community.

Tremaine Resource Center - Our medical and consumer health library offers a broad range of resources and services to support the needs of patients, caregivers and area residents for accurate and current health information. The Tremaine Resource Center supports student research and offers services to patients in the hospital.

Part VI, Line 6:

Explanation: Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including Midstate Medical Center, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates including all supporting organizations, develop and implement programs to improve the

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of health care; and provide patients with the most technically advance and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital, the largest of the system hospitals.

The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. Additionally, the hospital is affiliated with several other non hospital charitable organizations.

These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the

Part VI Supplemental Information (Continuation)

hospital.

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Midstate Medical Center

Employer identification number

06-0646715

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) Lucille A. Janatka President/CEO	536,357.	103,773.	30,296.	99,695.	25,791.	795,912.	0.
(ii) Carolyn Freiheit VP, Finance	0.	0.	0.	0.	0.	0.	0.
(i) Ralph W. Becker VP & CEO (Thru Jan. 2014)	194,962.	13,750.	3,300.	47,365.	8,650.	268,027.	0.
(ii) Catherine Stevens VP, Patient Care	0.	0.	0.	0.	0.	0.	0.
(i) Steven Hanks, M.D. VP, Medical Affairs	259,817.	63,725.	10,297.	61,837.	33,545.	429,221.	0.
(ii) Mary Morgan VP, Human Resources	199,355.	17,383.	0.	8,873.	34,084.	259,695.	0.
(i) Cindy I. Russo SVP, Operations	0.	0.	0.	0.	0.	0.	0.
(ii) Robert van Heiningen VP, HR (Thru Oct. 2013)	498,515.	37,935.	93,197.	137,676.	24,036.	791,359.	0.
(i) Joseph Vaccarelli Director, Lab	0.	0.	0.	0.	0.	0.	0.
(ii) Elizabeth C. DeSanto In House General Counsel	168,920.	12,500.	0.	42,198.	23,568.	247,186.	0.
(i) Thomas Vaccarelli VP, Facilities & Support	256,809.	25,940.	0.	10,200.	3,651.	296,600.	0.
(ii) Robert Flade Director, Emergency Nursing	0.	0.	0.	0.	0.	0.	0.
(i) Donna Sassi, M.D. Director, Surgery	161,714.	63,000.	0.	7,356.	13,503.	245,573.	0.
(ii) Walter J. Kupson III Medical Director Mediquick	0.	0.	0.	0.	0.	0.	0.
(i) Timothy M. Pratt Hospitalist	0.	0.	0.	0.	0.	0.	0.
(ii) Mark Schaner Hospitalist	185,501.	8,386.	14,334.	8,028.	1,641.	217,890.	0.
(i) Robert Flade Director, Emergency Nursing	148,125.	7,688.	0.	6,487.	31,894.	194,194.	0.
(ii) Donna Sassi, M.D. Director, Surgery	0.	0.	0.	0.	0.	0.	0.
(i) Thomas Vaccarelli VP, Facilities & Support	180,897.	11,563.	3,557.	45,928.	22,123.	264,068.	0.
(ii) Robert Flade Director, Emergency Nursing	0.	0.	0.	0.	0.	0.	0.
(i) Donna Sassi, M.D. Director, Surgery	135,508.	6,408.	6,598.	24,384.	8,650.	181,548.	0.
(ii) Walter J. Kupson III Medical Director Mediquick	142,068.	7,532.	1,148.	6,290.	26,533.	183,571.	0.
(i) Timothy M. Pratt Hospitalist	0.	0.	0.	0.	0.	0.	0.
(ii) Mark Schaner Hospitalist	311,178.	9,115.	0.	10,200.	35,605.	366,098.	0.
(i) Timothy M. Pratt Hospitalist	0.	0.	0.	0.	0.	0.	0.
(ii) Mark Schaner Hospitalist	254,543.	19,148.	0.	10,200.	11,018.	294,909.	0.
(i) Timothy M. Pratt Hospitalist	0.	0.	0.	0.	0.	0.	0.
(ii) Mark Schaner Hospitalist	250,788.	22,403.	0.	10,200.	34,871.	318,262.	0.
(i) Timothy M. Pratt Hospitalist	0.	0.	0.	0.	0.	0.	0.
(ii) Mark Schaner Hospitalist	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Explanation: Hartford HealthCare Executive Compensation Committee approves CEO and other Executive compensation. See detailed explanation on Sch O as references to Form 990, Part VI, Section B, Line 15.

