

**JOHNSON MEMORIAL HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2010**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>
1	Affiliate Description	A NON STOCK CORPORATION FORMED TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF JOHNSON MEMORIAL HOSPITAL.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	201 Chestnut Hill Road, Staffo
5	Town	Stafford Springs
6	State	Connecticut
7	Zip Code	06076 -
8	CEO Name	David R. Morgan
9	CEO Title	Interim President and CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>B. AFFILIATE NAME</b>		
		<b>HOME AND COMMUNITY HEALTH SERVICES, INC.</b>
1	Affiliate Description	A NONSTOCK CORPORATION FORMERLY KNOWN AS ENFIELD VISITING NURSE ASSOCIATION WHICH PROVIDES HOME CARE SERVICES.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	148 Hazard Avenue, Enfield, CT
5	Town	Enfield
6	State	Connecticut
7	Zip Code	06082 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>C. AFFILIATE NAME</b>		
		<b>JOHNSON DEVELOPMENT FUND, INC.</b>
1	Affiliate Description	A NONSTOCK CORPORATION FORMED TO SOLICIT, RECEIVE, HOLD, INVEST AND ADMINISTER CONTRIBUTIONS ON BEHALF OF JOHNSON MEMORIAL HOSPITAL
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	201 Chestnut Hill Road
5	Town	Stafford Springs
6	State	Connecticut
7	Zip Code	06076 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Stafford Springs
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06076 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D.</b>	<b>AFFILIATE NAME</b>	<b>JOHNSON EVERGREEN CORPORATION</b>
1	Affiliate Description	A CORPORATE ENTITY WHICH WAS CREATED TO ACCOMMODATE THE NURSING HOME OPERATIONS FOR THE EVERGREEN HEALTH CARE CENTER, A 150 BED NURSING HOME FACILITY
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	205 Chestnut Hill Road
5	Town	Stafford Springs
6	State	Connecticut
7	Zip Code	06076 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>E.</b>	<b>AFFILIATE NAME</b>	<b>JOHNSON HEALTH CARE, INC.</b>
1	Affiliate Description	A NONSTOCK CORPORATION FORMED TO PROVIDE MEDICAL CARE ON AN OUTPATIENT BASIS
2	Affiliate type of service	Occupational Health
3	Tax Status	Not for Profit
4	Street Address	148 Hazard Avenue
5	Town	Enfield
6	State	Connecticut
7	Zip Code	06082 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>F.</b>	<b>AFFILIATE NAME</b>	<b>JOHNSON MEDICAL SPECIALISTS, P.C.</b>
1	Affiliate Description	A "FOR PROFIT" SUBSIDIARY. TO RENDER PROFESSIONAL MEDICAL SERVICES.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	201 Chestnut Hill Road, Stafford Springs, CT
5	Town	Stafford Springs
6	State	Connecticut
7	Zip Code	06076 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid & Riege, P.C.
11	CT Agent Company	Reid & Riege, PC
12	CT Agent Company Street Address	One Financial Plaza, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>G.</b>	<b>AFFILIATE NAME</b>	<b>JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	A PROFESSIONAL CORPORATION TO PROVIDE OB/GYN AND MENTAL HEALTH SERVICES TO THE COMMUNITY. THIS IS A FOR PROFIT "FRIENDLY" CORPORATION AND IS NOT A SUBSIDIARY OF JOHNSON MEMORIAL CORPORATION BUT IS PART OF THE JOHNSON HEALTH NETWORK SYSTEM.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	201 Chestnut Hill Road, PO Box, Stafford Springs, CT
5	Town	Stafford Springs
6	State	Connecticut
7	Zip Code	06076 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>H.</b>	<b>AFFILIATE NAME</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>
1	Affiliate Description	NOT-FOR-PROFIT ORGANIZATION-PROVIDES ACCESSIBLE COMMUNITY-BASED MEDICAL CARE & TREATMENT TO CANCER PATIENTS UTILIZING RADIATION THERAPY SERVICES. THE FOUNDING MEMBERS ARE HARTFORD HOSPITAL, JOHNSON MEMORIAL HOSPITAL, MANCHESTER HOSPITAL & ROCKVIL
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	100 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Donna Handley
9	CEO Title	Chairman of the Board
10	CT Agent Name	Robinson & Cole LLP
11	CT Agent Company	Lisa Boyle
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3597
<b>I.</b>	<b>AFFILIATE NAME</b>	<b>TOLLAND IMAGING CENTER, LLC</b>
1	Affiliate Description	A FOR PROFIT ORGANIZATION THAT PROVIDES COMPREHENSIVE OUTPATIENT RADIOLOGY SERVICES. FOUNDING AND INITIAL MEMBERS ARE JOHNSON MEMORIAL HOSPITAL, MANCHESTER MEMORIAL HOSPITAL, ROCKVILLE GENERAL HOSPITAL, AND WINDHAM COMMUNITY MEMORIAL HOSPITAL
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	6 Fieldstone Commons, Suite E
5	Town	Tolland
6	State	Connecticut
7	Zip Code	06084 -
8	CEO Name	Kevin Murphy
9	CEO Title	President
10	CT Agent Name	Kevin Murphy
11	CT Agent Company	
12	CT Agent Company Street Address	6 Fieldstone Commons, Suite E
13	CT Agent Town	Tolland
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06084 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	WELLCARE, INC.
1	Affiliate Description	A "FOR PROFIT" SUBSIDIARY. RELATIONSHIP IN THE JOINT VENTURE WAS TERMINATED IN AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	230 Chestnut Hill Road
5	Town	Stafford Springs
6	State	Connecticut
7	Zip Code	06076 -
8	CEO Name	Peter J. Betts
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
<b>A. JOHNSON MEMORIAL HOSPITAL</b>			
1		Unrestricted	\$4,891,161
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$4,126,830
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$9,017,991</b>
<b>B. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>			
1		Unrestricted	\$2,590,305
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$3,462,683)
		<b>Total:</b>	<b>(\$872,378)</b>
<b>C. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>			
1		Unrestricted	(\$263,198)
2		Temporarily Restricted by Donor	\$40,889
3		Temporarily Restricted by Board	\$170,235
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$52,074)</b>
<b>D. JOHNSON DEVELOPMENT FUND, INC.</b>			
1		Unrestricted	\$27,578
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$27,578</b>
<b>E. JOHNSON EVERGREEN CORPORATION</b>			
1		Unrestricted	(\$4,258,338)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$4,258,338)</b>
<b>F. JOHNSON HEALTH CARE, INC.</b>			
1		Unrestricted	\$128,775
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$128,775</b>
<b>G. JOHNSON MEDICAL SPECIALISTS, P.C.</b>			
1		Unrestricted	\$78,329
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$78,329</b>

