ANNUAL REPORTING

FISCAL YEAR 2011

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

(1)	(2)	(3)		
l				
LINE	DESCRIPTION	AFFILIATE INFORMATION		
A.	AFFILIATE NAME	JOHNSON MEMORIAL MEDICAL CENTER, INC.		
		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		
	Affiliate Description	MEMORIAL HOSPITAL.		
	Affiliate type of service Tax Status	Parent Corporation Not for Profit		
	Street Address	201 Chestnut Hill Road, Staffo		
	Town	Stafford Springs		
	State	Connecticut		
	Zip Code	06076 -		
	CEO Name	David R. Morgan		
	CEO Title CT Agent Name	President and CEO Reid and Riege, P.C.		
	CT Agent Name CT Agent Company	Reid and Riege, P.C.		
	CT Agent Company Street Address	One Financial Plaza		
13	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
	AFFILIATE NAME	HOME AND COMMUNITY HEALTH SERVICES INC		
B. AFFILIATE NAME HOME AND COMMUNITY HEALTH SERVICES, INC.		A NONSTOCK CORPORATION FORMERLY KNOWN AS ENFIELD VISITING NURSE		
1	Affiliate Description	ASSOCIATION WHICH PROVIDES HOME CARE SERVICES.		
	Affiliate type of service	Home Health/VNAs		
	Tax Status	Not for Profit		
	Street Address	148 Hazard Avenue, Enfield, CT		
	Town	Enfield		
	State	Connecticut		
	Zip Code	06082 -		
	CEO Name	David R. Morgan		
	CEO Title CT Agent Name	President & CEO Reid and Riege, P.C.		
	CT Agent Name CT Agent Company	Reid and Riege, P.C.		
	CT Agent Company Street Address			
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
C.	AFFILIATE NAME	JOHNSON DEVELOPMENT FUND, INC.		
О.	AFFILIATE NAME	A NONSTOCK CORPORATION FORMED TO SOLICIT, RECEIVE, HOLD, INVEST		
		AND ADMINISTER CONTRIBUTIONS ON BEHALF OF JOHNSON MEMORIAL		
1	Affiliate Description	HOSPITAL		
	Affiliate type of service	Fund Raising/Management		
	Tax Status	Not for Profit		
4	Street Address	201 Chestnut Hill Road		
	Town	Stafford Springs		
	State	Connecticut		
	Zip Code	06076 -		
	CEO Name CEO Title	David R. Morgan President & CEO		
	CT Agent Name	Reid and Riege, P.C.		
	CT Agent Name CT Agent Company	Reid and Riege, P.C.		
	CT Agent Company Street Address			
13	CT Agent Town	Stafford Springs		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06076 -		

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
D. /	AFFILIATE NAME	JOHNSON EVERGREEN CORPORATION		
D. /		A CORPORATE ENTITY WHICH WAS CREATED TO ACCOMMODATE THE		
		NURSING HOME OPERATIONS FOR THE EVERGREEN HEALTH CARE CENTER, A		
1	Affiliate Description	150 BED NURSING HOME FACILITY		
	Affiliate type of service	Long Term Care		
		Not for Profit		
		205 Chestnut Hill Road		
		Stafford Springs		
		Connecticut 06076 -		
		David R. Morgan		
		President & CEO		
		Reid and Riege, P.C.		
11 (CT Agent Company	Reid and Riege, P.C.		
12 (One Financial Plaza		
		Hartford		
	CT Agent State CT Agent Zip Code	Connecticut 06103 -		
15	CT Agent Zip Code	00103 -		
E. /	AFFILIATE NAME	JOHNSON HEALTH CARE, INC.		
		A NONSTOCK CORPORATION FORMED TO PROVIDE MEDICAL CARE ON AN		
1	Affiliate Description	OUTPATIENT BASIS		
	Affiliate type of service	Occupational Heath		
		Not for Profit		
		148 Hazard Avenue		
	-	Enfield		
		Connecticut		
		06082 -		
		David R. Morgan President & CEO		
	CT Agent Name	Reid and Riege, P.C.		
	CT Agent Name CT Agent Company	Reid and Riege, P.C.		
12 (One Financial Plaza		
		Hartford		
14 (CT Agent State	Connecticut		
15 (CT Agent Zip Code	06103 -		
_	AFFILIATE MARKE	JOHNSON MEDICAL SPECIALISTS, P.C.		
		A "FOR PROFIT" SUBSIDIARY. TO RENDER PROFESSIONAL MEDICAL SERVICES.		
		Physicians Services		
		For Profit		
		201 Chestnut Hill Road, Stafford Springs, CT		
		Stafford Springs		
6	State	Connecticut		
		06076 -		
		David R. Morgan		
		President & CEO		
	CT Agent Name CT Agent Company	Reid & Riege, P.C. Reid & Riege, PC		
12		One Financial Plaza, Hartford, CT		
		Hartford		
		Connecticut		
	CT Agent Zip Code	06103 -		
G.	AFFILIATE NAME	JOHNSON PROFESSIONAL ASSOCIATES, P.C.		