Part I, Lines 4a-b:

Explanation: Hartford Healthcare Corporation, a related organization, maintains a 457(f) plan. Participants include certain officers and key employees at the President, Executive Vice President, Senior Vice President and Vice President levels that are reported by Midstate medical Center on Form 990, Part VII. Contributions are made by Hartford Healthcare Corporation to the plan based on a percentage of the participant's compensation. Participants vest in the plan at the earlier of reaching age 55 and having 5 years of service, death, disability, involuntary separation without reasonable cause or upon reaching age 65. Each participant ceases to be eligible for further contributions by Hartford Healthcare Corporation on the date of the participant's separation from service. Participants receive a one-time lump sum payment of the accumulated amount during the

Part II Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

30-day period following the participant's separation from service.

2013 SERP accrual made on behalf of the following individual:

Ms. Lucille Janatka \$89,495

Mr. Harold Kaplan (Former Vice President) severance payment began in February of 2013. Total severance payment in 2013 was \$248,423.46.

Part I, Line 7:

Explanation: The hospital has an At Risk Plan that encourages and rewards achievements of significant functional goals for management that contribute to organization(s) strategic and financial direction. The Plan utilizes market practice alignment to ensure competitive recruitment and retention. Awards are based on CEO and/or Hartford HealthCare Corporation's Compensation Committee discretionary assessment of overall organization performance and individual contribution to results.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Part V	See Part V	251,481.	See Part V		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV

(a) Name of Interested Person: Joseph E. Mirra

(b) Relationship between Interested Person and Organization: Director

(c) Amount of Transactions: \$251,481

(d) Description of Transaction: Mr. Joseph Mirra is a board member of Midstate Medical Center (MMC). Mr. Mirra is the owner of Business Resources Center, LLC. The company provides physician billing and provider enrollment services for Midstate Medical Center and Windham Community Memorial Hospital (WCMH), a related entity. MMC and WCMH paid the Company \$251,481 for physician billing and provider enrollment services during the year.

(e) Sharing of Organization Revenues? = No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Midstate Medical Center

Employer identification number
06-0646715

Form 990, Part I, Line 1, Description of Organization Mission:

and well-being of the people of central Connecticut.

Form 990, Part III, Line 1, Description of Organization Mission:

than just a place to come for medical care, MidState holds in its mission a deep commitment to be there for the communities it serves by reaching out to people of all backgrounds and providing them with the guidance they need to live and maintain a healthy, active life.

For many years, MidState has worked closely with the United Way of Meriden & Wallingford to assist in creating opportunities for a better tomorrow. MidState has been a staunch supporter of the United Way's LIVE UNITED CAMPAIGN, calling on hospital employees to be good stewards in our community.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Overall, the total number of ED visits for FY 2014 was 58,613; this is a 2% decrease from FY13. Remaining constant compared to FY 13, 11% of our patients were admitted to MidState Medical Center as inpatients. The percentage of patients who left without being seen was 1%, which is below the national benchmark of 2%. Approximately 25% of all Emergency Department patients arrived by ambulance.

Emergency Medicine Physicians (EMP) - The Organization continued its relationship with EMP to provide Physician and Physician Assistant

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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staffing to care for the ED patients. EMP focuses on patient satisfaction, medical staff satisfaction and providing exceptional emergency care.

Partnerships - The MidState ED does not work alone in providing excellent care to those it serves. In FY 2014, the ED provided ongoing education to local EMS providers from the Wallingford Fire Department and Hunter's Ambulance. The ED Department also developed a special paramedic continuing education program with the Simulation Center at MMC. The ED continued to build its relationship with the Meriden Police Department to work more collaboratively in situations when emergency care intersects with law enforcement matters by participating in a joint educational training session.