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
	<b>H. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>		
1		Unrestricted	(\$8,098,784)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$8,098,784)</b>
	<b>I. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>J. TOLLAND IMAGING CENTER, LLC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>K. WELLCARE, INC.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>(\$566,218)</b>
	<b>Intercompany Eliminations</b>		<b>(\$3,462,683)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>(\$4,028,901)</b>

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>B. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$659,081</b>
1		Cash Transfer	09/30/2010	(\$353,198)
2		Other inter-company activity	09/30/2010	(\$8,786)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$297,097</b>
<b>C. JOHNSON DEVELOPMENT FUND, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$357,877)</b>
1		Cash Transfer	09/30/2010	(\$7,250)
2		Other inter-company activity	09/30/2010	\$2,250
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>(\$362,877)</b>
<b>D. JOHNSON EVERGREEN CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$497,290</b>
1		Cash Transfer	09/30/2010	(\$2,454,104)
2		Other inter-company activity	09/30/2010	\$2,338,691
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$381,877</b>
<b>E. JOHNSON HEALTH CARE, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$6,963)</b>
1		Cash Transfer	09/30/2010	(\$58,044)
2		Other inter-company activity	09/30/2010	\$66,512
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$1,505</b>
<b>F. JOHNSON MEDICAL SPECIALISTS, P.C.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$196,402</b>
1		Cash Transfer	09/30/2010	(\$117,000)
2		Other inter-company activity	09/30/2010	\$86,669
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$166,071</b>
<b>G. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Cash Transfer	09/30/2010	\$3,080,000
2		Other inter-company activity	09/30/2010	(\$3,080,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>H.</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>I.</b>	<b>TOLLAND IMAGING CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>J.</b>	<b>WELLCARE, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
			<b>Grand Total:</b>	<b>\$483,673</b>