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
		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	
1	Affiliate Description	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	
	Zip Code	06076 -	
8	CEO Name	David R. Morgan	
9	CEO Title	President & CEO	
	CT Agent Name	Reid and Riege, P.C.	
	CT Agent Company	Reid and Riege, P.C.	
12		One Financial Plaza	
13	CT Agent State	Hartford Connecticut	
14	CT Agent State CT Agent Zip Code	Connecticut 06103 -	
15	OT Agent Zip Code		
Н.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.	
H'''-	ALLIEN ENAME	NOT-FOR-PROFIT ORGANIZATION-PROVIDES ACCESSIBLE COMMUNTIY-BASED	
		MEDICAL CARE &TREATMENT TO CANCER PATIENTS UTILIZING RADIATION	
		THERAPY SERVICES. THE FOUNDING MEMBERS ARE HARTFORD HOSPITAL,	
	Affiliate Description	JOHNSON MEMORIAL HOSPITAL, MANCHESTER HOSPITAL & ROCKVIL	
	Affiliate Description		
3	Affiliate type of service Tax Status	Other HealthCare Svcs(Specify) Not for Profit	
4	Street Address	100 Haynes Street	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
8	CEO Name	Donna Handley	
9	CEO Title	Chairman of the Board	
	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	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 3597	
I.	AFFILIATE NAME	TOLLAND IMAGING CENTER, LLC	
		A FOR PROFIT ORGANIZATION THAT PROVIDES COMPREHENSIVE OUTPATIENT	
		RADIOLOGY SERVICES. FOUNDING AND INTITIAL MEMBERS ARE JOHNSON	
		MEMORIAL HOSPITAL, MANCHESTER MEMORIAL HOSPITAL, ROCKVILLE	
1	Affiliate Description	GENERAL HOSPITAL, AND WINDHAM COMMUNITY MEMORIAL HOSPITAL	
2	Affiliate type of service	Imaging Services	
3	Tax Status	Not for Profit	
	Street Address	6 Fieldstone Commons, Suite E	
5	Town	Tolland	
6	State	Connecticut	
	Zip Code	06084 -	
8	CEO Name	Kevin Murphy	
9	CEO Title	President	
	CT Agent Name	Kevin Murphy	
	CT Agent Company	C Fieldstone Commons Cuite F	
		6 Fieldstone Commons, Suite E	
13	CT Agent State	Tolland	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06084 -	
10	OT Agent Zip Code		