The MidState ED also partners with Hartford Hospital's LifeStar helicopter program to deliver lifesaving care to critically ill patients that need a higher level of care than what MidState can provide. Together, we are focusing on decreasing transfer time in cardiology patients with a diagnosis of ST Elevation Myocardial Infarction (STEMI). The LifeStar program has placed one of their stretchers at MMC to improve the transfer process.

Senior Emergency Care Services - The Organization identified a need to improve the transition of care for the senior population that is over 65. Our goal is to provide seniors with the services needed to maintain independence and overall health and well-being. During FY 14, the Department continued the process of screening all patients 65 and older to identify patients at risk, and match resources to their needs. Our

Name of the organization

Midstate Medical Center

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RN staff has requested 337 Pharmacy consults that have resulted in identification 367 Pharmacological Interactions. This innovative program was presented in a poster format at the 2014 Patient Experience Collaborative at Hartford HealthCare. This program was also presented at a statewide conference on care of the geriatric population.

Community Outreach - The staff of the ED are committed to community service and enriching the lives of others. In FY 2014, the ED participated in the collection of food for area food banks. Additionally, the ED participated in community health fairs.

We have continued our pilot program that involves a multidisciplinary team to assist ED patients by ensuring we have matched their needs with the community resources to improve medical care and compliance.

Patient Satisfaction - Overall patient satisfaction scores for FY 2014 were in the 34th percentile. This is an area the ED Department will be focusing on improving for FY 15. Our initiative to improve throughput of the admitted patients by the hospitalist (currently at 7.5 hours), as well as development of standard hand-off process to inpatient nursing are being piloted this year. The department continues to make reduced wait times a priority. For Fiscal Year 2014, patients waited an average of only 7 minutes to see a provider as compared to 12 minutes in 2011 when the Organization began its focus on the patient experience.

Education - In FY 2014, the MidState ED continued to play a critical role in staff education integrating best practices treatment and

Name of the organization

Midstate Medical Center

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protocols for the care of our patients. The Organization has encouraged our RN staff to become certified "emergency nurses". To date three RN's have successfully passed the CEN exam.

Form 990, Part III, Line 4b, Program Service Accomplishments:
 cholangiopancreatogram).

Overall the department saw a total of 10,665 cases for fiscal year 2014 an increase of 320 cases from the previous year. This year only 32 of our patients were admitted post procedure.

Digestive Health Center (DHC) - The Department continues to maintain and improve our relationships with both the Connecticut GI and Gastroenterology Specialists physicians. We welcomed a new physician Dr. Madhavi Bhoomagoud late in 2014 and she continues to grow her practice, becoming a valued member of the team.

Another one of our physicians spoke to over 150 GI nurses and associates at the 2014 Fall Conference for the Connecticut GI Nurses and Associates addressing current challenges in Crohn's and Colitis care. The Organization works in collaboration with the Anesthesia department to provide the same level of care to our patients 24 hours a day, seven days a week whether in the actual Digestive Health area or traveling to the ER, ICU or OR areas.

Electronic Health Records - The department has been using electronic health records for over 12 years. The Physicians and Multicare (nursing) records are interfaced to provide seamless charting from pre

Name of the organization

Midstate Medical Center

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to intra and post care. In response to "The Joint" recommendations, the electronic medication reconciliations have also been implemented.

Patient Satisfaction - The Endoscopy unit has continued to maintain consistently high Press Ganey Scores. We monitor monthly "likelihood of recommending center" and for FY2014 averaged 94.4%. Our "Overall care received" average for the year was 95.3 and our "wait time prior to procedure" was 90.6%.

Community Outreach - March is Colorectal Cancer Awareness month and in the spirit of sharing knowledge, the Digestive Health Center staff presented to our "MidState family" information on colon cancer screening. In May 2014, staff from DHC spoke at the Wallingford Senior Center Health Fair on GI Diseases. Additionally, RNs spoke at the Meriden Senior center and at local congregations. The DHC sponsored a GI conference in September 2014 where Dr. Kevin Jo spoke on the topic of Fecal Incontinence. Two of our nurses taught at the "Hands On" ERCP course in October 2014. Over 35 GI health professionals took advantage of this regionally recognized course.