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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2009</b>	<b>\$12,338,024</b>
<b>A.</b>	<b>JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>				
1		JOHNSON MEMORIAL MEDICAL CENTER, INC.	401K	09/30/2010	\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>B.</b>	<b>HOME AND COMMUNITY HEALTH SERVICES, INC.</b>				
1		JOHNSON MEDICAL SPECIALISTS, P.C.	Other inter-company activity	09/30/2010	(\$1,599)
			<b>Total:</b>	<b>9/30/2010</b>	<b>(\$1,599)</b>
<b>C.</b>	<b>JOHNSON DEVELOPMENT FUND, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>D.</b>	<b>JOHNSON EVERGREEN CORPORATION</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
<b>E.</b>	<b>JOHNSON HEALTH CARE, INC.</b>				
1		JOHNSON PROFESSIONAL ASSOCIATES, P.C.	Other inter-company activity	09/30/2010	\$70,746
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$70,746</b>
<b>F.</b>	<b>JOHNSON MEDICAL SPECIALISTS, P.C.</b>				
1		HOME AND COMMUNITY HEALTH SERVICES, INC.	Other inter-company activity	09/30/2010	\$1,599
2		JOHNSON PROFESSIONAL ASSOCIATES, P.C.	Other inter-company activity	09/30/2010	(\$1,593)
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$6</b>
<b>G.</b>	<b>JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>				
1		JOHNSON MEMORIAL CORPORATION	Other inter-company activity	09/30/2010	(\$362,249)
2		JOHNSON HEALTH CARE, INC.	Other inter-company activity	09/30/2010	(\$70,746)
3		JOHNSON MEDICAL SPECIALISTS, P.C.	Other inter-company activity	09/30/2010	\$1,593
			<b>Total:</b>	<b>9/30/2010</b>	<b>(\$431,402)</b>
<b>H.</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>

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 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
I.	TOLLAND IMAGING CENTER, LLC		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
J.	WELLCARE, INC.		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2010</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2010</b>	<b>\$11,975,775</b>

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	<b>A. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>		
1	BIS & HV DEPR	\$0	09/30/2010
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>B. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>C. JOHNSON DEVELOPMENT FUND, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>D. JOHNSON EVERGREEN CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>E. JOHNSON HEALTH CARE, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>F. JOHNSON MEDICAL SPECIALISTS, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>G. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>I. TOLLAND IMAGING CENTER, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>J. WELLCARE, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2010</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2010</b>

**JOHNSON MEMORIAL HOSPITAL  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>			
1	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C. JOHNSON DEVELOPMENT FUND, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D. JOHNSON EVERGREEN CORPORATION</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E. JOHNSON HEALTH CARE, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F. JOHNSON MEDICAL SPECIALISTS, P.C.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I. TOLLAND IMAGING CENTER, LLC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J. WELLCARE, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS

**JOHNSON MEMORIAL HOSPITAL  
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

<b>JOHNSON MEMORIAL HOSPITAL</b>		
<b>ANNUAL REPORTING</b>		
<b>FISCAL YEAR 2010</b>		
<b>REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>		
<b>A. Patient Activity</b>		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund ( <u>FULL NAME</u> )	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>0</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>0</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$0.00</b>
<b>Grand Total</b>		<b>\$0.00</b>