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	WELLCARE, INC.
		A "FOR PROFIT" SUBSIDIARY. RELATIONSHIP IN THE JOINT VENTURE WAS TERMINATED IN AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT
1	Affiliate Description	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	David R. Morgan
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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	()	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2011
	LOUINGON MEMORIAL LIGORITAL		
Α.	JOHNSON MEMORIAL HOSPITAL		* 4.40= 0=0
1		Unrestricted	\$4,167,672
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$321,617
4		Permanently Restricted by Donor	\$4,126,830
5		Intercompany Eliminations	\$0
		Total:	\$8,616,119
В.	JOHNSON MEMORIAL MEDICAL CENTER, INC.		
1	JOHNSON MEMORIAL MEDICAL CENTER, INC.	Unrestricted	\$2,437,995
2		Temporarily Restricted by Donor	\$2,437,995
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$3,119,194)
		Total:	(\$681,199)
C.	HOME AND COMMUNITY HEALTH SERVICES, INC.		
1		Unrestricted	\$138,813
2		Temporarily Restricted by Donor	\$31,141
3		Temporarily Restricted by Board	\$170,235
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$340.480
		Total:	\$340,189
D.	JOHNSON DEVELOPMENT FUND, INC.		
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
		Total:	\$27,578
E.	JOHNSON EVERGREEN CORPORATION		
1	COMMON EVEROREEN COM CRAMON	Unrestricted	(\$4,323,107)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$4,323,107)
F.	JOHNSON HEALTH CARE, INC.		0.00.440
1		Unrestricted	\$196,416
2		Temporarily Restricted by Donor	\$0
<u>3</u>		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0 \$0
		Total:	\$196,416
G.	JOHNSON MEDICAL SPECIALISTS, P.C.		
1		Unrestricted	\$76,724
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
٥		Total:	\$76, 724
		Total.	φι υ, ι 24

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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 9/30/2011
Н.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
1		Unrestricted	(\$10,466,669)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$10,466,669)
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,		
1. 1	INC.	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J.	TOLLAND IMAGING CENTER, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0
		Total:	\$0
K.	WELLCARE, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	(\$3,094,755)
	Intercompany Eliminations	i dila balalice.	(\$3,094,793)
	Total of all Affiliates	 Fund Balance:	(\$6,213,949)
	Total of all Allillates	i una Dalance.	(40,213,343)

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JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2011 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	JOHNSON MEMORIAL MEDICAL CENTER, INC.			
	SOTINGON MEMORIAE MEDICAE CENTER, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Other inter-company activity	09/30/2011	(\$837,498)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$837,498)
		<u> </u>	3,00,2011	()
B.	HOME AND COMMUNITY HEALTH SERVICES, INC.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$297,097
1		Cash Transfer	09/30/2011	(\$1,221,034)
2		Other inter-company activity	09/30/2011	\$706,572
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$217,365)
C.	JOHNSON DEVELOPMENT FUND, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$362,877)
1		Other inter-company activity	09/30/2011	\$362,877
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
D.	JOHNSON EVERGREEN CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$381,877
1		Cash Transfer	09/30/2011	(\$2,231,674)
2		Other inter-company activity	09/30/2011	\$1,511,647
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$338,150)
_	IOUNGON UEAL TH OARE ING			
E.	JOHNSON HEALTH CARE, INC.	Parimina Harrana Bidata di Interna mana Palaman	0/00/0040	¢4 505
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,505
1 2		Cash Transfer Other inter-company activity	09/30/2011 09/30/2011	(\$73,819) \$72,625
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$72,023 \$311
		Ending officerisondated intercompany Balance.	9/30/2011	Ψ311
F.	JOHNSON MEDICAL SPECIALISTS, P.C.			
H	OUTINOON WEDIOAL OF LOIALIOTO, F.C.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$166,071
1		Cash Transfer	09/30/2011	(\$166,071)
-		Ending Unconsolidated Intercompany Balance:	9/30/2011	(ψ100,071) \$0
		3	3/30/2011	4 0
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Cash Transfer	09/30/2011	\$1,961,928
2		Other inter-company activity	09/30/2011	\$57,500

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,019,428
H.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, IN	ic.		
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
I.	TOLLAND IMAGING CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
J.	WELLCARE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
			Grand Total:	\$626,726