Form 990, Part III, Line 4c, Program Service Accomplishments:
social worker who helps patients with financial assistance, stress management that often accompanies a cancer diagnosis as well as an onsite genetics counselor for a high risk program. In September 2014, Hartford Healthcare Cancer Institute was certified as the charter member of the Memorial Sloan Kettering cancer alliance.

Overall, the total number of newly diagnosed cancers at Midstate

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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Medical Center in calendar year 2014 was 593; a 5% increase over last year. These visits result in the multiple chemotherapy treatments, radiation therapy fractions and surgical procedures, though not every patient receives treatment for their cancer.

Cancer Conferences - The organization's multidisciplinary approach to cancer care is highlighted through the cancer conferences in which patient's diagnosis and disease are discussed confidentially across the various disciplines. Imaging, pathology, medical and radiation oncology as well as surgery provide expertise to guide treatment options and plan the care needed to meet the standards of care outlined by the National Comprehensive Cancer Network (NCCN) guidelines.

Accreditation - Our cancer program continues to strive towards re-accreditation and operates under the direction of the cancer committee which meets quarterly. In 2014, we formed a leadership committee overseeing the process of reviewing the new standards published by the American College of Cancer Commission on Cancer in an effort to receive re-accreditation in 2016. The Breast Program leadership was restructured to align with Hartford HealthCare Cancer Institute's model and will seek re-accreditation late in Calendar year 2015.

Community Outreach - Midstate Medical Center's cancer program has a robust community outreach program providing several opportunities for patients, caregivers and the community to participate at no cost. A few of these programs include: outreach to the Hispanic community, survivorship programs, integrative therapies and support groups.

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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Through a grant, we were able to add an additional part-time outreach coordinator that will help facilitate programs, education and various other opportunities to establish support groups.

Form 990, Part III, Line 4d, Other Program Services:

In towns across central Connecticut, MidState Medical Center (MMC) is committed and focused on efforts to promote health and wellness in the communities the hospital serves.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff reach out to thousands of individuals every year through health-related programs and special events. Additionally, MMC has partnered with various community organizations to improve the quality of life of its residents. These include key opinion leaders, faith communities, business leaders, government officials, and a variety of social service organizations.

Financial Assistance - MidState Medical Center is the leading safety net provider of acute medical care for the communities it serves.

MidState routinely provides services to uninsured patients and to people covered under government programs for which it does not receive full payment. Eligibility for the financial assistance programs is dependent on income and other personal circumstances.

Expenses \$ 100,349,039. including grants of \$ 0. Revenue \$ 141,242,129.

Form 990, Part VI, Section A, line 6:

Explanation: MidState Medical Center is organized as a non-stock not for profit entity. Hartford HealthCare Corporation is the sole member.

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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Form 990, Part VI, Section A, line 7a:

Explanation: The sole member of the organization has the authority to approve/remove members of the governing board.

Form 990, Part VI, Section A, line 7b:

Explanation: The sole member of the organization has the right to review, approve, disapprove or deny fundamental transactions such as mergers, acquisitions, dissolutions, etc.

Form 990, Part VI, Section B, line 11:

Explanation: The Form 990 was prepared by the Hartford HealthCare's Tax Department. It was then reviewed by an independent accounting firm. It was then forwarded to the organization's top management including the VP, Finance for review. The Form was then made available to the Board for review. Once the entire review process was completed, the form was signed by the VP, Finance and then filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

Explanation: The Medical Center's board has adopted the policy of the member organization, Hartford HealthCare Corporation (HHC). The HHC Conflict of Interest Policy (Policy) requires all covered individuals, including board members and officers, to provide a disclosure of relationships that create or have the appearance of creating a conflict of interest or commitment. The Policy requires updates if changes in circumstances arise during the year that either (a) create a new potential conflict of interest or commitment or (b) change or eliminate a conflict of interest or commitment previously disclosed. Conflict of Interest

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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disclosure statements are maintained by the HHC Office of Compliance, Audit & Privacy (OCAP). All employee disclosures are reviewed by OCAP to determine if there is a potential conflict. Legal counsel reviews all cases where the individual has a significant financial interest and these cases are forwarded to the System Executive Compliance Steering Committee. The System Executive Compliance Steering Committee assesses and recommends whether 1) the conflict be eliminated, 2) the proposed activity be prohibited, or 3) a Conflict of Interest management plan be implemented. Results of the survey of board members are reported to the HHC Nominating and Governance Committee for determinations of conflicts and the management of them, where applicable.