JOHNSON MEMORIAL HOSPITAL					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
<b>B. BED FUND ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital					
(4) Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.					
(5) Actual Dollar Amount of Earnings reinvested as Principal, if any.					
(6) Actual Dollar Amount of Earnings available for Patient Care.					
Total Bed Funds :		\$0.00	\$0.00	\$0.00	\$0.00



**JOHNSON MEMORIAL HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient/Guarantor made no attempt to fulfill. uninusred determination defined by Public act No. 03-026
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The Agent is given a percentage of what they are able to collect
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	12.00%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient/Guarantor made no attempt to fulfill. uninusred determination defined by Public act No. 03-026
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Agent is given a percentage of what they are able to collect
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.21%

**JOHNSON MEMORIAL HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	<b>Collection Agent</b>	
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient/Guarantor made no attempt to fulfill. uninusred determination defined by Public act No. 03-026
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Agent is given a percentage of what they are able to collect
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.71%

**JOHNSON MEMORIAL HOSPITAL  
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**REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Vice President Medical Affairs	\$319,534	\$89,470	\$409,004
2.	VP Human Resources	\$124,314	\$34,808	\$159,122
3.	Med Director of Emergency Medicine	\$111,553	\$31,235	\$142,788
4.	Emergency Room Physician	\$103,496	\$28,979	\$132,475
5.	Chief of Pathology	\$95,015	\$26,604	\$121,619
6.	Emergency Room Physician	\$93,600	\$26,208	\$119,808
7.	Emergency Room Physician	\$93,431	\$26,161	\$119,592
8.	Emergency Room Physician	\$92,834	\$25,994	\$118,828
9.	Emergency Room Physician	\$71,625	\$20,055	\$91,680
10.	Pathologist	\$15,488	\$4,337	\$19,825
	<b>Grand Total:</b>	<b>\$1,120,890</b>	<b>\$313,851</b>	<b>\$1,434,741</b>

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . HOME AND COMMUNITY HEALTH SERVICES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . JOHNSON DEVELOPMENT FUND, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . JOHNSON EVERGREEN CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . JOHNSON HEALTH CARE, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . JOHNSON MEDICAL SPECIALISTS, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>H . NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>I . TOLLAND IMAGING CENTER, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>J . WELLCARE, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**JOHNSON MEMORIAL HOSPITAL  
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

<b>JOHNSON MEMORIAL HOSPITAL</b>					
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<b>REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 AMOUNT</u>	<u>FY 2010 AMOUNT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	256	229	(27)	-11%
2.	Number of Approved Applicants	215	209	(6)	-3%
3.	Total Charges (A)	\$559,676	\$280,655	(\$279,021)	-50%
	<b>Average Charges</b>	<b>\$2,603</b>	<b>\$1,343</b>	<b>(\$1,260)</b>	<b>-48%</b>
4.	Ratio of Cost to Charges (RCC)	0.319543	0.351823	0.032280	10%
	<b>Total Cost</b>	<b>\$178,841</b>	<b>\$98,741</b>	<b>(\$80,100)</b>	<b>-45%</b>
	<b>Average Cost</b>	<b>\$832</b>	<b>\$472</b>	<b>(\$359)</b>	<b>-43%</b>
5.	Charity Care - Inpatient Charges	\$351,141	\$122,446	(\$228,695)	-65%
6.	Charity Care - Outpatient Emergency Department Charges	158,840	91,010	(67,830)	-43%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	49,695	67,199	17,504	35%
	<b>Total Charges (A)</b>	<b>\$559,676</b>	<b>\$280,655</b>	<b>(\$279,021)</b>	<b>-50%</b>
8.	Charity Care - Number of Patient Days	67	25	(42)	-63%
9.	Charity Care - Number of Discharges	34	12	(22)	-65%
10.	Charity Care - Number of Outpatient ED Visits	99	94	(5)	-5%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	76	57	(19)	-25%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					