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2010	\$12,338,024
A.	JOHNSON MEMORIAL MEDICAL CENTER, INC.				
		JOHNSON PROFESSIONAL ASSOCIATES,			
1		P.C.	Other inter-company activity	09/30/2011	\$601,974
			Total:	9/30/2011	\$601,974
B.	HOME AND COMMUNITY HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
C.	JOHNSON DEVELOPMENT FUND, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
D.	JOHNSON EVERGREEN CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
E.	JOHNSON HEALTH CARE, INC.				
		JOHNSON PROFESSIONAL ASSOCIATES,			
1		P.C.	Other inter-company activity	09/30/2011	\$70,746
			Total:	9/30/2011	\$70,746
_					
F.	JOHNSON MEDICAL SPECIALISTS, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
		JOHNSON MEMORIAL MEDICAL CENTER,			
1		INC.	Other inter-company activity	09/30/2011	(\$601,974)
2		JOHNSON HEALTH CARE, INC.	Other inter-company activity	09/30/2011	(\$70,746)
			Total:	9/30/2011	(\$672,720)
H.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.		N. d. i D		
			Nothing to Report		\$0
			Total:	9/30/2011	\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
I.	TOLLAND IMAGING CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
J.	WELLCARE, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2011	\$12,338,024

JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

C. JOHNSON DEVELOPMENT FUND, INC. S0	(1)	(2)	(3)	(4)
A. JOHNSON MEMORIAL MEDICAL CENTER, INC.				
Nothing to Report S0 9/30/201	LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Nothing to Report S0 9/30/201	_			
B. HOME AND COMMUNITY HEALTH SERVICES, INC.			C O	
B. HOME AND COMMUNITY HEALTH SERVICES, INC.	0		* -	0/20/2044
Nothing to Report \$0 9/30/201		Total.	\$0	9/30/2011
Nothing to Report \$0 9/30/201	B	HOME AND COMMUNITY HEALTH SERVICES INC		
C. JOHNSON DEVELOPMENT FUND, INC. S0 9/30/201		Nothing to Report	\$0	
Darbon Nothing to Report So 9/30/201			* -	9/30/2011
Darbon Nothing to Report So 9/30/201				
Total:	C.	JOHNSON DEVELOPMENT FUND, INC.		
D. JOHNSON EVERGREEN CORPORATION S0 S0 S0 S0 S0 S0 S0 S	0	Nothing to Report	\$0	
Nothing to Report \$0 9/30/201		Total:	\$0	9/30/2011
Nothing to Report \$0 9/30/201				
Total: \$0 9/30/201				
E. JOHNSON HEALTH CARE, INC. O Nothing to Report \$0 F. JOHNSON MEDICAL SPECIALISTS, P.C. O Nothing to Report \$0 JOHNSON PROFESSIONAL ASSOCIATES, P.C. O Nothing to Report \$0 JOHNSON PROFESSIONAL ASSOCIATES, P.C. O Nothing to Report \$0 Nothing to Report \$0 F. JOHNSON PROFESSIONAL ASSOCIATES, P.C. O Nothing to Report \$0 JOHNSON PROFESSIONAL ASSOCIATES, P.C. O Nothing to Report \$0 Total: \$0 9/30/201 H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. O Nothing to Report \$0 I Total: \$0 9/30/201 J. WELLCARE, INC. O Nothing to Report \$0 Nothing to Report \$0 Nothing to Report \$0 J. WELLCARE, INC. O Nothing to Report \$0 J. WELLCARE, INC. O Nothing to Report \$0 JOHNSON PROFESSIONAL ASSOCIATES, P.C. Total: \$0 9/30/201	0		-	
Nothing to Report \$0 9/30/201		l Otal:	\$0	9/30/2011
Nothing to Report \$0 9/30/201				
Total: \$0 9/30/201				
F. JOHNSON MEDICAL SPECIALISTS, P.C. 0 Nothing to Report 50 G. JOHNSON PROFESSIONAL ASSOCIATES, P.C. 0 Nothing to Report Total: NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. 0 Nothing to Report Total: 50 9/30/201 H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. 0 Nothing to Report 50 9/30/201 Total: 50 9/30/201 J. WELLCARE, INC. 0 Nothing to Report 50 9/30/201	U		-	0/20/2044
Nothing to Report \$0 9/30/201		Total.	\$0	9/30/2011
Nothing to Report \$0 9/30/201		IOUNICON MEDICAL EDECIALISTS D.C.		
Total: \$0 9/30/201			\$0	
G. JOHNSON PROFESSIONAL ASSOCIATES, P.C. O Nothing to Report \$0 Fotal: \$0 9/30/201 H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. O Nothing to Report \$0 I. TOLLAND IMAGING CENTER, LLC O Nothing to Report \$0 J. WELLCARE, INC. O Nothing to Report \$0 9/30/201 J. WELLCARE, INC. O Nothing to Report \$0 9/30/201	_		-	9/30/2011
Nothing to Report \$0 9/30/201			**	0,00,2011
Nothing to Report \$0 9/30/201	G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			\$0	
Nothing to Report \$0 9/30/201		Total:	\$0	9/30/2011
Nothing to Report \$0 9/30/201				
Total: \$0 9/30/201				
TOLLAND IMAGING CENTER, LLC	0		-	·
Nothing to Report		Total:	\$0	9/30/2011
Nothing to Report				
Total: \$0 9/30/201				
J. WELLCARE, INC.	U		-	0/00/0044
0 Nothing to Report \$0 Total: \$0 9/30/201		l Otal:	\$0	9/30/2011
0 Nothing to Report \$0 Total: \$0 9/30/201		WELL CARE INC		
Total: \$0 9/30/201			¢0	
	Ě			9/30/2011
Crond Total: 60 0/20/204		Total.	40	3/33/2011
GEANG LOTAE: SO 9/30/201		Grand Total:	\$0	9/30/2011