Form 990, Part VI, Section B, Lines 13 & 14

The Hospital does have a written Document Retention and Destruction policy as well as a written Whistleblower policy. Although the policies were not formally approved by the Board, they were in effect for the entire tax year.

Form 990, Part VI, Section B, Line 15:

Explanation: The Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare on behalf of MidState Medical Center, hires an outside consultant, Integrated Healthcare Strategies, to determine best practices in governing executive compensation.

The following steps are taken:

- Use of an Independent Executive Compensation Committee (Committee) of the Board of Directors of Hartford HealthCare, on behalf of MidState Medical

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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Center, established and regularly reviews Executive Compensation Philosophy

- The Committee regularly reviews scope and depth of positions taking into account complexity and the financial impact and accountability of all "disqualified persons"

- Benchmark peer groups are selected for comparison based on organizational size, operating revenue, geography and other relevant factors

- Analysis of current total compensation versus market is performed by an independent third party compensation consulting firm and is then reviewed by the committee

- Recommendations are made based on data analysis to ensure appropriate competitive positioning within parameters of the compensation philosophy

- The CEO compensation is determined by the Committee based on comparative market information and organizational performance

- All changes are reviewed and approved by the Executive Compensation Committee

The CEO compensation determination process is reviewed on an annual basis.

All other executive compensation are regularly reviewed for scope and depth of positions taking into account complexity and the financial impact and accountability.

Form 990, Part VI, Section C, Line 18:

Explanation: The Hospital's Form 990, 990T and form 1023 and its attachments are available upon request.

Form 990, Part VI, Section C, Line 19:

Explanation: The Hospital's Financial Statements, Governing Documents and

Name of the organization Midstate Medical Center	Employer identification number 06-0646715
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the Conflict of Interest Policy are available for inspection upon request at the Hospital's address.

Form 990, Part XI, line 9, Changes in Net Assets:

Unrealized Loss on Swap Value	-134,060.
Change in Funding Status of Pension	-20,941,673.
Income From Pass Thru Entities	325,301.
Return on Investments held by Endowment, LLC	93,356.
Transfer to Affiliated Entity - HHC	-8,455,256.
Rounding	-10.
Unrealized Gain (Loss) on Funds Held in Trust	846,380.
Endowment LLC K-1	-2,615,466.
Total to Form 990, Part XI, Line 9	-30,881,428.

FORM 990 PART XII LINE 3A & B

Explanation: Although the organization was not required to undergo A-133 Federal Audit, the results were included in a consolidated A-133 audit performed at the parent level Hartford HealthCare Corporation.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Midstate Medical Center

Employer identification number
06-0646715

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Midstate MSO, LLC - 20-4312072 435 Lewis Avenue Meriden, CT 06451	Management Services	Connecticut	0.	0.	Midstate Medical Center