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	JOHNSON MEMORIAL MEDICAL CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
B.	HOME AND COMMUNITY HEALTH SERVICES, INC. Nothing to Report	\$0	0
0	Total:	\$0	Ů
	i otali.	Ψ	
C.	JOHNSON DEVELOPMENT FUND, INC.		
0.	Nothing to Report	\$0	0
	Total:	\$0	
D.	JOHNSON EVERGREEN CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	JOHNSON HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	JOHNSON MEDICAL SPECIALISTS, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.	00	0
0	Nothing to Report Total:	\$0 \$0	U
	ı otal.	\$0	
H.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. Nothing to Report	\$0	0
0	Total:	\$0	
	i otali.	Ψ0	
l.	TOLLAND IMACING CENTED LLC		
0	TOLLAND IMAGING CENTER, LLC Nothing to Report	\$0	0
	Total:	\$0	
J.	WELLCARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	
	Grand Total:	\$0	

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JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

JOHNSON MEMORIAL HOSPITAL						
ANNUAL REPORTING						
	FISCAL YEAR 2011					
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	D BY THE HOSPITAL				
A. Patient Activity						
(1)	(2)	(3)				
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount				
1.Number of Applications for Hos	spital Bed Funds	0				
2. A. Number of Patients receiving	ng Hospital Bed Fund Grants	0				
2. B. The Actual Total Dollar Am-	ount provided to all patients from Hospital Bed F	\$0.00				
	Grand Total	\$0.00				

		JOHNSON MEMORIA	AL HOSPITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEAR	R 2011		
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	R ADMINISTERED B	Y THE HOSPITAL	
B. BE	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of ea	ach individual Hospi	tal Bed Fund, or the I	Principal attributable	to each
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the E	arnings attributable t	o each Hospital Bed	Fund.
(5)	A-4	t.d Bain-in-d			
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	ir any.		
(6)	Actual Dollar Amount of Earnings avail	ilable for Patient Car	е.		
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.0

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	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 made no attempt to fulfill, uninsured 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%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
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 made no attempt to fulfill, uninsured 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

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.00%
	Collection Agent	
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 made no attempt to fulfill, uninsured 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.	8.75%

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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.	President	\$348,926	\$90,721	\$439,647
	Vice Dresident Medical Affairs	#000 047	Ф 7 5 450	\$265.672
2.	Vice President Medical Affairs	\$290,217	\$75,456	\$365,673
3.	Cheif Financial Officer	\$219,997	\$57,199	\$277,196
4.	Vice President - Patient Care Svcs.	\$150,222	\$39,058	\$189,280
		*	*************************************	
5.	Director, Perioperative Services	\$123,500	\$32,110	\$155,610
6.	RN	\$121,820	\$31,673	\$153,493
7.	Corporate Director - Information Technology	\$121,500	\$31,590	\$153,090
			· · ·	
8.	Corporate Director - Physical Therapy	\$119,297	\$31,017	\$150,314
9.	RN	\$117,394	\$30,523	\$147,917
10.	Corporate Director - Pharmacy	\$114,225	\$29,700	\$143,925
	Grand Total:	\$1,727,098	\$449,047	\$2,176,145

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^c	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
		_		
Α.	JOHNSON MEMORIAL MEDICAL CENTER, INC.	. .	1 4- 1	<u> </u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	HOME AND COMMUNITY HEALTH SERVICES, INC.	_		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Entity Elsted Above	ΨΟ	ΨΟ	ΨΟ
C.	JOHNSON DEVELOPMENT FUND, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	JOHNSON EVERGREEN CORPORATION			
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
	TOUNISON LIEALTH CARE INC	_		
E.	JOHNSON HEALTH CARE, INC.	ФО.		C O
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	Φ0
F.	JOHNSON MEDICAL SPECIALISTS, P.C.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			**	<u> </u>
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.			
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
	NACTURAL DEGICAL DADIATION ON OUR CONTROL OF THE			
Н.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.	**	1 00	Φ.
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
Ι.	TOLLAND IMAGING CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	and by the respect to Employees of the Emity Elected resolve	Ψ~	Ψ~	Ψ
J .	WELLCARE, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			<u> </u>	

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

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

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

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

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 2011
Α	Transfer of Assets or Operations	
	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	
1.	Nonclinical Services or Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving	
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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	IOUNGON MEM	ODIAL HOSDITA			
		ORIAL HOSPITA REPORTING	<u>L</u>		
		YEAR 2011			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(4)	(0)	(0)	(4)	(E)	(0)
(1)	(2)	(3) FY 2010	(4) FY 2011	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
LIIVE	DESCRIPTION .	AMOUNT	AMOUNT	DITTERCITOE	DITTERENGE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	229	485	256	112%
2.	Number of Approved Applicants	209	376	167	80%
3.	Total Charges (A)	\$280,655	\$465,815	\$185,160	66%
٥.	Average Charges	\$1,343	\$1,239	(\$104)	-8%
	Tronggo onangoo	ψ1,040	ψ.,200	(4.0-1)	3,0
4.	Ratio of Cost to Charges (RCC)	0.351823	0.445438	0.093615	27%
	Total Cost	\$98,741	\$207,492	\$108,751	110%
	Average Cost	\$472	\$552	\$79	17%
		*		• • • • • • • • • • • • • • • • • • • •	
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department Charges	\$122,446	\$282,865	\$160,419	131%
6. 7.	Charity Care - Outpatient Emergency Department Charges Charity Care - Outpatient Charges (Excludes ED Charges)	91,010 67,199	115,353 67,597	24,343 398	27% 1%
· · ·	Total Charges (A)	\$280,655	\$465,815	\$185,160	66%
	Team enanges (1)	V =00,000	* ***********************************	* 100,100	
8.	Charity Care - Number of Patient Days	25	136	111	444%
9.	Charity Care - Number of Discharges	12	52	40	333%
10.	Charity Care - Number of Outpatient ED Visits	94	165	71	76%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	57	204	147	258%
(A) The	Letotal amount must agree with the total amount listed in	the Hospital Aud	ited Financial St	atement Notes.	
, ,					
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
J.	Average Charges	\$0	\$0	\$0	0% 0%
	Gran Gra	+3	+3	+3	270
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6. 7.	Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0% 0%
, · ·	Total Charges (B)	\$0	\$0	\$ 0	0%
		***	40		370
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%
	Bed Funds - Number of Outpatient Visits (Excludes ED				
11.	Visits)	0	0	0	0%
(B) The	total amount must agree with the total amount listed on	Hospital Poporti	ing System - Bar	ort 17	
ווונים)	, total amount must agree with the total amount listed on	Tiospital Report	ing System - Kep	νιι 17.	

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