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Hartford Hospital - 06-0646668 80 Seymour Street Hartford, CT 06102	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Hartford HealthCare Corp. - 22-2672834 One State Street, Suite 19 Hartford, CT 06103	Support and Management Services to Hartford Hospital and Affiliates	Connecticut	501(C)(3)	11(c)	N/A		X
Windham Community Memorial Hospital - 06-0646966, 112 Mansfield Avenue, Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation		X
Windham Hospital Foundation Inc. - 56-2546632, 112 Mansfield Avenue, Willimantic, CT 06226	Supporting Organization	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part I Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Natchaug Hospital Inc. - 06-0966963 189 Storrs Road	Behavioral Health	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Hartford HealthCare At Home, Inc. - 06-0646938, 1290 Silas Deane Hwy. Suite 4B, Wethersfield, CT 06109	Home Health Care	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Rushford Center Inc. - 06-0932875 883 Paddock Avenue Meriden, CT 06450	Substance Abuse Health Care Services	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	
Hartford Hospital Auxiliary c/o Hartford Hospital - 06-6040747, 80 Seymour Street, Hartford, CT 06102	Fundraising	Connecticut	501(C)(3)	11(c)	Hartford Hospital	X	
Connecticut Health System Inc. - 22-2779421 80 Seymour Street Hartford, CT 06102	Coordination of Health Delivery	Connecticut	501(C)(3)	11(c)	Hartford HealthCare Corporation	X	
Institute of Living - 06-0646683 200 Retreat Avenue Hartford, CT 06106	Supporting Organization to Hartford Hospital	Connecticut	501(C)(3)	11(c)	Hartford Hospital	X	
VNA Health Resources Inc. - 06-1161422 1290 Silas Deane Hwy. Suite 4B Wethersfield, CT 06109	Home Health Care	Connecticut	501(C)(3)	9	Hartford HealthCare At Home, Inc.	X	
Midstate Medical Center Auxiliary - 06-6063082, 435 Lewis Avenue, Meriden, CT 06451	Fundraising	Connecticut	501(C)(3)	11(a)	Midsate Medical Center	X	
The Hatch Hospital Corp. - 06-6076412 112 Mansfield Avenue Willimantic, CT 06226	Healthcare Services	Connecticut	501(C)(3)	3	Windham Community Memorial Hospital	X	
WCMH Women's Auxiliary Inc. - 06-0677728 112 Mansfield Avenue Willimantic, CT 06226	Fundraising	Connecticut	501(C)(3)	11(a)	Windham Community Memorial Hospital	X	
The Hospital of Central CT - 06-0646768 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Central CT Senior Health Svcs d.b.a. Southington Care Center - 22-2635676, 45 Meride Avenue, Southington, CT 06489	Sub-Acute & Long Term Healthcare	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	

Midstate Medical Center

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Bradley Health Services - 06-1367014 100 Grand Street New Britain, CT 06050	Healthcare Services	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Central CT Health Alliance - 22-2785033 100 Grand Street New Britain, CT 06050	Support & Management Svcs. to THOCC and Affiliates - Shell	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The Orchards of Southington - 06-1490803 34 Hobart Street Southington, CT 06489	Residential Services for Senior Citizens	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.	X	
Mulberry Gardens of Southington, LLC - 82-0586577, 58 Mulberry Street, Plantsville, CT 06479	Assisted Living & Adult Day Care Facility	Connecticut	501(C)(3)	9	Central CT Senior Health Services Inc.	X	
HHC PhysiciansCare Inc. - 45-4456939 80 Seymour Street Hartford, CT 06102	Practice Medicine and Provide Health Care Services to the Public	Connecticut	501(C)(3)	9	Hartford HealthCare Corporation	X	
Hartford Healthcare Accountable Care Org. Inc. - 46-0886367, 200 Retreat Avenue, FL 9, Hartford, CT 06102	To Manage and Coordinate Care for Medicare Beneficiaries	Connecticut	501(C)(3)	7	HHC PhysiciansCare Inc.	X	
Hartford Healthcare Corp. Group (VEBA) - 26-6671355, 777 Main Street, Hartford, CT 06102	To Provide Medical, Dental, Life, Other Benefits to Employees	Connecticut	501(C)(9)	N/A	Hartford HealthCare Corporation	X	
Backus Corporation - 22-2757608 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	11(b)	Hartford HealthCare Corporation	X	
The William W. Backus Hospital - 06-0250773 326 Washington Street Norwich, CT 06360	Support	Connecticut	501(C)(3)	3	Hartford HealthCare Corporation	X	
Backus HealthCare Inc. - 22-2481794 326 Washington Street Norwich, CT 06360	Healthcare Services	Connecticut	501(C)(3)	11(a)	Hartford HealthCare Corporation	X	
Rushford Foundation Inc. - 06-1432692 883 Paddock Avenue Meriden, CT 06450	Support	Connecticut	501(C)(3)	11(a)	Rushford Center Inc.	X	
Caring for Colleagues Employee Crisis Fund - 26-4469178, 100 Grand Street, New Britain, CT 06052	Supporting Organization	Connecticut	501(C)(3)	7	Hartford HealthCare Corporation	X	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Omni Home Health Services E. CT, LLC - 06-1459837, 12 Case Street #317, Norwich, CT 06360	Home Health Care	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
New Britain MRI Limited Partnership - 06-1271349, 100 Grand Street, New Britain, CT 06050	Magnetic Resonance Imaging	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Hartford HealthCare Endowment LLC - 45-4181103, 80 Seymour Street, Hartford, CT 06102	Endowment Management	CT	N/A	Investment	2,615,467.	42,123,273.		X	N/A	X	5.10%
Ambulance Service of Manchester, LLC - 06-1557358, P.O. Box 300, Manchester, CT 06450	Ambulatory Services	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
H.M.O.B Corporation & Subsidiaries - 06-1140244, 80 Seymour Street, Hartford, CT 06102	Real Estate & Parking	CT	N/A	C CORP	N/A	N/A	N/A		X
Hartford HealthCare Indemnity Services, LTD 40 Church Street , Hamilton, BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
Windham Health Services Inc. - 06-1461101 112 Mansfield Avenue Willimantic, CT 06226	Home Health Care	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Physician Hospital Organization - 06-1441614, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Family Medical Services, PC - 06-1491649, 112 Mansfield Avenue, Willimantic, CT 06226	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X

Part V Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CenConn Services Inc. - 22-2836001 100 Grand Street New Britain, CT 06050	Investment Management	CT	N/A	C CORP	N/A	N/A	N/A		X
Midstate Medical Group P.C. - 20-4327968 435 Lewis Avenue Meriden, CT 06450	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Hartford Physician Services PC - 06-1254082 80 Seymour Street Hartford, CT 06102	Medical Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Meriden Imaging Center - 06-1541468 101 North Plains Industrial Park Meriden, CT 06429	Imaging	CT	Midstate Medical Center	S CORP	-325,943.	2,214,713.	80.00%		X
Hartford Physician Hospital Organization, Inc. - 22-2785918, 80 Seymour Street, Hartford, CT 06102	Physician & Hospital Support	CT	N/A	C CORP	N/A	N/A	N/A		X
Aetna Ambulance Service, Inc. - 06-0795431 P.O. Box 1150 Manchester, CT 06045	Ambulance Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Metro Wheelchair Service, Inc. - 06-0878432 P.O. Box 300 Manchester, CT 06045	Wheelchair Services	CT	N/A	C CORP	N/A	N/A	N/A		X
WWE Corporation - 06-1094836 326 Washington Street Norwich, CT 06360	Holding Company	CT	N/A	C CORP	N/A	N/A	N/A		X
ConnCare Inc. - 06-1387598 326 Washington Street Norwich, CT 06360	Healthcare Services	CT	N/A	C CORP	N/A	N/A	N/A		X
Backus Medical Center Condo Assoc. Inc. - 06-1542647, 330 Washington Street, Norwich, CT 06360	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Windham Professional Office Condominium Association, Inc. - 06-1090041, 112 Mansfield Avenue, Willimantic, CT 06226	Condo Association	CT	N/A	C CORP	N/A	N/A	N/A		X
Select Physicians Network - 06-1426901 112 Mansfield Avenue Willimantic, CT 06226	Managing Offices of Physicians and Surgeons	CT	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Hartford Hospital	P	3,484,832.FMV	
(2) Hartford Hospital	M	1,551,428.FMV	
(3) Hartford Hospital	L	96,327.FMV	
(4) Hartford Hospital Hartford HealthCare Rehabilitation Network,	O	2,259,034.FMV	
(5) LLC	Q	277,876.FMV	
(6) Hartford HealthCare PhysiciansCare, Inc	P	399,502.FMV	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.